



VILLAGE OF COVINGTON
EMPLOYMENT APPLICATION
(Equal Opportunity Employer)

This application is part of the job review process. Each position requires a separate application for employment. Answer all questions fully and accurately. A false or misleading statement or omission will invalidate your application or appointment. If you need additional space for any response, please continue on a separate sheet of paper, which you must sign and date.

PERSONAL INFORMATION

POSITION APPLIED FOR: _____

LAST NAME: _____ FIRST NAME / MIDDLE INITIAL: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

How long have you lived at this address? _____

CONTACT PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

Are you physically able to perform the job with or without reasonable accommodation?

YES ___ NO ___

Are you a present or former employee of the Village? YES ___ NO ___ If yes, what dates? _____

Are you a U.S. Citizen or do you have a valid permanent resident card? YES ___ NO ___

Is any relative or member of your household employed by the Village of Covington? YES ___ NO ___

Have you ever been fired or forced to resign? YES ___ NO ___ If yes, please explain:

Driver's License: Operator YES ___ NO ___ CDL YES ___ NO ___ If yes, list class _____

Driver's License Number: _____ State: _____ Expiration Date: _____

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1 South High Street, Covington, OH 45318
administrator@covington-oh.gov | phone: (937) 473-3420 | www.covington-oh.gov



EDUCATIONAL ATTAINMENT

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE: YES___ NO ___ HIGH SCHOOL EQUIVALENT? _____

SUBJECTS STUDIED: _____

COLLEGE ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE: YES___ NO ___

SUBJECTS STUDIED: _____

U.S. MILITARY SERVICE OR RESERVES: _____

LIST DATES, RANK, AND TYPE OF DISCHARGE: _____

LIST LOCATION AND NAME OF LAST UNIT ASSIGNMENT: _____

SPECIAL SKILLS & QUALIFICATIONS

Please summarize your job-related skills, qualifications, certifications, or training that has been acquired from employment or experience. If you need additional space, please continue on a separate sheet of paper, which you must sign and date.

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EMPLOYMENT HISTORY

List ALL the jobs that you have had, starting with the most recent. Explain any gaps in employment greater than 3 months. Please provide at least the last 3 jobs that include at least two (2) years of employment.

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate / Salary Start-Final

Employer	Address	Telephone #
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CERTIFICATION

The information I provided in this Employment Application is true and complete. I understand that any false or misleading statement or omission in this application or during the hiring process, whenever it may be discovered, will result in disqualification or termination.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the Village. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the Village. I understand that this cannot be changed except in a writing signed by the Village Administrator that states it is intended to make that change. Anything said or implied to the contrary is not binding on the Village.

Date: _____

Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any reference, school, former employer or other person to disclose to the Village of Covington, Ohio, upon request, any information they may have about me and I release them from all liability for disclosing such information.

Date: _____

Signature: _____

WORK SCHEDULE

If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Date: _____

Signature: _____

SERVICE CLAIM

I agree that any claim or lawsuit related in anyway to my service with the Village of Covington must be filed no more than six (6) months after the date of the employment action that is the subject to the claim or lawsuit. I waive any statute of limitations to the contrary.

Date: _____

Signature: _____

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