

Civil Service Board
City of Reading
Application for Examination

Competitive Class
Firefighter/Paramedic

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, national origin nor disability.

General Instructions:

This application **MUST** be carefully and correctly completed, with all the questions answered in ink, in the applicant's own handwriting (printed or typewritten only). A line drawn through a blank space or a "ditto" mark will not be considered an answer to a question. If the space provided for an answer is not sufficient, then attach a separate sheet with detailed information to complete the question. (Please indicate the number of the question of which you are continuing your response on this separate attached sheet.)

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 entirely, but before it is submitted, it must be executed before a person qualified to administer oaths or affirmations (notary public) no earlier than (1) month before its submission to the Human Resources Office. Any false statement or omission of fact shall disqualify the applicant for examination, eligibility or subsequent appointment.

Your signature on this application indicates you 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/Paramedic. Falsification of this application may subject applicant to non-hiring, discipline, or termination.

After this blank form is completed and executed, before the proper authority, it is to be returned to the Human Resources Department no later than June 30th, 2016 along with a non-refundable check or money order payable to the City of Reading in the amount of \$50.00.

Human Resources Department – Hours of Operation Monday – Friday 8:00 am – 4:00 pm

Questions regarding the application process may be emailed to firecivilservice@readingpa.gov

**Human Resources Department
Attn: Civil Service
815 Washington Street, Room 3-03
Reading, PA 19601**

(Name Printed)

(Date)

(Signature)

(Date)

Questionnaire

PLEASE PRINT IN INK

Date: _____

I am submitting this application for: Firefighter/Paramedic

- I am a PA Paramedic, Prehospital Registered Nurse, or Nationally Registered Paramedic.
 PA Certification Number _____
 National Registry Certification Number _____
- I am currently enrolled in an accredited Paramedic Program.

1. _____
 Name (Last, First, Middle Initial)

2. _____
 Nickname(s), Alias(es) or any other changes in name

3. _____
 Present Resident Address

 City State Zip Code

4. _____
 Mailing Address (if different from resident address)

 City State Zip Code

5. _____ - _____ - _____ / _____ / _____
 Social Security Number Date of Birth (mm/dd/yyyy)

6. (_____) _____ - _____ (_____) _____ - _____
 Home Phone Number Cell Phone Number

7. Are you a U.S. Citizen? _____ (Yes/No)

8. If naturalized, list the following:

 Naturalization Number Date

 Place Court

9. Are you 18 years of age or older? _____ (Yes/No)

10. How did you hear about becoming a Fire Fighter with the City of Reading?

- Advertisement (Please specify) _____
- Friend
- Relative
- Other

11. List below your residences over the past ten (10) years. Please begin with your current address and list the date you moved to that residence and the date you left that residence.

Address	City	State, Zip Code	From: (date)	To: (date)

12. **Motor Vehicle Operators License:**

List the following information concerning any operations license(s) you have held or hold.

Type of License	Number	Issuing Authority/State	Expiration Date

13. **Education:** List all high school's attended.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma

14. Higher Education: List all colleges or universities attended.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)

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.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)

16. Special Qualifications:

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

License Name	Issuing Authority	Date Issued	Graduate (Yes/No)

17. Employment:

Begin with your most recent employer and list your work history, including part-time and seasonal employment in the past ten (10) years.

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

18. Military Status: (please check the correct answer)

Yes No

Have you ever served in the U.S. Armed Forces?		
Have you ever served more than 180 consecutive days in the U.S. Armed Forces? <i>(If so please attach a copy of the DD-214 showing the 180 days of service and honorable discharge.)</i>		
If in the military, were you ever convicted of any crime graded as a misdemeanor or felony? <i>(If yes, attach a separate sheet, listing date of conviction, location, type of court or court martial, charge and action taken or sentence imposed.)</i>		
Are you currently a member of the U.S. Reserve or State Guard Unit?		

***If you answered yes and you are currently members of either the U.S. Reserve or State Guard Unit please complete the following:

- Grade & Service Number: _____
- Service & Component: _____
- Organization/Station/Unit Address:

- Re-service Obligation, if any: _____
- Selective Service Number: _____
- Last Classification: _____
- Date Start: _____ Date End: _____
- Local Board: _____
- Board Address:

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

a. If yes, please attach a separate sheet with a detailed explanation.

20. Have you ever used or tried illegal narcotics or controlled substances in the past ten (10) years? _____
(Yes/No)

21. Have you ever applied for a position with any other department or Government agency? _____
(Yes/No)

If yes, please list below:

Department/Agency	Date Applied	Current or Still Active

22. Character References:

Name of Reference	Address	Home Phone	Work/Cell Phone	Relationship/Years

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo a 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 Name Printed

Date

Applicant Signature

Date

 Mailing Street Address

 City

 State

 Zip Code

Applicant should list here his or her mailing address at the time of filing application. The Board or Secretary should be immediately notified in writing of any change of this address.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____: ss.

On the _____ day of _____, _____, the underground 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/Paramedic.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicants mailing address (as indicated on the submitted 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.

Applicant Name (printed)

Date

Applicant Signature

Date

City of Reading, PA

Personal Information Release

TO:

- Any Registrar, Dean Principal, or Other Authorized Person at a School (University, College, High School, Trade School or other)
- Any Past or Present Employer or Any Credit Bureau
- Any Law Enforcement Agency, or Any Department or Agency of a City, County, State or Federal Government
- Any Doctor, Hospital, Clinic, Sanatorium or Psychologist
- Any Landlord, Real Estate or Rental Agency, Mortgage Institution, Public Utility, or Neighbor
- Any Person Having Knowledge of My Conduct Activities.

I _____ Born _____
(Name First, Middle Initial, Last) *(Date of Birth)*

Also known as: _____
(Nickname, Aliases, and Maiden Name if Applicable)

Hereby authorize the City of Reading, Pennsylvania or authorized representative bearing this release or copy thereof, to conduct appropriate inquires, including but not limited to personal interviews and record checks, for determination of my eligibility to be a Firefighter/EMT or Firefighter/Paramedic for the City of Reading, Pennsylvania. I authorize all persons who may have information or documents relevant to these inquires to disclose and/or provide copies of it to the City of Reading, Pennsylvania or its agent, and I hereby release all persons from liability on account of true and accurate disclosures.

The information obtained from these inquires is for the official use of the City of Reading, Pennsylvania and will not be disclosed to other parties except as permitted by me or as may be required by the law. This authorization is valid for a period of two (2) years from the date given below.

A photocopy of this authorization is to be considered as valid as the original. Should there be any question as to the validity of this authorization, I may be contacted as indicated below. Questions may also be directed to the City of Reading, Fire Administration, 815 Washington Street, Room 1-41, Reading, PA 19601.

Signature: _____ Date: _____

Address: _____ Phone: (_____) _____

Social Security Number: _____ - _____ - _____

Driver's License No. _____ State: _____ Class: _____

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.

You are not required to provide this information. 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:

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

Job Title(s) Applied for:

Firefighter / Paramedic

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 or by email firecivilservice@readingpa.gov.