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, 301 E. Olive Avenue, Suite 101
P.O. Box 6459, Burbank, CA 91510-6459, (818) 238-5021

PLEASE PRINT IN INK OR USE TYPEWRITER

LAST NAME | FIRST NAME | MIDDLE NAME

NUMBER AND STREET

CITY | STATE | ZIP CODE

HOME PHONE | BUSINESS

DRIVER'S LICENSE: STATE: ____ CLASS: ____ NO:

SOCIAL SECURITY NUMBER

Are you now employed with the City of Burbank? ☐ YES ☐ NO

If "yes", what department? / Employee No.

Have you ever worked for the City of Burbank? ☐ YES ☐ NO

Do you claim veteran's preference? ☐ YES ☐ NO

If "yes", proof of honorable discharge (DD214) from U.S. Armed Forces must be attached at time of application.

CITIZENSHIP

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?

☐ YES ☐ NO

CONVICTION RECORD

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.

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? ☐ YES ☐ NO

If "yes", please explain on a separate page. Describe type of offense, date, place and sentence or fine imposed.

Note: A minor traffic infraction is a conviction for an offense that is not a misdemeanor or a felony.

Are you related to any City of Burbank employee(s)? ☐ YES ☐ NO

Name of relative? _____

Relationship _____ Dept. _____

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

	ELIGIBILITY REVIEW	REASON:
	☐ QUALIFIED ☐ NOT QUALIFIED ☐ INCOMPLETE	
	REASON INELIGIBLE	
	☐ MISSED DEADLINE ☐ OTHERS MORE QUALIFIED	
	☐ EDUCATION ☐ CITIZENSHIP	
	☐ EXPERIENCE ☐ LICENSE/CERTIFICATE	
	☐ OTHER: _____	

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? ☐ YES ☐ NO	IF NOT, HAVE YOU PASSED A HIGH SCHOOL EQUIVALENCY TEST (G.E.D.)? (COPY MUST BE ATTACHED) ☐ YES ☐ 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: ☐ Hour ☐ Week ☐ Month $	Number of hours per week: (Check appropriate box and fill in number of hours) ☐ Full Time - 40+ Hours ☐ Part Time - _____ Hours ☐ 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: ☐ Hour ☐ Week ☐ Month $	Number of hours per week: (Check appropriate box and fill in number of hours) ☐ Full Time - 40+ Hours ☐ Part Time - _____ Hours ☐ 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: ☐ Hour ☐ Week ☐ Month $	Number of hours per week: (Check appropriate box and fill in number of hours) ☐ Full Time - 40+ Hours ☐ Part Time - _____ Hours ☐ 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: ☐ Hour ☐ Week ☐ Month $	Number of hours per week: (Check appropriate box and fill in number of hours) ☐ Full Time - 40+ Hours ☐ Part Time - _____ Hours ☐ Volunteer - _____ Hours
Reason for Leaving or Wanting to Leave:			

Do you object to having your present employer contacted?	☐ Yes ☐ No	Have you ever been discharged or asked to resign from a position?	☐ Yes ☐ No If "Yes", give company name and date in space at left.

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.