

ATTENTION JOB APPLICANTS

Screening of applications (through review by the Human Resources Department) is an important process at which time an applicant's background and experience are evaluated in relation to the job and in comparison to other applicants. It is to your advantage to present as clear a picture of that background as possible. In the spaces provided on the application, show employment history. In addition, you are welcome to attach a personal resume or other supplemental information, which further indicates your qualifications for the job you are seeking.

Please note that preference will be given to veterans under the City of Covina's Veterans' Preference System. The system allows for five additional points to be added to the final score of a candidate after passing all of the required examinations and prior to the establishment of an eligibility list. Preference will be awarded on entry-level open recruitments only.

CITY OF COVINA
IMPORTANT NOTICE TO APPLICANTS

In compliance with the Immigration Reform and Control Act of 1986, the City of Covina requires all new employees to show proof of their legal right to work in the United States. At the time of hire, the new employee must present original documentation authorizing them to work in this country. Documents considered acceptable by the U.S. Attorney General are:

- one document from List A below; ***OR***
- one document from List B in conjunction with one document from List C.

LIST A

- United States Passport (unexpired or expired)
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Unexpired foreign passport, with I 551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien registration card with photograph
- Unexpired Temporary Resident Card (INS Form I-688)
- Unexpired Employment Authorization Card (INS Form I-688A)
- Unexpired Re-entry Permit (INS Form I-327)
- Unexpired Refugee Travel Document (INS Form I-571)
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

LIST B

- A state-issued driver's license or I.D. card with a photograph or information including name, sex, date of birth, height and color of eyes
- Military Card or draft record
- School identification card with a photograph
- Voter's Registration Card
- Identification card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- Military dependent's identification card
- Native American Tribal document
- Coast Guard Merchant Mariner Card
- Driver's license issued by Canadian government authority

LIST C

- Original Social Security Card
- A birth certificate issued by State, County or municipal authority bearing a seal or other certification
- A certification of birth issued by the Department of State, Form FS-545 or Form DS-1350
- Citizen Identification Card, INS Form 1-197
- Native American Tribal document
- ID card for use of resident citizen in the U.S., INS Form 1-179
- Unexpired employment authorization document issued by the INS

Please keep this in mind when applying for positions with the City of Covina. All job offers made by the City are contingent upon establishing proof of your legal right to work in the United States. The City of Covina is an Equal Opportunity Employer.

**PLEASE RETURN THIS FORM
IT IS OPTIONAL - NOT REQUIRED**

**CITY OF COVINA
HUMAN RESOURCES DEPARTMENT
OPTIONAL Affirmative Action Research Data**

SEX: () MALE () FEMALE

BIRTHDATE: ____ / ____ / ____ month day year

MARITAL STATUS: _____

POSITION APPLYING FOR:

PLEASE NOTE ANY PHYSICAL HANDICAP:

Ethnic Group/Race: Please Mark One

() Caucasian/White () Black

() American Indian () Asian

() Pacific Islander () Other

() Spanish Surname

HOW DID YOU HEAR OF THIS JOB OPENING?

_____ NEWSPAPER - Name of Newspaper

_____ PREVIOUSLY COMPLETED JOB INTEREST CARD

_____ ANOTHER CITY'S PERSONNEL DEPARTMENT

_____ SCHOOL PLACEMENT OFFICE - Name Of School

_____ UNEMPLOYMENT OFFICE

_____ OTHER CITY EMPLOYEE

_____ OTHER - Please Specify



CITY OF COVINA

(State Exact Job Title)

FOR OFFICE USE
Date Filed:
Checked By:

EMPLOYMENT APPLICATION

125 E. College Street, Covina, California 91723-2199
(626) 384 - 5552 Website: www.covinaca.gov

It is our policy to provide Equal Employment Opportunities to all qualified persons.
Fill out application completely (if not applicable, write N/A). An incomplete application will be rejected.

Name: Social Security #

Present Address: How long?

Previous Address: How long?

TELEPHONE NUMBERS Home Work Message

Are you at least 18 years of age? E-mail address (for test notification):

Driver's License State Number Check Type A B C Expires

Friend or relative employed here Name Relationship

List other name(s) under which your Work or school records may be filed Name(s)

Note to applicants: Do not answer the following question until you have reviewed the job flyer and know the essential duties of the position for which you are applying.

Are you able to perform the essential duties of this position? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please explain. (Note: unless stated on job announcement, conviction is not automatic bar to employment.)

Are you available to occasionally work overtime (before and after regular hours and/or Saturdays)? Yes No

Table with 5 columns: Education, Name & Location of School, Years Attended, Major, Degree/Diploma/GED

What other applicable experience, qualifications or credentials would qualify you for work with the City of Covina?

Are you legally eligible for employment in the U.S.? Yes No

Can you after hire, submit documentation of your legal right to work in the U.S.? Yes No

Have you ever served in the U.S. Armed Forces? Yes No Dates of duty mo. yr. to mo. yr.

The City of Covina will add five Veterans' Preference points to the final score of a candidate that has been honorably discharged from the military and has passed all of the required examinations for the position. Preference points will be awarded for entry-level open recruitments only. In order to receive Veterans' Preference points, a copy of your DD214 must be attached to this application.

FILL OUT COMPLETELY. A RESUME DOES NOT SUBSTITUTE FOR A COMPLETE APPLICATION! USE ADDITIONAL SHEETS IF NECESSARY TO INCLUDE WORK EXPERIENCE FOR THE LAST 10 YEARS. INCLUDE MILITARY OR VOLUNTEER EXPERIENCE.

WORK HISTORY May we contact your present employer? () Yes () No

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(1) Most Recent Employer	Address	Phone
Date Started	Starting Salary \$	Starting Position
Date Left	Total Mos.	Ending Salary \$
Ending Position		Name & Title of Co-Worker
Name & Title of Supervisor		
Description of Duties		

Reason for Leaving

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(2) Previous Employer	Address	Phone
Date Started	Starting Salary \$	Starting Position
Date Left	Total Mos.	Ending Salary \$
Ending Position		Name & Title of Co-Worker
Name & Title of Supervisor		
Description of Duties		

Reason for Leaving

=====

(3) Previous Employer	Address	Phone
Date Started	Starting Salary \$	Starting Position
Date Left	Total Mos.	Ending Salary \$
Ending Position		Name & Title of Co-Worker
Name & Title of Supervisor		
Description of Duties		

Reason for Leaving

=====

(4) Previous Employer	Address	Phone
Date Started	Starting Salary \$	Starting Position
Date Left	Total Mos.	Ending Salary \$
Ending Position		Name & Title of Co-Worker
Name & Title of Supervisor		
Description of Duties		

Reason for Leaving

I certify that all facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements made on this application shall be considered sufficient cause for dismissal. I also understand that my employment is contingent upon successful completion of a medical examination and/or psychological examination and background investigation. The City is hereby authorized to make any investigation of my prior educational and work history, and contact supervisors and co-workers shown above. I further understand that the City reserves the right to dismiss employees "at will."

DATE: _____ APPLICANT'S SIGNATURE _____