CITY OF GLENDALE EMPLOYMENT APPLICATION

	City of Glendale **Human Resources Department** 613 E. Broadway, Room 100 Glendale, CA 91206 Phone: (818) 548-2110 GlendaleCA.gov	**For Office Use Only** QUAL:_____ DNQ:_____ ☐ Experience ☐ Training ☐ Other_____
	_____ Name	
	_____ Position Title	

PERSONAL INFORMATION

POSITION TITLE:

NAME: (Last, First, Middle)	**MONTH & DAY OF BIRTH:** (MM/DD)

ADDRESS: (Street, City, State, Zip Code)

PRIMARY PHONE:	**ALTERNATE PHONE:**	**EMAIL ADDRESS:**
DRIVER'S LICENSE? ☐ Yes ☐ No	**DRIVER'S LICENSE:** State: Class: Number:	**LEGAL RIGHT TO WORK IN THE UNITED STATES?** ☐ Yes ☐ No

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED:
☐ Some High School ☐ High School ☐ Some College ☐ Technical College ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

NAME OF HIGH SCHOOL ATTENDED:		**DATES ATTENDED:** (MM/YYYY) From: To:
LOCATION: (City, State)	**DID YOU GRADUATE?** ☐ Yes ☐ No	**IF NO, SELECT THE HIGHEST LEVEL COMPLETED:** ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other

DEGREE RECEIVED:
☐ High School Diploma ☐ GED   ☐ No Degree ☐ Other

SCHOOL NAME: (University/College/Trade School)		**DATES ATTENDED:** (MM/YYYY) From: To:
LOCATION: (City, State)	**DID YOU GRADUATE?** ☐ Yes ☐ No	**DEGREE RECEIVED:**
MAJOR:		**UNITS COMPLETED:** _____ ☐ Semester ☐ Quarter

SCHOOL NAME: (University/College/Trade School)		**DATES ATTENDED:** (MM/YYYY) From: To:
LOCATION: (City, State)	**DID YOU GRADUATE?** ☐ Yes ☐ No	**DEGREE RECEIVED:**
MAJOR:		**UNITS COMPLETED:** _____ ☐ Semester ☐ Quarter

SCHOOL NAME: (University/College/Trade School)		**DATES ATTENDED:** (MM/YYYY) From: To:
LOCATION: (City, State)	**DID YOU GRADUATE?** ☐ Yes ☐ No	**DEGREE RECEIVED:**
MAJOR:		**UNITS COMPLETED:** _____ ☐ Semester ☐ Quarter

Start with your PRESENT position and work back. This information must be as complete and accurate as possible in order for your experience to receive a proper evaluation. List ALL of the positions you have held in the past 10 years. Also, list any previous positions held if they are applicable to the position for which you are applying. Account for any period of self-employment or unemployment. Use additional pages if necessary to complete 10 years work history. Failure to provide all information required may result in rejection of application. Resumes will not be accepted in lieu of application.

EXPERIENCE		
DATES: (MM/YYYY) From: To:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	**SUPERVISOR:** (Name, Title)	**MAY WE CONTACT THIS EMPLOYER?** ☐ Yes ☐ No
HOURS PER WEEK:		**NO. OF EMPLOYEES SUPERVISED:**
DUTIES:		
REASON FOR LEAVING:		
DATES: (MM/YYYY) From: To:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	**SUPERVISOR:** (Name, Title)	**MAY WE CONTACT THIS EMPLOYER?** ☐ Yes ☐ No
HOURS PER WEEK:		**NO. OF EMPLOYEES SUPERVISED:**
DUTIES:		
REASON FOR LEAVING:		
DATES: (MM/YYYY) From: To:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	**SUPERVISOR:** (Name, Title)	**MAY WE CONTACT THIS EMPLOYER?** ☐ Yes ☐ No
HOURS PER WEEK:		**NO. OF EMPLOYEES SUPERVISED:**
DUTIES:		
REASON FOR LEAVING:		
DATES: (MM/YYYY) From: To:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State, Zip Code)		
PHONE NUMBER:	**SUPERVISOR:** (Name, Title)	**MAY WE CONTACT THIS EMPLOYER?** ☐ Yes ☐ No
HOURS PER WEEK:		**NO. OF EMPLOYEES SUPERVISED:**
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES

TYPE:

ISSUE DATE: (MM/YYYY)	**EXPIRATION DATE:** (MM/YYYY)
LICENSE/CERTIFICATE NUMBER:	**ISSUING AGENCY:**

TYPE:

ISSUE DATE: (MM/YYYY)	**EXPIRATION DATE:** (MM/YYYY)
LICENSE/CERTIFICATE NUMBER:	**ISSUING AGENCY:**

TYPE:

ISSUE DATE: (MM/YYYY)	**EXPIRATION DATE:** (MM/YYYY)
LICENSE/CERTIFICATE NUMBER:	**ISSUING AGENCY:**

SKILLS

OFFICE SKILLS:

Typing: _____ net WPM

Data Entry: _____ net KPH

OTHER SKILLS:	**OTHER SKILLS:**
Skill: _____	Skill: _____
Skill Level: ☐ Beginner ☐ Skilled ☐ Expert	Skill Level: ☐ Beginner ☐ Skilled ☐ Expert
Experience: _____ Years _____ Months	Experience: _____ Years _____ Months

LANGUAGES OTHER THAN ENGLISH:

Language: _____ ☐ Speak ☐ Read ☐ Write

Language: _____ ☐ Speak ☐ Read ☐ Write

Language: _____ ☐ Speak ☐ Read ☐ Write

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of City of Glendale and will not be returned. I understand the City of Glendale may contact prior employers and other references. I understand that I must notify the Human Resources Department of any changes in my name, address, or phone number.

I hereby agree to allow inquiry and access to employment information and personnel records from my former employer(s) and authorize my former employer(s) to release such information to the City or its representative.

_____   _____
Signature   Date

City of Glendale
Agency-Wide Questions

The purpose of the following questions is to obtain additional job related information to evaluate you for the position for which you are applying, or to provide us with statistics needed to evaluate our recruitment program, as well as to prepare statistical reports required by Federal, State and local agencies.

☐ Yes ☐ No   Based on the position for which you have applied and the description of the job duties in the bulletin, are you able to perform the essential functions of the job?

☐ Yes ☐ No   If a Driver's License is required by the job, have you received any tickets for moving violations in the last three years?

If yes, please list violations and dates received. Use additional page(s) if necessary.

Date: _____ Violation: _____ Disposition: _____

Date: _____ Violation: _____ Disposition: _____

☐ Yes ☐ No   Are you over the age of 18?

If not, do you have a work permit?
☐ Yes ☐ No

☐ Yes ☐ No   Have you ever been fired or asked to resign in lieu of termination?

If yes, please explain. Be sure to list the employer, date, and reason.

_____
_____
_____
_____
_____

☐ Yes ☐ No   Have you ever been employed by the City of Glendale?

If yes, list the dates of employment and the Department(s) for which you worked.

From: _____ (MM/YY)   To: _____ (MM/YY)

Department(s): _____

☐ Yes ☐ No   Do you have any relative(s), domestic partner or Council Member employed by the City of Glendale at this time or at any time within the last six months?

If yes, indicate the name(s) of the relative(s), domestic partner of Council Member and their relationship to you, as well as the Department(s) for which your relative(s) work.

Name of relative(s) and/or domestic partner: _____

Relationship: _____

Department(s): _____

ELECTION TO RECEIVE/NOT RECEIVE PUBLIC RECORDS
I am aware that the City of Glendale may obtain public records regarding me for employment purposes, including but not limited to evaluation for employment, assignment, and/or promotion as well as conducting investigations into possible misconduct. I acknowledge that the term public records, as used herein, is limited to records of: arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.
  ☐ I hereby elect <u>not</u> to receive any public records, which may be obtained by the City of Glendale for employment purposes under Civil Code 1786.53.
  ☐ I hereby elect to receive any public records, which may be obtained by the City of Glendale for employment purposes under Civil Code 1786.53.

_____   _____
Signature   Date

City of Glendale
Conviction History

Name: _____   **Month & Day of Birth (MM/DD):** _____

Position Title: _____

You have been given a conditional job offer for the position for which you are applying. Therefore, pursuant to California Assembly Bill No. 218, conviction history information is required in order to advance to the next step in the selection process. Failure to disclose this information will disqualify you for further consideration for this position.

A record of conviction does NOT necessarily, by itself, disqualify you from employment. Any omissions are grounds for rejection of the application, removal of the applicant's name from the eligible list, or removal from City employment. All employees are fingerprinted and fingerprints are submitted to the Department of Justice and the Federal Bureau of Investigation for a full report.

Have you ever been convicted of a Criminal Offense (misdemeanor or felony) other than a minor traffic violation?

☐ **Yes**   ☐ **No**

If yes, please provide information pertaining to ALL convictions, unless sealed or expunged. If you are applying for Police Officer or Police Officer Recruit, you must list ALL convictions even if they were sealed or expunged. You may exclude any arrests or detentions that did not result in conviction, misdemeanor convictions for marijuana related offenses that are over two (2) years old as of the date that you complete this application. If you have been arrested and a determination is pending also note the information below.

Date of Conviction | Code Section Violated (Number and Title) | Felony or Misdemeanor

Sentencing Information: (length of jail sentence, time serviced, monetary fine, terms of parole and/or probation)

Description of Offense and Additional Remarks

Date of Conviction | Code Section Violated (Number and Title) | Felony or Misdemeanor

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Sentencing Information: (length of jail sentence, time serviced, monetary fine, terms of parole and/or probation)

Description of Offense and Additional Remarks

Use additional pages if necessary.

I have listed all my convictions and certify that the above is true and correct.

_____   _____
Signature   Date

City of Glendale

Do you claim Veteran's Credit?

Please note that <u>not</u> all positions are eligible for Veteran's Credit. Veteran's Credit is added to the final passing score in an entrance level classification and will be noted on the job bulletin if the position is eligible for Veteran's Credit. Veteran's Credit CANNOT bring a failing score up to a passing score.

☐ Yes ☐ No

If yes, you must submit a copy of your DD-214 along with your completed job application by the final filing date.

In order to comply with Federal, State Equal Opportunity and local requirements, we ask that you provide the following information. The information is voluntary and will be kept confidential.

Are you 40 years of age or older?

☐ Under the age of 40 ☐ Over the age of 40

Gender:

☐ Female ☐ Male

Please select your ethnic origin:

☐ White

☐ Black

☐ Hispanic

☐ Asian or Pacific Islander

☐ Armenian

☐ American Indian or Alaskan Native

☐ Filipino

☐ Other _____

TESTING ACCOMODATION FOR INDIVIDUALS WITH A DISABILITY CONVERED BY THE AMERICAN WITH DISABILITIES ACT
If you require a testing accommodation to compete in the testing process, please see the Human Resources staff at least 4 days prior to the first test part so that a reasonable accommodation can be made.