



FIREFIGHTER APPLICATION INSTRUCTIONS

Completed applications must be received in the Human Resources Department no later than **Noon on Monday, October 31, 2022:**

Human Resources Department
Altoona City Hall
1301 12th Street, Suite 400
Altoona, PA 16601-3491

Applications must be complete, written legibly, signed and notarized. Completed applications must include the following:

- Copy of valid Driver's License
- Copy of Birth Certificate or appropriate proof of age
- Copy of Social Security Card or proof of U.S. Citizenship or Naturalization
- Copy of High School Diploma or High School Equivalency
- Copy of DD214 for Veteran's Preference (if applicable)
- Verification Form must be notarized
- Check or Money Order in the amount of \$25.00 made payable to the 'City of Altoona'

Deadline to return applications is **Noon on Monday, October 31, 2022**, at which time the application becomes the property of the City of Altoona.

The Physical Agility Test is scheduled for Saturday, November 5, 2022, or if needed, Sunday, November 6, 2022, in Altoona. Applicants will be notified of the location, date and time to report.

Only applicants passing the Physical Agilities Test will be required to take the Written Civil Service Test, administered on Saturday, November 12, 2022. A passing score of 70% or better must be achieved on the Written Test in order to be considered for the Oral Exam.

If extended a preconditional offer of employment with the City of Altoona, applicants must provide copies of background clearances for Pennsylvania Child Abuse History, Pennsylvania Criminal Record Check, and Federal Bureau of Investigations (FBI) Criminal Background Check at his/her expense.

Questions can be directed to Holly at 814-949-2418.



City of Altoona – Fire Department

Applicant Name: _____ **Date:** _____

Telephone Number: _____ **Email Address:** _____

Application Checklist

To be submitted with your application

	Copy of Valid Driver's License
	Copy of Birth Certificate or appropriate proof of age
	Copy of Social Security Card or proof of U.S. Citizenship or Naturalization
	Copy of High School Diploma or High School Equivalency
	Copy of DD214 for Veteran's Preference (if applicable)
	\$25.00 Check or Money Order made out to City of Altoona
	Notarized Verification Form
	Signed General Consent Form
	Application signed and dated

How did you hear about this announcement?

- | | |
|---|---|
| <input type="checkbox"/> City's Website | <input type="checkbox"/> Altoona Mirror |
| <input type="checkbox"/> Indeed.com | <input type="checkbox"/> New Pittsburgh Courier |
| <input type="checkbox"/> Personal Referral | <input type="checkbox"/> PA Career Fire Chiefs Assoc. |
| <input type="checkbox"/> Social Media _____ | <input type="checkbox"/> Other _____ |

CITY OF ALTOONA



APPLICATION FOR EMPLOYMENT

The City of Altoona is an Equal Opportunity Employer that does not discriminate against persons, applicants or employees, because of race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, genetic information or any other characteristic protected by applicable federal, state or local laws. Applicants requiring accommodation in the application process should contact the City of Altoona's Human Resources Department or submit an email to hr@altoonapa.gov.

Position(s) Applied For: _____ **Date of Application:** _____

How Did You Learn About Us?

- City of Altoona's Website
 Friend or Relative
 Facebook
 Advertisement
 City of Altoona Electronic Message Board
 Inquiry
 Indeed
 Other _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Are you at least 18 years of age? Yes No

Have you ever been employed with us before? Yes No

If yes, provide the dates and job title _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally authorized to work in the United States? Yes No

Do you now or in the future require immigration sponsorship from the City of Altoona to obtain, retain, or extend your authorization to work in the United States? Yes No

Date available for work ____/____/____

Are you available to work:

- Full-Time (please indicate: 1st 2nd 3rd shift)
 Part-Time (please indicate: Mornings Afternoons Evenings)
 Temporary (please indicate: dates available ____/____/____ - ____/____/____)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
2	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
3	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
4	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeships, and/or skills related to the position in which you are applying.

Specialized Skills (Check All That Apply):

- Commercial Driver's License
 Forklift
 Computer/Internet
 Snow plow
 Inspection/Emission License
 Office/Administrative
 Other: _____

PROFESSIONAL REFERENCES (not to include friends or family members)

	Name	Telephone	Relationship
1.			
2.			
3.			

APPLICANT'S STATEMENT

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this "Application for Employment" can result in disqualification for employment consideration or, if hired, may be grounds for termination from the City of Altoona.

I understand that if I am hired, my employment is for no definite time, unless otherwise defined by applicable law, and may be terminated at any time without prior notice.

The City of Altoona is unable to retain unsolicited applications or resumes. Applications for employment must specify a particular position of interest matching a currently open position. Open positions are posted on the City of Altoona's website and the list is updated as new positions become available. Applicants can review open positions periodically and resubmit an application for employment when they find a position listed on the website that is of interest, and in which they meet all of the minimum job qualifications listed on the posting.

Signature of Applicant

Date



GENERAL CONSENT FORM

I, _____, hereby give my consent for the release of any and all information, or copies of any information, evaluations by employers, or pertinent facts pertaining to myself, to the City of Altoona for the sole purpose of completing a full background investigation for possible employment.

I understand that information will be disclosed only for the purpose noted above, and that the information released will be limited to the following areas or items:

- A. Any and all criminal justice agencies
- B. Any and all past and present employment
- C. Any and all personal or professional references
- D. Any and all educational records or background
- E. Any and all motor vehicle operations records
- F. Any military service records

I understand that I have no obligation whatsoever to disclose any information from my records, and I understand that I may revoke this consent at any time by notifying the City of Altoona, in writing, and/or specifying a date, time, or condition upon which my consent will expire without revocation, which I choose (NOT) to do. I have had this form read and explained to me and I understand its contents. I agree this form may be reproduced for additional copies.

/s/ _____ /s/ _____
Date Signed Applicant

/s/ _____
Witness

This form is in compliance with the Privacy Act as established in 1974, and the above consent shall automatically expire: Upon completion of background investigation

Social Security Number _____
Driver's License Number _____
Date of Birth _____



VERIFICATION FORM

I understand that this application has been completed subject to the penalties of 18 Pa. C. S. Section 4904 relating to Unsworn Falsification to Authorities.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentation, falsification, or if any material information has been omitted.

NOTICE TO APPLICANT

THIS APPLICATION WILL NOT BE ACCEPTED BY THE HUMAN RESOURCES DEPARTMENT UNLESS ALL REQUIREMENTS ARE MET PURSUANT TO THE RULES AND REGULATIONS OF THE CIVIL SERVICE COMMISSION WHICH ARE APPLICABLE TO THE POSITION OF POLICE OFFICER.

THIS APPLICATION MUST BE NOTARIZED PRIOR TO BEING RETURNED TO THE HUMAN RESOURCES DEPARTMENT.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT-MUST BE SIGNED IN PRESENCE OF NOTARY

STREET ADDRESS

CITY STATE ZIP CODE

On this ____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to this document, and acknowledged that he/she executed the same for the purpose therein contained.

In witness thereof, I have hereunto set my hand and seal.

SEAL

My commission expires: _____