



**APPLICATION FOR EMPLOYMENT**

*The City of Covington is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran’s status, disability, or any other basis prohibited by federal, state, or local law.*

**DIRECTIONS:** *Employment applications are accepted only in response to a valid job opening. Submit a separate application for each position opening you are interested in. Refer to the employment opening announcement to see if a supplemental questionnaire is required. DO NOT submit a photograph of yourself. COMPLETE ALL INFORMATION (do NOT write “See Resume”). AN INCOMPLETE and/or UNSIGNED APPLICATION MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.*

**POSITION APPLIED FOR:** \_\_\_\_\_

**PERSONAL DATA**

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**

Are you experienced in using a personal computer?  NO  YES – If “yes,” then please write in proficiency level, as illustrated, for the software with which you are familiar. Identify others not listed:

**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 office equipment, heavy machinery operation, etc., as may be appropriate to the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

**WORK HISTORY**

**DIRECTIONS:** 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 YOUR RESUME.** You may include any relevant non-paid (volunteer) experience.

EMPLOYER NAME\* \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
\*May we contact this employer? (circle: YES NO ) mm/yy mm/yy  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor/Employer Phone \_\_\_\_\_  
Your Position Title \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
# of Employees Supervised \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
REASON YOU LEFT OR FOR SEEKING OTHER EMPLOYMENT? \_\_\_\_\_  
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 \_\_\_\_\_  
Your Position Title \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
# of Employees Supervised \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
REASON YOU LEFT OR FOR SEEKING OTHER EMPLOYMENT? \_\_\_\_\_  
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 \_\_\_\_\_  
Your Position Title \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
# of Employees Supervised \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
REASON YOU LEFT OR FOR SEEKING OTHER EMPLOYMENT? \_\_\_\_\_  
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 \_\_\_\_\_  
Your Position Title \_\_\_\_\_ Hrs/Wk \_\_\_\_\_  
# of Employees Supervised \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
REASON YOU LEFT OR FOR SEEKING OTHER EMPLOYMENT? \_\_\_\_\_  
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 have read the employment opening announcement, including the functions required of the position that I am applying for, and attest I can perform the essential functions of this position with or without reasonable accommodation.*

*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 investigate all statements on this application and 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.*

*If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Covington official is intended to create an employment contract between the City of Covington and me."*

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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



**ATTACHMENT A to EMPLOYMENT APPLICATION**

**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 (please name the location or website):* \_\_\_\_\_

*Heard about it from the following 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



**CITY OF COVINGTON**

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

**DISCLOSURE STATEMENT**

**AND**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

*(This form to be used when the employee/volunteer WILL COME IN REGULAR CONTACT WITH YOUTH OR AT-RISK ADULTS)*

*Please answer the following questions. If the answer is yes, please give date(s) and a brief explanation:*

	<u>YES</u>	<u>NO</u>
<b>1. Have you ever been convicted of any crime against children or other persons?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		
<b>2. Have you ever been convicted of crimes relating to financial exploitation, if the victim was a vulnerable adult?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		
<b>3. Have you ever been convicted of crimes related to drugs, as defined in RCW 43.43.830?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		
<b>4. Have you been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		
<b>5. Have you been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		
<b>6. Have you been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Date(s): _____ Explanation: _____		
_____		
_____		

**YES**      **NO**

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

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_

8. Have you been convicted of a misdemeanor within the last ten (10) years?           

Date(s): \_\_\_\_\_ Explanation: \_\_\_\_\_

*“By my signature below, I certify that all statements in this “Disclosure Statement and Authorization for Release of Information” are true and correct to the best of my knowledge. I understand that falsification of information on this application will be cause for dismissal from employment or the selection process for volunteerism. 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 organizations I have listed on my application materials. 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.*

*I also 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.”*

The City of Covington shall notify the employee/volunteer applicant of the Washington State Patrol’s response and also provide them with a copy.

**NOTE:** The City reserves the right, in its absolute and sole discretion, to reject any employee/volunteer applicant, as a result of the review of the information provided by the applicant, or through subsequent investigation by the City of Covington.

This Release is binding for one (1) year prior to engagement of the individual in a position of employment or volunteer assignment. If individual subsequently becomes actively hired or engaged in a volunteer assignment, this Release is binding for the uninterrupted term of employment or assignment.

***PLEASE COMPLETE ALL SECTIONS:***

DATE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

PREVIOUS NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_       MALE       FEMALE  
(Use this format: MM/DD/YEAR)

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_