



## 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?

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### 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 offers equal employment opportunities to all job applicants and employees. All employment policies and practices shall be free from discrimination based on race, color, religion, gender, age, national origin, political affiliation, disability, sexual orientation, gender identity, pregnancy, childbirth or related medical conditions.

## 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					
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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						

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: \_\_\_\_\_