

Civil Service Application

City of Wilkes-Barre, PA

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Application for Examination Competitive Class

This blank MUST be carefully and correctly filled out, and the applicant must answer all questions in ink. A line drawn through a blank or ditto mark will not be considered an answer to question. Any Application wherein changes, erasures or interlineations have been made will not be accepted by the Secretary of the Board. The affidavit required hereon must be executed before some person qualified to administer oaths or affirmations. Any false statement made in this application, or in any other papers or blank forms to be filled out and filed in connection therewith will disqualify the applicant for examination, eligibility, or subsequently for appointment.

After this blank is properly and completely filled out and executed it must be filed with Secretary of the Board from whom it was received by the applicant personally, before deadlines set by the Board. Office hours of the Secretary are between 9:00 A.M. and 4:30 P.M., Monday through Friday.

To the Applicant:

Your signature to this application indicates that you desire to be a competitor, with a view to entering the service of the City of Wilkes-Barre, in the examination scheduled for the position named below.

At the time of filing application you must bring in any discharge papers from any of the military services and any College Diploma or Certificates.

1. What is your full name? _____
Last First MI
2. Where do you reside at present? _____
Number and Street
_____ City Zip Code
3. Telephone Number _____ Social Security No. _____
Pennsylvania Motor Vehicle Operators Number _____
4. State exactly for what position you are applying _____
What Department? _____
5. Are you a citizen of the United States? _____
6. Are you at least eighteen (18) years of age? Yes No
7. Where, when and for what period have you attended school? _____
High School _____ How long? _____ Graduated? _____
Academy or College _____ How long? _____ Graduated? _____

8. State your employment for the five years prior to filing this application

Date-Mo. & Yr.	Name and Address of Employer	Wage	Position	Reason for Leaving
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From _____
To _____

From _____
To _____

From _____
To _____

From _____
To _____

From _____
To _____

9. State your residence for the five years prior to filing this application.

Year _____	Residence _____
Year _____	Residence _____
Year _____	Residence _____
Year _____	Residence _____
Year _____	Residence _____

10. In making application state your experience that is appropriate for the position for which you are applying. _____

11. Have you ever been in the employ of the City of Wilkes-Barre? If so, in what position? _____

Give date you commenced work _____ Date of termination _____

12. Have you served in any of the Military Forces of the United States? _____

Give date of discharge. _____

State nature of discharge _____

Have you ever been in the non-military service of the United States? _____

If so, explain _____

13. Have you ever been convicted of any crime? _____ If so, what crime, and when and where convicted? _____

14. Are you currently an illegal drug user? _____

15. Give names and address of three personal references residing in Wilkes-Barre.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

(Signature of Applicant) _____

(Address and Zip Code) _____

City of Wilkes-Barre, > ss:
State of Pennsylvania > ss:

Personally appeared _____, the above applicant, who being duly sworn deposes and says that each of the foregoing statements subscribed by him are true; except such as are made upon information or belief, and as to those he verily believes the same to be true.

Sworn and subscribed before me

this _____ day of _____ A.D. 19 _____
Signature of Applicant

City Clerk (Must be made in presence of attesting officer)
Application No. _____

Department _____

Date Received _____

Hour of Filing _____

Application for Examination
Competitive Class

Name of Applicant

Address _____
Zip Code

Position _____

Military Service _____

Right Thumb Print

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Agent or other authorized representative of the City of Wilkes-Barre bearing this release, or copy hereof, to obtain any information in your files pertaining to my criminal, employment, military, credit or educational record including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Wilkes-Barre to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as the validity of this release, you may contact me as indicated below.

Full Name _____
(Print)

Full Name _____
(Signature)

Social Security #: _____

Date: _____

Address: _____

Phone #: _____

Sworn and subscribed to before me
this _____ day of _____, 20__

_____(SEAL)
NOTARY PUBLIC

MUNICIPALITY COUNTY ZIP CODE

DATE COMMISSION EXPIRES