City of West Covina

1444 W. Garvey Avenue ● Post Office Box 1440 ● West Covina 91793-1440 ● (626) 939-8450 www.westcovina.org

Application for Employment

INSTRUCTIONS TO APPLICANT

(A) Please **read** the **job announcement** for the position desired to see if you meet the minimum requirements. Be sure to include all previous work experience, education, and training, which qualify you for this position.

(B) If more space is needed, an additional sheet in the same format may be attached. You may attach a resume, however it **will not be accepted in lieu of a completed application.**

FOR OFFICE USE ONLY

Reviewed By: Date:

Accepted: ☐ **Subject To:**

Rejected: ☐

Exam Type	Score P/NP	Applicant Notified
W1		
PR		
O		
Place on List		

COMMENTS

PLEASE TYPE OR PRINT AND RETURN TO HUMAN RESOURCES

POSITION APPLIED FOR:

HOURS OF WORK INTERESTED IN**: Full Time** ☐ **Part Time** ☐ **Shift Work** ☐

Last Name:

First Name:

Address:

City: State: Zip Code:

Home Phone: ( )
Business Phone ☐ or Cell Phone ☐ ( )

Driver's License # (If required): State:

Class of License: Exp. Date:

Date of Birth: (Only if applying for Firefighter/Paramedic or Police Officer)

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

List any relatives who are members of the West Covina City Council or who are currently employed by the City of West Covina, the department(s) in which employed, and their relationship to you.

_____

Have you been convicted of a crime, other than a minor traffic violation? Yes ☐ No ☐
If yes, please identify date, City and State, and type of conviction in the space provided. Briefly explain the circumstances surrounding the criminal offense. A conviction of a crime will not necessarily disqualify you from employment._____

Indicate special equipment skills, training or certifications related to this position:

_____

_____

If appropriate for position applying for, please indicate corrected speed in the following: (or attach certification):

SHORTHAND _____ **W.P.M.** **TYPING** _____ **W.P.M.** **OTHER** _____

Do you wish to receive Veterans' preference? No ☐ Yes ☐ If yes, attach a copy of your DD214

PRINT NAME HERE	**LAST**	**FIRST**	**MIDDLE**

The City of West Covina is an Equal Opportunity Employer. All employment decisions are made on the basis of qualifications without regard to race, color, gender, religion, age, sexual orientation, national origin, veteran's status, or disability.

EDUCATION

Name of last Grade, Junior or Senior High School Attended	Location (City & State)	Please Indicate: Diploma ☐ GED ☐

Names and location of all Colleges, Universities, Business, Correspondence or Trade Schools attended.	Full or Part-Time	No. of Credits Earned	Semester or Quarter	Majors and Minors Course(s) of Study	Type of Degree, Certificates License Earned.

EXPERIENCE

List employment for the last 10 yrs (begin with most recent position). If jobs held prior to 10 yrs relate to position applied for, list these also. Explain gaps in employment. You may attach additional sheets. You may also attach a resume. An incomplete application may disqualify you from further consideration.

Mo. & Yr. From: _____ To: _____ Title of Your Position: _____ Salary: _____

Name/Address of Employer:

Name/Ph# of Supervisor:

May we contact your employer: Yes ☐ No ☐

Reason for Leaving:

Duties Performed:

No. Supervised (if any): No. of hours per week:

Mo. & Yr. From: _____ To: _____ Title of Your Position: _____ Salary: _____

Name/Address of Employer:

Name/Ph# of Supervisor:

May we contact your employer: Yes ☐ No ☐

Reason for Leaving:

Duties Performed:

No. Supervised (if any): No. of hours per week:

Mo. & Yr. From: _____ To: _____ Title of Your Position: _____ Salary: _____

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May we contact your employer: Yes ☐ No ☐

Reason for Leaving:

Duties Performed:

No. Supervised (if any): No. of hours per week:

Mo. & Yr. From: _____ To: _____ Title of Your Position: _____ Salary: _____

Name/Address of Employer:

Name/Ph# of Supervisor:

May we contact your employer: Yes ☐ No ☐

Reason for Leaving:

Duties Performed:

No. Supervised (if any): No. of hours per week:

CERTIFICATION OF APPLICANT (READ CAREFULLY BEFORE SIGNING) I, the undersigned, hereby certify that all statements contained herein are true and correct to the best of my knowledge. I understand that any false or misleading statements are grounds for the City to reject my employment application, remove my name from an eligibility list, or dismiss me from employment. Further, if hired, I may be required to submit verification of any information provided on this application, as well as verification of my legal right to work in the U.S.

Signature of Applicant: **Email this form** **Date:**