



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 for employment eligibility and for all minimum job requirements such as a driver's license, high school diploma, P.O.S.T. certification, etc. **All applicants of the City of Covington must successfully pass pre-employment drug testing and a background investigation which may include the information listed on the application, driving history, criminal history, identity and credit report for all applicable jobs.** Applications are not rejected because of minor omissions or deficiencies that can be corrected prior to the interviewing or testing process.
4. Application packets will not be reviewed before the closing date for each job advertisement. Any application packet received after the closing date will not be considered for that advertised vacancy. If selected, you will be notified by phone or email for a scheduled personal interview.
5. Applications will remain active for a period of 3 months (Non-Public Safety applicants) and 12 months (Public Safety applicants). It will, however, be kept on file for 3 years per the City of Covington's retention schedule. You must complete a new application packet once the application has become inactive. We do not update or renew inactive application packets. We will not notify you of the inactive status of your application packet.
6. We will not accept résumés in lieu of the application packet; however, you may submit a copy of your résumé along with the application. An incomplete application packet or misleading information will immediately disqualify you from consideration during our selection process.
7. 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 3 months from the date of conviction. Any person convicted two or more times shall be ineligible for employment for a period of 5 years from the date of the most recent conviction.
8. An offer of employment for any position is contingent upon the successful completion of a satisfactory background investigation, a pre-employment drug screen and/or medical examination.
9. Applications can be submitted by, **Email:** hrdept@cityofcovington.org, **Mail:** City of Covington, PO Box 1527 Covington, GA 30015 or **Hand Delivered:** to Covington City Hall 2194 Emory St NW, Covington, GA 30014.

LABORCHEX INC.

Disclosure Statement

By this document the City of Covington discloses to you that a consumer report regarding your credit history, criminal history and other background information and/or an investigative consumer report containing information as to your character general reputation, personal characteristics and/or mode of living may be obtained from consumer reporting agencies, personal interviews or other sources in connection with your application for employment or any time during your employment (including independent contractor assignments, as applicable). The information obtained shall be used solely for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee or independent contractor.

All terms are used as defined in the FCRA, 15 U.S.C. § 1681 et seq.

LABORCHEX INC.

AUTHORIZATION TO PROCURE A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT

To: _____ Company Name: _____ Fax: _____

The following person is seeking immediate employment and has Fully and Legally Authorized you to provide employment information. Name: _____ Soc. Sec. Number _____

I HEREBY authorize **City of Covington** or those authorized by them to procure consumer reports and/or investigative consumer reports on me in connection with my application for employment or any time during my employment, which shall be used solely for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee or as an independent contractor. I understand that reports may include information about my prior employment, D.O.T. commercial driver experience as outlined in Parts 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations (FMCSRs), driving records, military record, education, creditworthiness and history, character, general reputation, criminal record, and mode of living, residency, general reputation, personal characteristics, performance, experience, reasons for termination of past employment and other qualities pertinent to my qualifications for employment.

I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, consumer reporting agencies, and personal interviews with my current and former employers, friends, neighbors and associates. I understand that upon written request to the Human Resources Manager, **City of Covington** I will be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. I understand that upon written request to the Human Resources Manager, **Paul Dailey** a copy of this Authorization will be provided to me.

PRINT NAME

SIGN NAME

DATE: _____ **TIME:** _____

IDENTIFICATION INFORMATION: OTHER NAMES: _____

Other names I have been known by or worked under (for example, birth name; names by marriage, divorce, or adoption; or other name changes, etc.):

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER:** _____

(Date of Birth, Other Names and Social Security Number are used only for identification purposes to ensure accuracy of reports.)

CURRENT HOME ADDRESS: _____
STREET CITY STATE ZIP

PREVIOUS HOME ADDRESS: _____
STREET CITY STATE ZIP

EXACT NAME ON DRIVERS LICENSE: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

LABORCHEX INC.

1929 Spillway Road, Suite D, Brandon, Mississippi 39048

Phone: 1.800.880.0366 Fax: 800.844.2722

<https://www.laborchex.com>



CITY OF COVINGTON EMPLOYMENT APPLICATION

Human Resources Department
2194 Emory Street
P.O. Box 1527
Covington, GA 30015
www.cityofcovington.org

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

A résumé may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of the City of Covington and will not be returned. Unsolicited résumés, or materials requesting general consideration for any position, will not be considered or retained. We currently accept applications via, Email: hrdept@cityofcovington.org, Mail: City of Covington, PO Box 1527 Covington, GA 30015 or hand delivered to Covington City Hall.

SECTIONS MARKED WITH AN * ARE REQUIRED TO BE FILLED OUT BY APPLICANT

*Exact Title of Position Applied For:		*Date of Application:	
Personal Information			
*Last Name:	*First Name:	MI:	Home Phone Number:
			Cell Phone Number:
*Street Address:		*City:	*State:
			*Zip:
Have you been employed with us before?		Did you leave in good standings?	May we contact your present employer?
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , indicate in which department:		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever served in the United States Military?		Are you eligible to work in the United States?	Email Address:
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , in which Branch:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of employment desired:		Date available to work:	*How did you hear about this position?
Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>			
Education			
	High School	Undergraduate College/University	Graduate/Professional
*School Name:			
*School Address: City, State, Zip			
Diploma/Degree Received:	Diploma <input type="checkbox"/> GED <input type="checkbox"/> *Year:	Degree <input type="checkbox"/> Year:	Degree <input type="checkbox"/> Year:
Degree Type:		Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>
Major Course of Study:			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities			
Describe any honors you have received			
List professional, trade, business, or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.</i>			

***Personal References**

List only personal references that are not related to you and are not a previous employer.

*Full Name:

*Phone number:

*Years Acquainted:

Employment History

Start with your present or most recent employer. 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.

Present or Most Recent Employer:

Job Title:

Supervisor role:
Yes ☐ No ☐

Street Address

City

State

Zip

Supervisor's Name and Title:

From: (Month/Year)

To: (Month/Year)

Final Salary:

No. of Persons
Supervised:Full-Time ☐ Part-Time ☐
Temporary ☐

Reason for leaving:

May we contact this employer? Yes ☐ No ☐
Phone number:

Duties:

Past Employer:

Job Title:

Supervisor role:
Yes ☐ No ☐

Street Address

City

State

Zip

Supervisor's Name and Title:

From: (Month/Year)

To: (Month/Year)

Final Salary:

No. of Persons
Supervised:Full-Time ☐ Part-Time ☐
Temporary ☐

Reason for leaving:

May we contact this employer? Yes ☐ No ☐
Phone number:

Duties:

Past Employer:

Job Title:

Supervisor role:
Yes ☐ No ☐

Street Address

City

State

Zip

Supervisor's Name and Title:

From: (Month/Year)

To: (Month/Year)

Final Salary:

No. of Persons
Supervised:Full-Time ☐ Part-Time ☐
Temporary ☐

Reason for leaving:

May we contact this employer? Yes ☐ No ☐
Phone number:

Duties:

Employment History Continued

Past Employer:

Job Title:

Supervisor role:
Yes ☐ No ☐

Street Address

City

State

Zip

Supervisor's Name and Title:

From: (Month/Year)

To: (Month/Year)

Final Salary:

No. of Persons
Supervised:

Full-Time ☐ Part-Time ☐
Temporary ☐

Reason for leaving:

May we contact this employer? Yes ☐ No ☐

Phone number:

Duties:

If you need additional space, please use additional information space on the back of the application.

General Information

Driver's License? Yes ☐ No ☐ *State: _____ Speak in a language other than English: Yes ☐ No ☐ If yes, what language? _____

CDL? Yes ☐ No ☐ Class: _____ Write in a language other than English: Yes ☐ No ☐ If yes, what language? _____

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

Computer Software Applications:

Microsoft:

Word ☐ Excel ☐ Powerpoint ☐ Publisher ☐ Outlook ☐

Other programs:

Machinery and Equipment Skills:

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 for 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 also understand that I am required to abide by all rules and regulations of the City of Covington, Georgia.

☐

**Checking this box certifies that all information included in this application is accurate and complete to the best of my knowledge. Furthermore, typing your name on the line below qualifies as your signature of authorization.*

*Signature

Date

Additional Information: