



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):

<b>E-MAIL ADDRESS:</b>	<b>JOB APPLYING FOR:</b> List position #	<b>TODAY'S DATE:</b>
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**WORK SCHEDULE**

YOUR AVAILABILITY: FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> PART TIME <input type="checkbox"/> WEEKENDS <input type="checkbox"/> EVENINGS <input type="checkbox"/>	DATE YOU CAN REPORT FOR WORK:  DO YOU HAVE A CURRENT DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES: PLEASE LIST STATE OF ISSUE:	

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

**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 19, 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.

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):
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):
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 3:**

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):
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 4:**

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):
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.):			
HOW DID YOU LEARN ABOUT THIS POSITION?	<input type="checkbox"/> Employment Office <input type="checkbox"/> Friend <input type="checkbox"/> Referred by COVO Employee:(Name) <input type="checkbox"/> Newspaper ( Publication) <input type="checkbox"/> Website <input type="checkbox"/>		

**CERTIFICATION AND SIGNATURE**

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials will result in rejection of my application and denial of employment.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I understand that I must prove that I am authorized to work in the United States if I am hired.
- ♦ I authorize the employing agency to verify the employment, references and education information provided on this employment application.
- ♦ I authorize my driving record be checked if the position for which I am applying requires driving.
- ♦ If I am interviewed for the job and receive a conditional offer of employment I understand and agree to be subjected to a criminal history background check.
- ♦ I agree to conform to the policies and procedures of COVO and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either COVO or myself.

SIGNATURE	DATE
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