



City of Covington

Human Resource Department
 200 W Washington Avenue, Covington, TN 38019
 (901) 476-9613

APPLICATION FOR EMPLOYMENT

1. This statement constitutes part of the examination process. All requested information on this form must be accurately and completely provided to be considered for this position.
2. Please be aware the information you provide is all that is available for the job screening process. Be specific in your experience, training and /or education.
3. Print or type only. Write N/A where requested information is not applicable.
4. Additional information may be attached to this form.
5. Federal law requires that all new employees provide proof of identity and employment eligibility at the time of employment. If you are hired, you must be able to provide one of the following: a US passport with attached employment authorization or an alien registration card with photograph. If you are hired and you do not have any of the above documents, you will be required to provide both a drivers license or state issued photo I.D. Card and one of the following: an original social security card, or certified copy of your birth certificate.

Date of Application: _____

Position Desired: _____ Minimum Salary you will accept \$ _____ per _____

Name in Full _____ Home Phone _____ Best time to contact _____
Last First Middle

Address _____ Cell Phone _____
Street

_____ City State Zip Code

Are you a High School Graduate? _____	Schools attended beginning with last High School	Location (State)	Course or Major Studied
If NO, have you obtained a GED _____	H.S.		
	Coll.		
Are you a College Graduate? _____	Coll.		
What is/are your College Degree(s) _____	Other Training (Special Courses, Work Programs, etc.):		
	Military Service:		
	Veteran? Yes ___ No ___ Dates & Branch:		

ACQUIRED SKILLS PLEASE CHECK AREAS IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING

<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> WORD PROC.	<input type="checkbox"/> CUSTODIAL	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> SPREAD SHEET	<input type="checkbox"/> BUILDING MAINT.	<input type="checkbox"/> AUTO MECHANIC
<input type="checkbox"/> RECEPTIONIST	<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TRACTORS	<input type="checkbox"/> CARPENTRY
<input type="checkbox"/> CUSTOMER SERV.	<input type="checkbox"/> 10 KEY CAL.	<input type="checkbox"/> HEAVY EQUIP.	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> TRUCK DRIVING	<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> HVAC
<input type="checkbox"/> LAWN CARE/LANDSCAPING	<input type="checkbox"/> OTHER SKILLS _____		

EMPLOYMENT EXPERIENCE

IMPORTANT:

1. LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, **BEGINNING WITH MOST RECENT.**
2. TAKE TIME TO FILL IN THESE BLOCKS CAREFULLY AND COMPLETELY. YOUR QUALIFICATIONS RATING DEPENDS IN A LARGE PART ON YOUR EMPLOYMENT HISTORY.

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT?
 (A NO WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.) YES NO

Employer:	Dates Employed	Work Performed
	From To	
Address:		
Telephone Number(s):	Hourly Rate/Salary	
	Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

Employer:	Dates Employed	Work Performed
	From To	
Address:		
Telephone Number(s):	Hourly Rate/Salary	
	Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

Employer:	Dates Employed	Work Performed
	From To	
Address:		
Telephone Number(s):	Hourly Rate/Salary	
	Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

Employer:	Dates Employed	Work Performed
	From To	
Address:		
Telephone Number(s):	Hourly Rate/Salary	
	Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

IF ADDITIONAL EXPERIENCE BLOCKS ARE REQUIRED, PLEASE USE BLANK SHEETS AND ATTACH TO THIS FORM.

ARE YOU BETWEEN AGE 16 AND 18 YES NO
ARE YOU AGE 18 OR MORE YES NO
ARE YOU A CITIZEN OF THE UNITED STATES? YES NO
IF NO, PLEASE EXPLAIN YOUR WORK STATUS: _____

DRIVERS LICENSE INFORMATION TYPE: REGULAR COMMERCIAL (Denote Class A or B) _____ OTHER _____
1. DRIVERS LICENSE NUMBER: _____ 2. YEAR OF RENEWAL _____
3. STATE OR OTHER LICENSING AUTHORITY: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
(A YES ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM MOST JOBS.)
CHARGE: _____ DATE OF CONVICTION: _____ STATE OF CONVICTION: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF COVINGTON YES YEAR _____ DEPT: _____
NO

WHO REFERRED YOU TO US? NEIGHBOR RELATIVE EMPLOYEE _____ Name
FRIEND NEWSPAPER ADV. OTHER _____

List below any relative employed Currently or Previously by any department of the City of Covington.

NAME	RELATIONSHIP	DEPARTMENT/POSITION HELD
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES
List three persons, other than relatives, who have knowledge of your character.

FULL NAME	MAILING ADDRESS (including zip code)	YEARS KNOWN	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

1. NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS PHONE: _____

2. ALTERNATE: _____ RELATIONSHIP: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS PHONE: _____

AGREEMENT

I understand that this application will be retained for only one year from date of application and after that time, it will be necessary to re-apply for any desired position.

I hereby authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from City services if I have been employed.

I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish the City of Covington any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages.

I hereby authorize investigation of my criminal conviction record.

I agree, if employed, to abide by all the rules, regulations, and ordinances of the City of Covington.

I hereby give permission to the City of Covington Human Resource Department or its duly authorized representative to conduct post offer physical examination and drug screen. The results of these will be a factor in determining my suitability for the position for which I have applied.

I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements made by officials or employees of the City during any application, interview, or if hired, during the orientation period or subsequent employment creates any contract of employment. I affirm that I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. I further understand that employment with the City is not by contract express or implied, but is at-will. I understand that I or the City, if either chooses, may end the employment relationship at any time, for any reason. I understand that if employed all of the City's policies and procedures (in whole or in part), do not constitute a contract of employment. I understand that if hired, the City's policies and procedures are subject to modification by the City at any time, with or without notice.

I certify that the information given herein is correct to the best of my knowledge.

_____ Date

_____ Signature of applicant (please sign full name)

The City of Covington does not discriminate against any individual for any reason, and will provide services to all citizens in a non-discriminatory fashion. The City is committed to a moral, ethical, and legal responsibility to ensure equitable employment practices regardless of an individual's race, color, religion, national origin, age, disability, sex or political affiliation. Upon request, we will provide reasonable accommodations to a disabled applicant who may need assistance to complete the application process.

FOR ADMINISTRATIVE USE ONLY

DATE INTERVIEWED: _____ POSITION INTEREST: _____

COMMENTS: _____

Interviewer: _____ Date: _____

Drug Screen Scheduled Date: _____