

RETURN TO:
HUMAN RESOURCES
301 E. OLIVE AVE #101
P.O. BOX 6459
BURBANK, CA 91502
(818) 238-5021

CITY OF BURBANK SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

POLICE OFFICER/LATERAL

LAST NAME	FIRST NAME	MIDDLE NAME
NUMBER AND STREET		
CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NUMBER

This supplemental application is part of your official application packet and offers you the opportunity to fully and clearly explain your training for the position of **POLICE OFFICER/LATERAL**. Therefore, please complete each section fully. Incomplete, illegible, or vague responses on this supplemental may disqualify you from being considered further for the position. If necessary, you may attach additional sheets of paper in the same format as the supplement.

PLEASE PRINT OR USE TYPEWRITER

I certify that all statements on this supplemental 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 supplemental. I understand false or incomplete statements shall be sufficient cause for disqualification or dismissal.

SIGNATURE _____ DATE _____

POLICE OFFICER/LATERAL SUPPLEMENTAL APPLICATION

This supplemental application is designed to allow you to clearly demonstrate that you meet the minimum qualifications for this position. You must meet the minimum qualifications in order to be considered in the examination process. Therefore, it is to your best advantage to complete the supplemental application as fully as possible. Please do not leave any item blank; if it is not applicable write N/A.

1. Have you been employed as a Sworn Peace Officer with a California law enforcement agency within the last three years? _____

If yes, please indicate what agency and length of time employed by the agency.

Agency: _____

From: Month _____ Year _____

To: Month _____ Year _____

2. Have you been a Reserve Peace Officer with the City of Burbank? _____

From: Month _____ Year _____

To: Month _____ Year _____

3. Do you currently possess a regular Basic POST Certificate?

If yes, please attach a copy.

If no, are you eligible for a regular Basic POST Certificate? _____

If you were referred by a City employee, please provide their name and department.

Name: _____

Department: _____

SIGNATURE _____ DATE _____