



CITY OF READING APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES DIVISION
815 WASHINGTON STREET
READING, PA 19601

Submission of a completed application is required for consideration in any position. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, gender identity, expression, political affiliation or disability.

(PLEASE PRINT)

Date of Application _____

Position Desired _____

Referral Source: Advertisement (Please Specify) _____ Relative Other
 Employment Agency Friend

Personal Information:

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone No. _____ Email _____

Have you filed an application here within the past two years? Yes No
Have you ever been employed here before? Yes No Date _____
Are you legally eligible to work in the United States? Yes No

Availability:

Are you available to work? Full-Time Part-Time

Date available to start? _____

If required by the position would you be able to work:

Evening hours (2nd or 3rd shift)? Yes No

Weekends? Yes No

Are you available to work overtime if asked? Yes No

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Some positions within the City of Reading require a valid driver's license. Can you meet this requirement if necessary? Yes No

Drivers license information:	State of Issue:	Number:	Class:
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Skills and Qualifications:

Describe any skills appropriate for the work you are seeking such as computer/typing skills, fluency in languages, machine operation, etc. Also include any licenses, certifications, or registrations you currently hold. _____

List professional, trade or business organizations to which you belong and offices held. Exclude groups which indicate race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, political affiliation, or disability. _____

Education:

	High School	Business Trade/Tech School or Other	College/University	Graduate/Professional
School Name				
Years Completed:	9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Diploma/Degree				
Describe Course of Study:				
Describe specialized training, apprenticeship skills, internships and extra-curricular activities				
Honors, awards, and scholarships received				

Employment Experience:

List each job held. Start with your present or most current job. If you need additional space, please continue on a separate sheet of paper.

Employer #1	<u>DATES</u>		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #2	<u>DATES</u>		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #3	<u>DATES</u>		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			
Employer #4	<u>DATES</u>		Work Performed
	From	To	
Address			
Job Title	<u>HRLY. RATE/SALARY</u>		
Supervisor	Start	Final	
Reason for Leaving			

Give name, address, and telephone number of three professional references not related to you.

1. _____
2. _____
3. _____

Veterans:

Do you wish to claim Veterans Preference? (Proof of Honorable Discharge Required) Yes No

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

Government contractors are subject to Section 402 of the Vietnam Era veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Disabled Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Agreement:

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Reading reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. _____ (initial)

I hereby authorize the City of Reading to thoroughly investigate my references, work records, education, criminal history, and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the City of Reading my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ (initial)

I understand that if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdraw of the employment offer. _____ (initial)

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if hired, I will be required to abide by all rules and regulations of the City.

Signature of Applicant _____ **Date** _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/D/SO
City of Reading complies with the Drug-Free Workplace Act of 1989

Request for Job Applicant Information

The City of Reading is an equal opportunity and affirmative action government contractor. In compliance with government regulations we are required to record numbers of job applicants by sex and ethnic category. We ask that you indicate your race or national origin and sex.

DO NOT WRITE YOUR NAME.

You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you fill out this form. This information will not be kept with your application and will be used only in accordance with state and federal regulations.

Check One:

- Female
- Male

Check One:

- Hispanic
- Asian
- Black/African American
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- White
- Two or More Races

Job Title(s) Applied for:

Date of Job Application:

If you have any questions about the government requirements or this request, please contact the Human Resources Department at 610-655-6012.