

APPLICATION FOR CIVIL SERVICE EMPLOYMENT

CITY OF PHILADELPHIA
PERSONNEL DEPARTMENT
 1401 JOHN F. KENNEDY BOULEVARD • ROOM 1640
 Philadelphia, PA 19102-1675

File a separate application for each position.

Please TYPE or PRINT in ink. Notify Personnel Department of any change of address.

TITLE OF EXAMINATION				EXAM NUMBER											
SOCIAL SECURITY NUMBER (applications without SSN cannot be processed)				CONTACT INFO											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table>												HOME PHONE ()			
LAST NAME				WORK / ALTERNATE PHONE ()											
FIRST NAME			MIDDLE INI	E-MAIL @											
ADDRESS															
CITY			STATE		ZIP CODE										
IF YOU ARE PRESENTLY A CITY CIVIL SERVICE EMPLOYEE, STATE YOUR JOB TITLE				EMPLOYEE NUMBER		DEPARTMENT									

Do Not Write In Shaded Areas

Application Processing Fee:
 Paid By-Date:
 Not Paid
 Waived

Eligibility Determination:

APP.	DIS.	BY-DATE

DISAPPROVAL

<input type="checkbox"/> A	<input type="checkbox"/> E	<input type="checkbox"/> I	<input type="checkbox"/> M
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> J	<input type="checkbox"/> N
<input type="checkbox"/> C	<input type="checkbox"/> G	<input type="checkbox"/> K	
<input type="checkbox"/> D	<input type="checkbox"/> H	<input type="checkbox"/> L	

Other:

Recruitment Code:

<p>YES <input type="checkbox"/> NO <input type="checkbox"/> 1. RESIDENCE - Have you resided continuously in the City of Philadelphia for the past 12 months? (If "No", explain in 8 below.) NOTE: In compliance with federal law, the City of Philadelphia hires only citizens and aliens who can verify employment eligibility. If a hiring offer is made to you after you successfully complete testing, you must complete the U.S. Immigration Service's form, Employment Eligibility Verification (1-9).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Do you currently hold a valid driver's license issued by the Commonwealth of Pennsylvania?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Will you accept temporary employment?</p>
<p>YES <input type="checkbox"/> NO <input type="checkbox"/> 2. VETERAN'S PREFERENCE - Do you claim Veteran's Preference? If "Yes" check one of the following: <input type="checkbox"/> As an honorably discharged veteran who served in the Armed Forces of the United States on active duty, except for training, on or after Dec-7-1941. <input type="checkbox"/> As the spouse of a disabled veteran. <input type="checkbox"/> As the spouse of a deceased veteran. VETERAN'S PREFERENCE: To receive the ten (10) points for veteran's preference, a photostatic copy of Form DD-214, showing the dates and character of service, should be submitted. A veteran is defined as a person who has an honorable discharge and who served in the armed forces of the United States on active duty except for training on or after Dec-7-1941. NOTE: An applicant must pass all parts of the examination to receive the additional ten points awarded. Veteran's preference is awarded in open competitive examinations only.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> 5. Have you ever been dismissed from employment for inefficiency, delinquency, or misconduct, or have you ever been permitted to resign to avoid dismissal?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> 6. Were you CONVICTED of any law violation - including military offenses - other than minor traffic offenses? Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered separately.</p> <p>NOTE: If you require special testing accommodation because of a physical impairment, please call 686-2353. The accommodation will be arranged if you meet the minimum training and experience requirements established for the examination for which you are applying.</p>

7. I AM FLUENT IN ENGLISH AS WELL AS THE FOLLOWING LANGUAGE(S):
 Spanish Russian French Chinese-Cantonese Chinese-Mandarin
 Korean Polish Hmong Cambodian / Khmer Vietnamese
 other(s): _____ Italian Portugese Arabic Japanese Thai / Laotian

8. EXPLANATION TO QUESTION 1

9. LICENSES, REGISTRATIONS OR CERTIFICATES REQUIRED FOR THIS EXAMINATION (OTHER THAN DRIVER'S LICENSE)

KIND	ISSUED BY	DATE	NUMBER

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I certify that the statements made by me in conjunction with this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatement of facts I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, ordinance, or Civil Service Regulations.

I understand and agree that an investigation may be made to verify the truthfulness of the statements contained in this application, including, but not limited to, information provided regarding prior employment, skills and qualifications, education, references and criminal conviction history. I hereby authorize the City of Philadelphia to conduct such an investigation, and release the City of Philadelphia and its subsidiaries, affiliates, employees, agents and representatives from any and all liability as a result of any inquires made while conducting this investigation.

10. EDUCATION	NAME OF SCHOOL CITY, STATE	DID YOU GRADUATE	DATE COMPLETED	PART TIME	(CIRCLE HIGHEST GRADE/YEAR COMPLETED)								
High School		Yes / No		Yes / No	High School	1	2	3	4	5	6	7	8
					9	10	11	12 / GED					
	College				1	2	3	4	5	6+			
	SCHOOL	GRADUATE	DATE	PART TIME	CREDITS	DEGREE	MAJOR COURSE OF STUDY						
College, Univ., or Professional School		Yes / No		Yes / No									
Graduate, Other Training or School		Yes / No		Yes / No									

11. EXPERIENCE DESCRIBE HERE ONLY THE EXPERIENCE THAT QUALIFIES YOU FOR THE EXAMINATION FOR WHICH YOU ARE APPLYING. List other experience in the same format on blank 8.5" x 11" sheets. If you held several different positions with the same employer, list each separately. Begin with the MOST RECENT employment and work backward consecutively.

LENGTH OF EMPLOYMENT FROM: Mo. _____ Yr. _____ TO : Mo. _____ Yr. _____ TOTAL: Yrs. _____ Mos. _____	FIRM NAME	ADDRESS			CITY AND STATE
	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR		
SALARY OR WAGE Starting _____ per _____ Final _____ per _____	DUTIES: Describe the nature of the work PERSONALLY performed by you with estimated PERCENTAGE OF TIME on each type of work. State size and kind of work force, if any, supervised by you and extent of such supervision.				
TOTAL HOURS PER WEEK					
REASON FOR LEAVING					
LENGTH OF EMPLOYMENT FROM: Mo. _____ Yr. _____ TO : Mo. _____ Yr. _____ TOTAL: Yrs. _____ Mos. _____	FIRM NAME	ADDRESS			CITY AND STATE
	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR		
SALARY OR WAGE Starting _____ per _____ Final _____ per _____	DUTIES: See directions above.				
TOTAL HOURS PER WEEK					
REASON FOR LEAVING					
LENGTH OF EMPLOYMENT FROM: Mo. _____ Yr. _____ TO : Mo. _____ Yr. _____ TOTAL: Yrs. _____ Mos. _____	FIRM NAME	ADDRESS			CITY AND STATE
	TYPE OF BUSINESS	YOUR TITLE	NAME & TITLE OF IMMEDIATE SUPERVISOR		
SALARY OR WAGE Starting _____ per _____ Final _____ per _____	DUTIES: See directions above.				
TOTAL HOURS PER WEEK					
REASON FOR LEAVING					

12. Please tell us how you learned about this employment opportunity (OPTIONAL)

- | | | |
|----------------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> City's Application Center | <input type="checkbox"/> Cable TV | <input type="checkbox"/> Job Opportunity Sheet |
| <input type="checkbox"/> Phila.Gov Web Site | <input type="checkbox"/> Other Web Site | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Career/Job Fair |

other (specify) _____