

**CIVIL SERVICE BOARD,
CITY OF READING
APPLICATION FOR EXAMINATION
COMPETITIVE CLASS**

**FIREFIGHTER/EMT
FIREFIGHTER/PARAMEDIC**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN NOR DISABILITY...

GENERAL INSTRUCTIONS:

This application **MUST** be carefully and correctly completed, with all questions answered in ink, in the applicant's own handwriting, cursive or printed form. A line drawn through a blank space or a "ditto" mark will not be considered an answer to a question. If more explanation is necessary, please attach a separate sheet with detailed information. This document consists of several sections: a General Waiver, and a description of essential job functions. Every question in every section must be completed in order for the Civil Service Board of the City of Reading to accept the application as complete. After this document is completed in its entirety, it must be executed before a person qualified to administer oaths or affirmations (notary public). Any false statement or omission of fact shall disqualify the applicant for examination, eligibility or subsequent appointment. The Civil Service Board will provide reasonable accommodation(s) for applicants upon written request, or as is otherwise necessary according to Federal and State law.

Your signature on this application indicates your desire to be a competitor, with a view toward entering service for the City of Reading, in the examination to be scheduled for the position of Firefighter. Falsification of this Application may subject Applicant to non-hiring, discipline, or termination.

After this form is completed and executed before the proper authority, it is to be returned to **STEPHEN H. PRICE, ESQUIRE, IN PERSON AT 520 WALNUT STREET, READING, PENNSYLVANIA NO LATER THAN MARCH 9, 2012 ALONG WITH A CHECK OR MONEY ORDER PAYABLE TO THE CITY OF READING IN THE AMOUNT OF \$50.00.**

QUESTIONNAIRE

1. _____ 2. _____
 NAME (LAST, FIRST, MIDDLE) DATE
3. _____
 NICKNAME(S), ALIAS(ES) OR ANY OTHER CHANGES IN NAME
4. _____
 PRESENT RESIDENCE ADDRESS: NUMBER, STREET, CITY, STATE, AND ZIP
5. _____ 6. _____
 SOCIAL SECURITY NUMBER TELEPHONE NUMBER (INCLUDE AREA CODE)
6. Are you a U.S. citizen? _____ (YES/NO). If naturalized, list the following:
- _____ _____ _____ _____
 NATURALIZATION DATE PLACE COURT
 NUMBER
7. Are you 18 years of age or older? _____ (YES/NO).
8. Are you Pennsylvania EMT-P/PHRN or Nationally Registered EMT-P? _____
 (YES/NO)
9. List below your residences for the past 10 years, begin with current address:

Month and Year From: To:	Address

10. MOTOR VEHICLE OPERATORS LICENSE:
- List the following information concerning any operators license(s) you have held or now hold:

TYPE OF LICENSE	NUMBER	ISSUING AUTHORITY/STATE	EXPIRATION DATE

11. Have you ever had an operators license suspended or revoked? _____
(YES/NO).

(a) If yes, attach a separate sheet with a detailed explanation.

12. Have you ever been convicted of a misdemeanor or felony? _____
(YES/NO).

(a) If yes, attach separate sheet with detailed explanation.

13. EDUCATION:

List all elementary, junior high and high schools attended.

SCHOOL	ADDRESS	CITY	ZIP	GRADUATE

14. HIGHER EDUCATION:

List all colleges or universities attended.

SCHOOL	ADDRESS	CITY	ZIP	GRADUATE

15. OTHER TRAINING:

List any school or training, vocational, trade or military that you have attended that you feel would help you in the field.

SCHOOL	ADDRESS	CITY	ZIP	GRADUATE

16. SPECIAL QUALIFICATIONS

List any special licenses such as PILOT, RADIO OPERATOR, ETC. AND SKILLS:

LICENSE	ISSUING AUTHORITY	DATE ISSUED	GRADUATE

17. EMPLOYMENT:

Begin with most recent employer and list your work history, including part time and seasonal employment; past 10 years.

DATES From: To:	NAME & ADDRESS	JOB TITLE
NAME OF SUPERVISOR		

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NAME OF SUPERVISOR		

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NAME OF SUPERVISOR		

DATES From: To:	NAME & ADDRESS	JOB TITLE
NAME OF SUPERVISOR		

18. MILITARY STATUS: YES NO
- (a) Have you ever served in the U.S. Armed Forces? ___ ___
- (b) Do you claim veterans preference? ___ ___
- (c) If in the military, were you ever convicted of any crime graded as a misdemeanor or felony? ___ ___
- (d) If yes, attach a separate sheet, listing date of conviction, location, type of court or court martial, charge and action taken or sentence imposed.
- (e) Are you presently a member of the U.S. Reserve or State Guard Unit? YES NO
___ ___

(f) If yes, answer below:

Grade and Service Number: _____

Service and Component: _____

Organization/Station/Unit Address: _____

Re-service Obligation, if any: _____

Selective Service Number: _____ Last Classification: _____

Date: (not date of birth) _____ Local Board: _____

Board Address: _____

19. Do you use, consume, buy, or sell illegal narcotics or controlled substances? _____
(YES/NO).

(a) If yes, attach separate sheet with detailed explanation.

20. Have you ever used or tried illegal narcotics or controlled substances in the past? _____
(YES/NO).

(a) If yes, attach separate sheet listing last used and detailed explanation.

21. Have you ever applied for a position with any other department or Government agency? _____.

(a) If yes, list below:

DEPARTMENT/AGENCY	DATE APPLIED	CURRENT OR STILL ACTIVE

22. Character References:

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo medical examination by a physician selected by the Civil Service Board or by the City of Reading, at any time before or during employment by the City of Reading, and hereby authorize the examining physicians to render to the City of Reading complete reports of such examinations.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the City's service, if I have been employed. I agree, if employed, to abide by all City rules and regulations. I understand that all employment is based upon the need of the employer for such services as I may render and that all such employment is at the will of the employer.

Applicant should list here his or her mailing address at the time of filing

(Applicant Signature)

(Street & Number)

(City, State & Zip Code)

STATE OF _____ :
COUNTY OF _____ : ss.

On the _____ day of _____, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of Firefighter.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the City of Reading Civil Service Board, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

DATE

SIGNATURE

**2012 CITY OF READING
FIREFIGHTER/EMT
FIREFIGHTER/PARAMEDIC
APPLICATION**

NOTICE

To All Applicants:

The attached application must be completed and returned to Stephen H. Price, Esquire, IN PERSON, at 520 Walnut Street, Reading, Pennsylvania, by 4:00 p.m. on March 9, 2012. No applications will be accepted after that date and time. The application must be accompanied with a check or money order ONLY, made payable to the "City of Reading" in the amount of \$50.00. No cash will be accepted.

You will be notified of the date, time and place for the written examination.

No candidate will be admitted to any testing site, meeting, or hearing with a firearm at any time.

Please sign below where indicated acknowledging this Notice. If this Notice is not signed, you will be removed from the testing process.

Have you:

1. Notarized this application where indicated
2. Signed this application at the appropriate places
3. Completely answered every question
4. Reviewed and signed the attached Notification Procedure Release.
5. Made a photocopy of this application and your check for your records
6. Read, signed and dated this notice

****Applications are kept on record and may be used in the current process and future Civil Service testing.**

Date: _____

Signature

PLEASE COMPLETE THIS SHEET AND RETURN WITH APPLICATION

Dear Applicant:

Every testing organization in Pennsylvania is required to report to the Federal government each year, applicant data by race and ethnicity categories that are set by the Federal government. The Department does not report individual applicant data to the Federal government but does report the total number of applicants in various categories in each process.

Applicant's Name: _____

Applicant's Sex: _____ Applicant's Date of Birth: _____

Please answer **BOTH** questions 1 and 2

1. Is this Applicant Hispanic or Latino? (choose one only)
 - No, not Hispanic or Latino
 - Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the Applicant's race? (choose one or more)
 - American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
 - Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
 - Black or African American (A person having origins in any of the black racial groups of Africa)
 - Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)
 - White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)