



CITY OF COVINGTON

Personnel Division
16720 SE 271st Street, Suite 100
Covington, WA 98042
Tel: (253) 480-2410
Fax: (253) 480-2401

APPLICATION FOR EMPLOYMENT
The City of Covington is an Equal Opportunity Employer

Employment applications are accepted by the City only in response to a valid job opening.

POSITION APPLIED FOR: _____

PERSONAL DATA

Please fill out all information, as space allows. Do NOT write in "See Resume." Thank You.

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELE.: () _____ CELL: () _____ WORK*: () _____

E-mail: _____ * **MAY WE CONTACT YOU AT WORK? YES / NO**

EDUCATION

TYPE OF SCHOOL	SCHOOL NAME & LOCATION	COURSE WORK or MAJOR	NO.OF YEARS	DIPLOMA, DEGREE or CERT TITLE
HIGH SCHOOL				
BUSINESS/ TECHNICAL				
COLLEGE				
PROFESSIONAL LICENSES/ CERTIFICATIONS/ OTHER TRAINING				

SPECIAL SKILLS

Business machines (other than computers) you can operate: (circle) **Fax Copier Multi-line phones 10-Key Postage Machine Calculator Other:** _____

Experienced in agenda preparation? **YES / NO** Experienced in meeting minutes preparation? **YES / NO**

What computer usage/software are you familiar with? (Write in skill level for those that are applicable. Identify others not listed.)

WRITE IN SKILL LEVELS BELOW, AS FOLLOWS: BEG = Beginner INT = Intermediate ADV = Advanced

Internet _____
 Outlook _____ Access _____ Other: _____
 Word _____ PowerPoint _____
 Excel _____ Publisher _____

Other skills, especially as applicable to position you are applying for. Include heavy machinery operation, etc.:

WORK HISTORY

Beginning with your present or most recent employment, list your last four places of employment in chronological order. **PLEASE FILL OUT THIS SECTION AS SPACE ALLOWS, EVEN IF INFORMATION IS REPEATED ON THE RESUME.** You may include any relevant non-paid (volunteer) experience. Be sure to sign and date the bottom of the application.

EMPLOYER NAME* _____ FROM _____ TO _____
*May we contact this employer? (circle: YES NO) mm/yy mm/yy
Address _____ City _____ State _____ Zip _____
Supervisor _____ Supervisor/Employer Phone or Email _____
Your Position Title _____ Hrs/Wk _____
of Employees Supervised _____ Starting Salary _____ Ending Salary _____
REASON FOR LEAVING OR DESIRE TO LEAVE? _____
PRIMARY DUTIES _____

EMPLOYER NAME* _____ FROM _____ TO _____
*May we contact this employer? (circle: YES NO) mm/yy mm/yy
Address _____ City _____ State _____ Zip _____
Supervisor _____ Supervisor/Employer Phone or Email _____
Your Position Title _____ Hrs/Wk _____
of Employees Supervised _____ Starting Salary _____ Ending Salary _____
REASON FOR LEAVING OR DESIRE TO LEAVE? _____
PRIMARY DUTIES _____

EMPLOYER NAME* _____ FROM _____ TO _____
*May we contact this employer? (circle: YES NO) mm/yy mm/yy
Address _____ City _____ State _____ Zip _____
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PRIMARY DUTIES _____

EMPLOYER NAME* _____ FROM _____ TO _____
*May we contact this employer? (circle: YES NO) mm/yy mm/yy
Address _____ City _____ State _____ Zip _____
Supervisor _____ Supervisor/Employer Phone or Email _____
Your Position Title _____ Hrs/Wk _____
of Employees Supervised _____ Starting Salary _____ Ending Salary _____
REASON FOR LEAVING OR DESIRE TO LEAVE? _____
PRIMARY DUTIES _____

GENERAL

Do you possess a valid Washington Driver's License? _____ *or another state license (name state)?* _____

If hired, can you provide proof of U.S. citizenship, visa or alien registration #? _____

List any relatives employed by the City and their relationship _____

The City of Covington is obligated to employ qualified persons. It also considers an applicant's conviction record as it relates to job performance, as entitled under the law. A conviction record will not disqualify you for employment, unless such record would reasonably affect your fitness for the position for which you have applied. The City will perform background checks with the Washington State Patrol. If selected to fill an employment position with the City of Covington, you will be provided with an Authorization for Release of Washington State Patrol Information for your completion and subsequent return to the City.

The following questions MUST be answered by all applicants, in order for this application to be considered complete:

Have you been convicted of a felony, or released from prison in the last ten (10) years? Yes___ No___

If yes, please explain: _____

Have you been convicted of a misdemeanor other than a traffic offense within the last three (3) years? Yes___ No___

If yes, please explain: _____

"I certify that all statements in this application are true and correct to the best of my knowledge. I understand that falsification of information on this application may be cause for elimination from the selection process and dismissal from employment, if hired. Additionally, I authorize the City of Covington to solicit information regarding my character, general reputation, previous employment, work-related skills, and similar background information, and to contact former employers I have listed on my application materials, unless specified to the contrary. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages, for any reason, arising out of the furnishing of such information. Consent is granted for the City of Covington to furnish this authorization to third parties in the course of fulfilling its official responsibilities. For this purpose, a copy of this signed authorization is as effective as the original."

APPLICANT SIGNATURE

DATE

~ Thank you for your interest in employment with the City of Covington ~



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AUTHORIZATION FOR WASHINGTON STATE PATROL RELEASE OF INFORMATION - (WATCH)

"I hereby authorize the Washington State Patrol to release any information relating to my criminal history record, arrest, and conviction information. I release any individual from all liability for damages that may result, due to compliance with this authorization. I understand that in order to ensure that the background information obtained is accurate, it is necessary for me to provide my full name, including full middle name, and my date of birth.

I understand that this document is considered confidential and is maintained in the City's personnel files, to be accessed only by Personnel staff or management personnel on a need-to-know basis only. The information contained herein is not subject to public disclosure."

NOTES: The City reserves the right, in its absolute and sole discretion, to reject any employment applicant, as a result of the review of any information provided by the applicant, or disclosed through subsequent investigation by the City of Covington.

The City of Covington shall notify the employment applicant of the Washington State Patrol's response and also provide them with a copy.

This Release is binding for two (2) years.

PLEASE COMPLETE ALL SECTIONS IN THEIR ENTIRETY:

DATE: _____

FULL NAME (*Please print legibly*): _____
(First Name) (FULL Middle Name) (Last Name)

SIGNATURE: _____

PREVIOUS NAMES: _____

DATE OF BIRTH: _____ MALE FEMALE
(Use format: MM-DD-YYYY)

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



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ATTACHMENT A

A. Recruitment Information:

Position you are applying for: _____ *Date:* _____

How Did You Learn of This Job Opening?

Saw ad in newspaper (which paper?): _____

Saw job posting (site?): _____

Heard about it from a current City employee: _____

Other: _____

B. E.E.O. Information: (Please note that the information requested below is OPTIONAL and will be separated from the rest of the application packet prior to the application review process.)

The data collected below will not be used to make employment decisions. It will be used for equal employment record keeping purposes only.

Position You Are Applying For: _____ *Date:* _____

Date of Birth: _____ *Sex:* Male Female

Origin:

- African American
- Hispanic
- Native American (proof of tribal affiliation is required)
- Asian
- Caucasian (White, not of Hispanic Origin)
- Pacific Islander