

EMPLOYMENT EXPERIENCE

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 also for any periods of self-employment or unemployment. Use additional paper or applications to complete 10 years work history if needed.

Failure to provide all information required may result in rejection of application. Resumes will not be accepted in lieu of application.

FROM (MO./YEAR):	TO (MO./YEAR):	TITLE OF PRESENT OR LAST POSITION:
NAME AND ADDRESS OF EMPLOYER:		DUTIES OF YOUR POSITION:
TELEPHONE NO:	NO. SUPERVISED (IF ANY): _____ FINAL SALARY \$ _____ ____ WEEK ____ MONTH	
SUPERVISOR'S NAME:	REASON FOR DESIRING CHANGE:	
DO YOU OBJECT TO HAVING YOUR PRESENT EMPLOYER CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE EXPLAIN:		

FROM (MO./YEAR):	TO (MO./YEAR):	TITLE:
NAME AND ADDRESS OF EMPLOYER:		DUTIES OF YOUR POSITION:
TELEPHONE NO:	NO. SUPERVISED (IF ANY): _____ FINAL SALARY \$ _____ ____ WEEK ____ MONTH	
SUPERVISOR'S NAME:	REASON FOR DESIRING CHANGE:	

FROM (MO./YEAR):	TO (MO./YEAR):	TITLE:
NAME AND ADDRESS OF EMPLOYER:		DUTIES OF YOUR POSITION:
TELEPHONE NO:	NO. SUPERVISED (IF ANY): _____ FINAL SALARY \$ _____ ____ WEEK ____ MONTH	
SUPERVISOR'S NAME:	REASON FOR DESIRING CHANGE:	

FROM (MO./YEAR):	TO (MO./YEAR):	TITLE:
NAME AND ADDRESS OF EMPLOYER:		DUTIES OF YOUR POSITION:
TELEPHONE NO:	NO. SUPERVISED (IF ANY): _____ FINAL SALARY \$ _____ ____ WEEK ____ MONTH	
SUPERVISOR'S NAME:	REASON FOR DESIRING CHANGE:	

FROM (MO./YEAR):	TO (MO./YEAR):	TITLE:
NAME AND ADDRESS OF EMPLOYER:		DUTIES OF YOUR POSITION:
TELEPHONE NO:	NO. SUPERVISED (IF ANY): _____ FINAL SALARY \$ _____ ____ WEEK ____ MONTH	
SUPERVISOR'S NAME:	REASON FOR DESIRING CHANGE:	

REMARKS (ADD ADDITIONAL SHEETS IF NECESSARY):

CERTIFICATE OF APPLICANT
 (Please read carefully before signing)

I hereby certify that all answers to the questions on this application are true, and I agree and understand that any mis-statements of material facts or omissions herein will cause forfeiture on my part of all rights to any employment in the service of the City of Glendale.

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

_____ Date

_____ Signature

CONVICTION HISTORY

THIS MUST BE COMPLETED BY ALL APPLICANTS
City of Glendale, California

Please Print or Type.

Position Applying for: _____

NAME: _____
Last
First
Middle

SOCIAL SECURITY #: _____

Information on convictions is required from all applicants. 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 for a full report.

Have you ever been convicted of a Criminal Offense (misdemeanor or felony) other than a minor traffic violation?
 If "YES" you must provide additional information as requested below. Yes No

Please provide information pertaining to ALL convictions, unless sealed or expunged. Do NOT list arrests that did not result in a conviction. If you have been arrested and a determination is pending, also note the information below.

Conviction Information

Date of Conviction	Code Section Violated (Number and Title)	Felony or Misdemeanor
Sentencing Information: (length of jail sentence, time served, monetary fine, terms of parole and/or probation)		
Description of Offense and Additional Remarks		

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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
(continued from the other side)

Do you claim Veteran's Credit? Yes No

(Please note that not 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. Veteran's Credit can NOT bring a failing score up to a passing score.)

If YES, you must submit a copy of your DD214 with your application by the final filing deadline. See resolution #01-29 for a full explanation of Veteran's Credit.

TESTING ACCOMMODATION FOR INDIVIDUALS WITH A DISABILITY COVERED BY THE AMERICANS WITH DISABILITIES ACT
If you require a testing accommodation to compete in the testing process, please see the Personnel staff at least 5 days prior to the first test part so that a reasonable accommodation may be made.

How did you learn of this position?

- ___ Visited City Hall in Person

- ___ City of Glendale Web Site

- ___ Phone City Hall and/or City Job Hotline

- ___ Printed Ad (Please specify publication) _____

- ___ Internet Ad (Please specify site) _____

- ___ Posted Bulletin (Please specify location) _____

- ___ Channel 6

- ___ Career Fair (Please specify sponsor) _____

- ___ City employee (Please specify person) _____

- ___ Friend or relative

- ___ Other (Please specify) _____

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

A. Are you 40 years of age or older? Yes No

B. Gender: Male Female

C. Ethnic Origin:

- ___ White

- ___ Black

- ___ Hispanic

- ___ Asian or Pacific Islander

- ___ Armenian

- ___ American Indian or Alaskan Native

- ___ Filipino

- ___ Other: _____
(Please specify)