



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.



In connection with my application for employment (including contract for services or volunteer services) or tenancy _____ with _____. These consumer reports (investigative consumer reports in California), may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit report, (except California) etc. I further understand such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgements, bankruptcy proceedings, criminal records etc. from federal, state, and other agencies, which maintain such records.

In addition, investigative consumer reports, as defined by the Federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information *my work performance regarding character, general reputation, and personal characteristics*, may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: **HR TruCheck (HRTC)** located at: **3525 Hwy. 138 SW, Stockbridge, Georgia, 30281** or toll free telephone number 866.773.3675, upon proper identification, requesting the nature and substance of all information in its files on me at the time of my request, including the sources of information and HRTC, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); the recipients of any reports on me, which HRTC has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California, three years). I hereby consent to your obtaining the above information from HRTC. You may view the HRTC privacy policy at their website: (www.HRTruCheck.com).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

- California, Minnesota, and Oklahoma applicants only: Check box if you request a copy of any consumer report ordered on you. **Request**

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact HRTC during reasonable hours (9:00 a.m. to 4:00 p.m. (ET) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at HRTC's office, which address is listed above. You can have someone accompany you to HRTC's offices. HRTC may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for HRTC to disclose to or discuss your information with this third party: 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to HRTC; HRTC has trained personnel to explain any information in your file to you and if the file contains information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Corrections Law. _____ **(Initial)**
I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Applicant's Printed Name _____ Social Security Number _____ Maiden Name _____
Date of Birth _____ Race _____ Gender _____ Phone Number _____ Email Address _____
Alias Names: _____
Driver's License #: _____ State: _____ Name on License: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
States and Counties: _____

I, _____, by signing this Consent via Electronic Signature, agree that my electronic signature is the legal equivalent to my manual signature. Whenever I execute this electronic signature, I understand it has the same validity and meaning as my handwritten signature.

I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Applicant's Signature (Required) _____ Current Date (Required) _____
Requested By: _____ Email Address: _____
Company Name: _____ Phone /Fax Number: _____
Cost Center / Dept: _____ Position Applied For: _____



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

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

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.

*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? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, indicate in which department:</i>	Did you leave in good standings? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever served in the United States Military? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, in which Branch:</i>	Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:	
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>	Date available to work:	*How did you hear about this position?	

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.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.

***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 <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:					
Phone number:					
Past Employer:				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:					
Phone number:					
Past Employer:				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duties:					
Phone number:					

Employment History Continued

Past Employer:				Job Title:	Supervisor role: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	City	State	Zip	Supervisor's Name and Title:	
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. of Persons Supervised:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Reason for leaving:			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			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: