

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: <input type="checkbox"/>	Subject To:
Rejected: <input type="checkbox"/>	

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 <input type="checkbox"/> or Cell Phone <input type="checkbox"/> () _____		
Driver's License # (If required): _____		State: _____
Class of License: _____		Exp. Date: _____
Date of Birth: (Only if applying for Firefighter/Paramedic or Police Officer) _____		

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

COMMENTS

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
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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.