



CITY OF BURBANK

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

POSITION APPLIED FOR:

INSTRUCTIONS

IT IS IMPORTANT THAT YOU READ AND ANSWER ALL QUESTIONS ON YOUR APPLICATION FULLY AND ACCURATELY. FAILURE TO DO SO MAY DISQUALIFY YOU FROM BEING CONSIDERED FOR THE POSITION. Completion of an application is part of the examination process for all jobs. A separate and complete application must be filled out for each position for which you are applying. All requested information must be furnished on the application itself. Resumes or attachments may be included, but cannot be substituted for an application form. You must meet all minimum qualifications, including possession of certificates or licenses required for eligibility at the time of application. Any exceptions are stated in the job bulletin. **APPLICATIONS RECEIVED AFTER THE FINAL FILING DATE WILL NOT BE ACCEPTED FOR ANY REASON. IT IS THE APPLICANT'S RESPONSIBILITY TO ALLOW ADEQUATE MAIL OR DELIVERY TIME.**

RETURN TO:

Human Resources Division, 275 E. Olive Avenue,
P.O. Box 6459, Burbank, CA 91510-6459, (818) 238-5021

PLEASE PRINT IN INK OR USE TYPEWRITER

<p>Are you now employed with the City of Burbank? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="margin-left: 40px;">If "yes", what department? _____ / Employee No. _____</p>	BUSINESS	HOME PHONE	CITY	NUMBER AND STREET	LAST NAME
<p>Have you ever worked for the City of Burbank? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
<p>Do you claim veteran's preference? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="margin-left: 40px;">If "yes", proof of honorable discharge (DD214) from U.S. Armed Forces must be attached at time of application.</p>					
CITIZENSHIP					
<p>Employment eligibility verification pursuant to the immigration reform control act of 1986 is required of all applicants at time of employment. In addition, application for citizenship at least one year prior to final filing date is required for all sworn police/fire positions. Can you, at time of employment, submit verification of your legal right to work in the United States?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
CONVICTION RECORD					
<p>Conviction of a felony will not necessarily result in automatic disqualification for the position, nor will conviction of a misdemeanor. However, failure to give complete and accurate information may be grounds for rejection of this application, removal of your name from the eligibility list or dismissal from your position.</p> <p>As an adult (age 18 or over), have you ever been convicted, placed on probation, forfeited bail or paid a fine for a violation of any civil or military law except for minor traffic infractions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="margin-left: 40px;">If "yes", please explain on a separate page. Describe type of offense, date, place and sentence or fine imposed.</p> <p style="margin-left: 40px;">Note: A minor traffic infraction is a conviction for an offense that is not a misdemeanor or a felony.</p>					
<p>Are you related to any City of Burbank employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name of relative? _____</p> <p>Relationship _____ Dept. _____</p>					
	NO.	DRIVER'S LICENSE:	STATE:	CITY	FIRST NAME
		CLASS:		STATE	
		SOCIAL SECURITY NUMBER		ZIP CODE	MIDDLE NAME

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Burbank to investigate any information contained in this application. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal. I further understand that I may be required to pass a medical examination and/or background investigation prior to appointment.

SIGNATURE _____ DATE _____

PLEASE DO NOT WRITE BELOW THIS LINE

	<p style="text-align: center;">ELIGIBILITY REVIEW</p> <p><input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/> INCOMPLETE</p>	REASON:
	<p style="text-align: center;">REASON INELIGIBLE</p> <p><input type="checkbox"/> MISSED DEADLINE <input type="checkbox"/> OTHERS MORE QUALIFIED</p> <p><input type="checkbox"/> EDUCATION <input type="checkbox"/> CITIZENSHIP</p> <p><input type="checkbox"/> EXPERIENCE <input type="checkbox"/> LICENSE/CERTIFICATE</p> <p><input type="checkbox"/> OTHER: _____</p>	

EDUCATION AND TRAINING

Circle Highest Grade Completed in Secondary/High School 7 8 9 10 11 12	Name and Location of School	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, HAVE YOU PASSED A HIGH SCHOOL EQUIVALENCY TEST (G.E.D.)? (COPY MUST BE ATTACHED) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Names and locations of Schools (other than High School or Grade School), Colleges or Universities attended.	Credits Completed			Major Subjects	Type of Degree or Certificate Attained
	Semester Units	Quarter Units	Hours		
Other Licenses or Professional Certificates:					

EXPERIENCE

Read the experience requirements in the job bulletin before completing this section. **Please be sure that you meet the minimum requirements for the position.** List all periods of employment and unemployment for the last ten years, starting with the most recent and working back. U.S. Military Service if listed, is considered as employment. List different positions with the same employer separately. **Give complete information - a resume cannot substitute for this section.** If you need more space, attach additional sheets using the same format.

From: Month	Year	To: Month	Year	Title of your Position:		
Company or Employer's Name:				Duties of your Position:		
Street Address:						
City, State, Zip:						
Name of Your Supervisor:				Number of Employees you Supervised	Your Salary: \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Number of hours per week: (Check appropriate box and fill in number of hours) <input type="checkbox"/> Full Time - 40+ Hours <input type="checkbox"/> Part Time - _____ Hours <input type="checkbox"/> Volunteer - _____ Hours
Reason for Leaving or Wanting to Leave:						
From: Month	Year	To: Month	Year	Title of your Position:		
Company or Employer's Name:				Duties of your Position:		
Street Address:						
City, State, Zip:						
Name of Your Supervisor:				Number of Employees you Supervised	Your Salary: \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Number of hours per week: (Check appropriate box and fill in number of hours) <input type="checkbox"/> Full Time - 40+ Hours <input type="checkbox"/> Part Time - _____ Hours <input type="checkbox"/> Volunteer - _____ Hours
Reason for Leaving or Wanting to Leave:						
From: Month	Year	To: Month	Year	Title of your Position:		
Company or Employer's Name:				Duties of your Position:		
Street Address:						
City, State, Zip:						
Name of Your Supervisor:				Number of Employees you Supervised	Your Salary: \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Number of hours per week: (Check appropriate box and fill in number of hours) <input type="checkbox"/> Full Time - 40+ Hours <input type="checkbox"/> Part Time - _____ Hours <input type="checkbox"/> Volunteer - _____ Hours
Reason for Leaving or Wanting to Leave:						
From: Month	Year	To: Month	Year	Title of your Position:		
Company or Employer's Name:				Duties of your Position:		
Street Address:						
City, State, Zip:						
Name of Your Supervisor:				Number of Employees you Supervised	Your Salary: \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	Number of hours per week: (Check appropriate box and fill in number of hours) <input type="checkbox"/> Full Time - 40+ Hours <input type="checkbox"/> Part Time - _____ Hours <input type="checkbox"/> Volunteer - _____ Hours
Reason for Leaving or Wanting to Leave:						
Do you object to having your present employer contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been discharged or asked to resign from a position? <input type="checkbox"/> Yes if "Yes", give company name and date in space at left. <input type="checkbox"/> No		

VOLUNTARY STATISTICAL INFORMATION

To further its commitment to Equal Employment Opportunity, the City of Burbank requests that applicants voluntarily provide the following information which will be used for research and statistical purposes only. Your cooperation is essential to the success of this program. All information is confidential, and this section will be detached prior to application review.

Position Applied For _____

Name _____

Social Security No. _____ / _____ / _____

Sex: Male Female

Ethnicity (see reverse side)

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

HOW DID YOU LEARN OF THIS POSITION?

- CITY BULLETIN
- INTERNET
- INTEREST CARD
- NEWSPAPER

_____ (Specify)

OTHER
_____ (Specify)

The City of Burbank is committed to making a reasonable accommodation to any known disability that may interfere with your ability to compete in the selection process. If you require such consideration, please provide a brief description of the requested accommodation.

Ethnic/Racial definitions are those prescribed by the Equal Employment Opportunity Commission. (See EEOC Form 164)

1. The category "**WHITE**" (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. The category "**BLACK**" (Not of Hispanic origin): All persons having origins in any of the Black Racial Groups of Africa.
3. The Category "**HISPANIC**": All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
4. The category "**ASIAN OR PACIFIC ISLANDERS**": All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5. The category "**AMERICAN INDIAN OR ALASKAN NATIVE**": All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.