



INSTRUCTIONS FOR COMPLETING AN APPLICATION PACKET FOR EMPLOYMENT WITH THE CITY OF COVINGTON

1. Fill out and return the entire application packet including names of supervisors, telephone numbers, addresses, duties, etc. A notation of "See Resume" or "See Attached" is not acceptable and will not be used for evaluation purposes.
2. You must apply for an exact job title (only one job title per application packet, i.e. Secretary, Equipment Operator, Laborer, etc.). A job description for the job title for which you are applying is available for your review.
3. You may be asked to provide documentation of employment eligibility and all minimum job requirements such as driver's license, high school diploma, P.O.S.T. certification, etc. If the job for which you are applying requires a driver's license, **you must provide us with a current motor vehicle report (three years history minimum) from the Georgia State Patrol.** Applications are not rejected because of minor omissions or deficiencies that can be corrected prior to the interviewing or testing process.
4. No application packet will be reviewed until AFTER the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. It will, however, be kept on file for 180 days for that next available job title vacancy.
5. You will be notified by phone or mail for a scheduled personal interview.
6. Application packets remain active for a period of 180 days. After the 180 day period, you must complete a new application packet. We do not update or renew inactive application packets. We will not notify you of the inactive status of your application packet.
7. We DO NOT accept resumes in lieu of the application packet; however, we encourage you to submit a resume with your completed application packet. An incomplete application packet or misleading information will immediately disqualify you from consideration during our selection process.
8. Any person convicted for the first time of any criminal offense involving the manufacture, distribution, sale, or possession of a controlled substance, marijuana or a dangerous drug shall be ineligible for employment for a period of three months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of five years from the date of the most recent conviction.
9. An offer of employment for any position is contingent upon the successful completion of a pre-employment drug screen and/or medical examination or both.
10. Since we may have questions, please give your completed application packet to the Personnel Department only.



**CITY OF COVINGTON
2194 EMORY STREET
COVINGTON, GEORGIA 30014**

AUTHORIZATION TO RELEASE INFORMATION

I have applied to the City of Covington, Georgia for employment. Part of the employment process is an investigation and verification of the information I provide on my application for employment and in occasional reports during my employment with the City of Covington, Georgia.

I do hereby authorize a review of and full disclosure of all records concerning me to the City of Covington, Georgia. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics and private practitioners; employment records, including background reports, efficiency reports, complaints or grievances filed by or against me; motor vehicle record, criminal history information which may be in the files of any state or local criminal justice agency and/or any other information contained in your files relevant to my employment with the City of Covington, Georgia.

I hereby fully and finally release and discharge the City of Covington, Georgia, and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations, and other entities who release any information or documents pursuant to this authorization. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else.

I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name (print or type)

Address

Date of Birth

Social Security No.

Signature

Notary Public

Date

Application For Employment

Return To:
CITY OF COVINGTON PERSONNEL DEPARTMENT
2194 Emory Street
P.O. Box 1527
Covington, GA 30015
(770) 385-2025

INVALID AFTER 60 DAYS

The City of Covington, Georgia is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT IN INK OR TYPE)

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION

EXACT TITLE OF POSITION APPLIED FOR:

Date of Application

Last Name

First Name

Middle or Maiden Name

Address Number

Street

Apt. #

City

State

Zip Code

Telephone Numbers:

Social Security Number

DAY _____

EVENING _____

____-____-____

Have you ever been employed with us before?

Yes No

If yes, indicate department in which you were employed _____

Date left _____. Did you leave in good standing?

Yes No

If no, were you dismissed or asked to resign?

Yes No

May we contact your present employer?

Yes No

Are you available to work:

Full time

Part time

Shift work

Temporary

What date are you available to work? _____

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed				
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Are you physically or otherwise unable to perform the essential duties of the job for which you are applying? Yes No

If yes, please describe how, with or without reasonable accommodation, you will be able to perform the essential duties of the job:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that as a prospective employee I must verify identity and employment eligibility prior to employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.

I understand that a medical examination and/or drug screen may be required for the job which I have applied and I agree to submit to such medical examination and/or drug screen. I understand that any offer of employment is conditional upon the results of the medical examination and/or drug screen.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the City of Covington, Georgia.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Date of Employment _____

Job Title _____

Job Code _____

Hourly Rate _____

Grade / Step _____

Date of Promotion _____

New Job Title _____

New Job Code _____

New Hourly Rate _____

New Dept. _____

Date of Transfer _____

New Job Title _____

New Job Code _____

New Dept. _____

Personnel Dept. _____ Date _____