

# EMPLOYMENT APPLICATION



## CITY OF BURLINGAME Human Resources

501 Primrose Road, Burlingame, CA 94010

Human Resources: (650) 558-7206  
Job Line: (650) 737-1238  
Fax: (650) 342-8386

### FOR OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

**Qualified**       **Disqualified:**  
 Education  
 Experience  
 Incomplete  
 Other

By: \_\_\_\_\_

#### PLEASE NOTE:

1. A separate application is required for each position.
2. Type or print in ink. Incomplete or illegible applications will not be considered.
3. Keep the Personnel office informed of any change of address; otherwise, you may lose your opportunity for employment.
4. By submitting this application either electronically over the internet, fax, mail e-mail or in person to the Human Resources Department, the application is filed with the CITY OF BURLINGAME. If you are filing this application on-line, please print a copy for your records.

### POSITION

POSITION APPLYING FOR: \_\_\_\_\_

Date Available: \_\_\_\_\_ How did you learn of the position for which you are applying? \_\_\_\_\_

### PERSONAL

FULL NAME: \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City & State Zip Code

HOME PHONE \_\_\_\_\_ BUSINESS OR DAY PHONE \_\_\_\_\_

Police Candidates must state age: \_\_\_\_\_

AGE (If under 18 or over 70) \_\_\_\_\_ Do you have a drivers' license?  Yes  No License # \_\_\_\_\_ State: \_\_\_\_\_

### EDUCATION

HIGHEST YEAR COMPLETED:  7  8  9  10  11  12  JR. COLLEGE  COLLEGE  GRAD. STUDIES

HIGH SCHOOL: \_\_\_\_\_ Diploma:  Yes  No  
Name of School

JUNIOR COLLEGE: \_\_\_\_\_  Qtr.  Sem.  
Name of School Degree/Major Units Completed

UNIVERSITY: \_\_\_\_\_  Qtr.  Sem.  
Name of School Degree/Major Units Completed

BUSINESS or TRADE SCHOOL: \_\_\_\_\_  Qtr.  Sem.  
Name of School Degree/Major Units Completed

Pertinent licenses, registration, or other training: \_\_\_\_\_

### CONVICTIONS

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)?  Yes  No  
If "yes", please explain fully on a separate sheet. Each case is considered individually. A conviction will not necessarily preclude you from employment; however, failure to disclose felony or misdemeanor convictions can disqualify you from employment and/or result in rejection from probation. All City employees are finger printed and arrest records verified with the State of California Department of Justice. (POLICE CANDIDATES must list all arrests whether or not there is a conviction and whether or not the records are sealed).

(COMPLETE NEXT PAGE)

**EMPLOYMENT HISTORY**

Please include any MILITARY SERVICE with the following information. Submit DD214 if eligible for Veterans points. Starting with your present employer please account for your work experience (VOLUNTEER EXPERIENCE MAY BE INCLUDED). Please attach any supplemental information you think is applicable to the job applied for. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION.

<p style="text-align: center;"><b>DATES EMPLOYED</b></p> From: _____ To: _____ <small>Month/Year                      Month/Year</small>	<p>Your job title or Occupation: _____</p> <p>Employer's Name &amp; address: _____</p> <p>Phone: _____ Number of persons you supervised: _____</p> <p>Your supervisor's name &amp; title: _____</p> <p>MAY WE CONTACT YOUR PRESENT EMPLOYER?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Total Months: _____ Hours per week: _____</p> <p>SALARY: Beginning: _____ Ending: _____</p> <p>Your duties and responsibilities: _____</p> <p>Reason's for leaving: _____</p>	

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**THE CITY OF BURLINGAME IS AN EQUAL OPPORTUNITY EMPLOYER**

**AGREEMENT**

*I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with the CITY OF BURLINGAME. I authorize investigation of all matters contained in this application. If offered a position, I further agree to submit to a complete medical examination by a City physician as a condition of employment. I further agree to be fingerprinted, to sign an oath of office, and to furnish proof of age, education, and either citizenship or the legal right to work in the United States of America upon appointment.*

\_\_\_\_\_  
SIGNATURE (signature required for application to be complete)

\_\_\_\_\_  
DATE

# CITY OF BURLINGAME

## AFFIRMATIVE ACTION IDENTIFICATION INFORMATION

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
*(last) (first) (middle)*

ADDRESS \_\_\_\_\_

Female

Male

White *(not of Hispanic origin)*

Black *(not of Hispanic origin) All persons of African/American origin.*

Hispanic  
*All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.*

Asian or Pacific Islanders  
*All persons having origins in the Far East, Southeast Asia, or any of the Pacific Islands- for example, China, Japan, Korea, Philippines, Samoa.*

American Indian or Alaskan Native  
*All persons having origins in any of the original peoples of North America.*

*The CITY OF BURLINGAME is required by the Federal statutes to maintain the information requested above. It will be kept in a separate and confidential file. It is unlawful to use the information to discriminate against or give preference to a person for hiring or promotion. Please check one box that applies to your ethnic group and indicate male or female.*