



**APPLICATION FOR EMPLOYMENT
CITY OF COVINGTON VA**

PERSONAL

Name: _____
 Last First Middle

Address _____

Telephone: _____

SSN: _____

Are you legally eligible for employment in the USA? _____ (Verification will be required)

Position(s) applied for: _____

If you are offered employment, on what date will you be available for work? _____

Are there any experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

EDUCATION

School	Name and Address of School	Course of Study	Last Year Completed	Did You Graduate?	Diploma/ Degree
Elementary				Yes ____ No ____	
High School				Yes ____ No ____	
College				Yes ____ No ____	
Other (specify)				Yes ____ No ____	

The City of Covington does not discriminate on the basis of race, color, national origin, sex, religion, age, sexual orientation, or disability in employment or the provision of services.

EMPLOYMENT

Most Recent to Past

Name and Address of Company	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No:					
Describe the work you do/did					
Name and Address of Company	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No:					
Describe the work you do/did					
Name and Address of Company	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No:					
Describe the work you do/did					
Name and Address of Company	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No:					
Describe the work you do/did					
Name and Address of Company	Employment Dates	Beginning Salary	Ending Salary	Reason for Leaving	Name of Supervisor
Telephone No:					
Describe the work you do/did					

I hereby give my permission to contact the employers listed above concerning my prior work experience. If there is a particular employer(s) you do not wish us to contact please indicate which.

Signature _____

		PERSONAL REFERENCES		
Name and Occupation	Address	Phone Number		
*Not Former Employers or Relatives				

Have you ever been convicted of a crime or are you now under charges for any offense against the Law? You may omit: (1) any charges that were dismissed or resulted in acquittal; (2) any conviction that has been set aside, vacated, annulled, expunged, or sealed; (3) any offense that was finally adjudicated in a juvenile court or juvenile delinquency proceeding, and (4) any charges that resulted only in a conviction of a noncriminal offense. **All felony and misdemeanor convictions and all convictions in state and federal courts are criminal convictions and must be disclosed. Disclosure of such convictions is required even if you did not spend any time in jail and/or were not required to pay a fine.** (Yes or No) _____

Are you now dependent on or a user of ANY addictive or hallucinogenic drug, including amphetamines, barbiturates, heroin, morphine, cocaine, mescaline, LSD, STP, hashish, marijuana, or methadone, other than for medical treatment under the supervision of a doctor? (Yes or No) _____

Do you have a **valid** Virginia Driver's License? (Yes or No) _____

I understand that employment with the City of Covington may require passing a physical exam as well as drug testing and in some cases a pre-employment background check.

Signature: _____ Date: _____