

APPLICATION FOR EMPLOYMENT

LATERAL POLICE OFFICER

CITY OF BURBANK - AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

This application must be typed or neatly printed, and all signatures must be original. Complete this application accurately. Incomplete applications will be discarded. All information is subject to validation. If a question does not apply to you, indicate so by writing "DNA". If you need more room for answers, please use the continuation sheets at the end.

PERSONAL INFORMATION:

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____ City/State/Zip: _____

County: _____ Social Security Number: _____ - - Home Phone: () _____

Date of Birth: ____ / ____ / ____ City/State/Zip of Birth: _____

Height: ____ Ft. ____ In. Weight: ____ Lbs. Age: ____ Eye Color: ____ Hair Color: ____ Sex: Male / Female

Are you a United States Citizen? YES / NO If YES, are you Native Born or Naturalized: _____

If naturalized, please give details: _____

List any other names or aliases you have ever used (include maiden name): _____

RESIDENCES:

List all of your addresses within the last ten years. Start with your current address.

From (month/year)	To (month/year)	Address / City / State / Zip

Do you own or are you buying a home? **YES / NO**

Do you own or are you buying other real estate?

If YES, provide location (Address, City/State/Zip): _____

EMPLOYMENT HISTORY:

List all employment for the last ten years, including periods of unemployment. Begin with your present or most recent job. Include military service.

Name of Employer	From (Mo/Yr)	To (Mo/Yr)	
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			
Name of Employer	From (Mo/Yr)	To (Mo/Yr)	
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			
Name of Employer	From (Mo/Yr)	To (Mo/Yr)	
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Describe Job Duties:			
Name of Employer	From (Mo/Yr)	To (Mo/Yr)	
Address	Supervisor Name & Telephone Number:		
City / State / Zip	Reason for Leaving:		
Describe Job Duties:			

If you have employers that you do not want contacted, please list and explain why: _____

Have you ever taken a pre-employment exam from any other governmental agency? **YES / NO**

If YES, please give details (agency, date, status): _____

Are you currently on any eligibility lists? **YES / NO**

If YES, please explain: _____

Have you ever been rejected from an eligibility list? **YES / NO**

If YES, please explain: _____

Have you ever been dismissed from a position or forced to resign? **YES / NO**

If YES, please explain (include employers): _____

Are you or have you ever been part owner, partner, or corporate member of any business? **YES / NO**

If YES, please explain: _____

EDUCATION:

Provide the following information about every school you have attended.

	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree Received?
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

List all foreign languages you are fluent in (read, speak, write): _____

List all professional licenses and certifications you hold: _____

MILITARY:

Branch of US Military: _____ Date inducted: _____ Date discharged: _____

Highest rank: _____ Rank at discharge: _____ Type of discharge: _____

Explanation of discharge: _____

Ever convicted at a court-martial? **YES / NO**

If YES, please explain: _____

Are you or have you been a member of the US Reserve Forces or National Guard? **YES / NO**

If YES, please provide details (branch, unit, rank, address, dates reserved): _____

List any disciplinary action taken against you in the Reserves or National Guard: _____

REFERENCES:

List the names and contact information of five professional references who are not related to you, are not former employers, and have known you for five years or longer who can describe your personality, character, abilities, experience, and other traits.

Reference 1

Name: _____ Address: _____

Home Phone: () _____ Occupation: _____ Years known: _____

How do you know this person? _____

Reference 2

Name: _____ Address: _____

Home Phone: () _____ Occupation: _____ Years known: _____

How do you know this person? _____

Reference 3

Name: _____ Address: _____

Home Phone: () _____ Occupation: _____ Years known: _____

How do you know this person? _____

Reference 4

Name: _____ Address: _____

Home Phone: (____) _____ Occupation: _____ Years known: _____

How do you know this person? _____

Reference 5

Name: _____ Address: _____

Home Phone: (____) _____ Occupation: _____ Years known: _____

How do you know this person? _____

I hereby certify that this application is filled out completely, information given is correct and true, and there are no falsifications or misrepresentations to the best of my knowledge.

I understand that omission or falsification of information by me on this application is sufficient reason for dismissal of this application, and/or dismissal from employment should I be hired.

I authorize the City of Burbank to investigate all information given, to receive additional information about me, and to contact any references given by me. I hereby release from liability the City of Burbank and its representatives for seeking any such information and all other people, businesses, and organizations for providing such information.

Signature: _____ Date: _____

Affirmative Action – Voluntary Information

Completion of information below is voluntary

We consider all applicants without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a voluntary basis and not for interview purposes, and is filed separately from the application. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Position applied for _____ Date _____/_____/_____

REFERRAL SOURCE (please circle):

Walk-in _____ Government Employment Agency _____ Private Employment Agency _____
Employee _____ Relative _____ School _____
Advertisement (Source): _____ Other: _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION:

Name _____ Telephone # (____) _____ Male / Female
Last First Middle

Address _____
Street City State Zip Code

Please circle one of the following Equal Opportunity Identification Groups:

American Indian/Alaskan Native _____ Hispanic/Latino (White race only) _____ Black/African American _____
Native Hawaiian/Other Pacific Islander _____ Hispanic/Latino (all other races) _____ Asian _____ White _____

FOR ADMINISTRATIVE USE ONLY:

Position Applied for: Available _____ Not Available _____ Other _____

Other positions considered for: _____

Hired? Yes _____ No _____

Position hired for: _____ Date of Hire: _____/_____/_____

From the EEO job classifications listed below, which one best describes the position filled (circle one)?

Officials and Managers _____ Sales Workers _____ Operatives (semi-skilled) _____
Professionals _____ Office and Clerical Workers _____ Laborers (unskilled) _____
Technicians _____ Craft Workers (skilled) _____ Service Workers _____

Notes: _____

Completed by: _____ Date: _____/_____/_____

