



RESPECT • SUPPORT • ADVOCACY

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TYPE/PRINT IN INK IF YOU ARE EMPLOYED BY COVO THIS APPLICATION WILL BECOME PART OF YOUR PERSONNEL RECORD. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. COVO MAKES ITS EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, AGE, PRIOR INDUSTRIAL INJURY, MENTAL OR PHYSICAL HANDICAPS UNRELATED TO JOB PERFORMANCE.

NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):	HOME TELEPHONE:
MAILING ADDRESS:	CELL PHONE:
CITY, STATE AND ZIP CODE:	MESSAGE (IF DIFFERENT):

E-MAIL ADDRESS:	JOB APPLYING FOR: List position #	TODAY'S DATE:
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WORK SCHEDULE

YOUR AVAILABILITY:	DATE YOU CAN REPORT FOR WORK:
FULL TIME TEMPORARY WEEKDAYS	DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES NO N
PART TIME WEEKENDS EVENINGS	

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH COVO? YES NO	IF YES: PLEASE LIST MONTH, YEAR AND LOCATION	ARE YOU AT LEAST 18 YEARS OF AGE? YES NO
DO YOU HAVE ANY FAMILY MEMBERS THAT WORK FOR COVO? YES	IF YES: PLEASE LIST NAME, POSITION AND LOCATION	HAVE YOU LIVED IN THE STATE OF OREGON FOR THE LAST 5 CONSECUTIVE YEARS? YES NO

IMMIGRATION AND NATURALIZATION SERVICE

IF YOU ARE OFFERED A POSITION, YOU WILL BE ASKED TO PROVIDE VERIFICATION OF YOUR WORK ELIGIBILITY. THE TYPE OF VERIFICATION REQUIRED MAY CHANGE FROM TIME TO TIME AS FEDERAL REGULATIONS ARE PROMULGATED OR AMENDED (LISTED ON THE CURRENT UCIS I9, Employment Eligibility Verification). THE EMPLOYMENT PROCESS WILL NOT CONTINUE IF YOU ARE UNABLE OR UNWILLING TO PROVIDE THE VERIFICATION REQUEST BY COVO.

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? YES NO

EDUCATION / TRAINING HISTORY

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED CERTIFICATE? YES NO

LIST COLLEGES, MILITARY, TRADE, BUSINESS OR OTHER SCHOOLS ATTENDED.

	NAME OF SCHOOL	LOCATION OF SCHOOL	COURSE OF STUDY (LIST MAJOR)	GRADUATE (YES / NO)	DEGREE OR CERTIFICATE RECEIVED
A					
B					
C					
D					

LICENSE / REGISTRATION / CERTIFICATE

LIST ANY POSITION-REQUIRED PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATE, OREGON COMMERCIAL DRIVER'S LICENSE (CDL), ETC.

DESCRIPTION	STATE	NUMBER	EXPIRATION

REFERENCES

PRIMARY REFERENCES SHOULD BE WORK-RELATED, PREFERABLY SUPERVISORS, BUT PERSONAL AND EDUCATION-RELATED REFERENCES WILL ALSO BE ACCEPTED. (REFERENCE TYPE: WORK RELATED PERSONAL, EDUCATION RELATED, ETC.) PLEASE LIST AT LEAST 3 REFERENCES.

REFERENCE 1:

NAME	PHONE	OCCUPATION
ADDRESS	TYPE	

REFERENCE 2:

NAME	PHONE	OCCUPATION
ADDRESS	TYPE	

REFERENCE 3:

NAME	PHONE	OCCUPATION
ADDRESS	TYPE	

REFERENCE 4:

NAME	PHONE	OCCUPATION
ADDRESS	TYPE	

SPECIALIZED SKILLS AND KNOWLEDGE FOR THE JOB WHICH YOU ARE APPLYING
 LIST ANY SKILLS OR KNOWLEDGE THAT SHOW YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING,

WORK HISTORY ♦♦♦ A RESUME WILL NOT SUBSTITUTE

LIST THE JOB(S), (PAID OR VOLUNTEER). THAT CLEARLY DESCRIBE ALL OF YOUR DUTIES, STARTING WITH YOUR MOST RECENT OR CURRENT JOB. USE ADDITIONAL SHEETS AS NEEDED.

JOB NUMBER 1:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS	MAY WE CONTACT? YES/NO	SUPERVISOR'S NAME AND PHONE NUMBER		
YOUR JOB TITLE		TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (AVERAGE):	CURRENT/ENDING SALARY:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)			
REASON FOR LEAVING				
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):				

JOB NUMBER 2:

NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER		
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER		
YOUR JOB TITLE		TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (AVERAGE):	ENDING SALARY:
FROM (MONTH - YEAR)	TO (MONTH - YEAR)			
REASON FOR LEAVING				
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):				

