PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

As an applicant for the position of Firefighter with the City of Harrisburg, you must complete the attached Firefighter Civil Service Application. Use this checklist to ensure you have included all required items as part of your application for the position of Firefighter. The information you must complete and return is as follows:

- **Completed** and **Notarized Firefighter Civil Service Employment Application** for the position of Firefighter.
- Copy of your birth certificate or naturalization papers.
- Copy of your Social Security Card.
- Copy of your valid Driver's License(s).
- Copy of your automobile insurance card.
- Copy of your official high school diploma or G.E.D. Certificate, or an equivalent education acceptable to the Commission.
- (If claiming Veteran's Preference) Copy of your DD-214, Member Copy 4 (indicating the type of discharge and dates of entrance into and separation from the military).
- Fully executed statement of Essential Functions of a Firefighter.
- Fully executed Waiver and Release for Background Investigation.
- Processing fee - $50.00 - Check or money order made payable to "**City Treasurer**" must be paid at the time of filing the application. An applicant who demonstrates financial hardship may petition the Commission for a waiver of the processing fee for good cause shown.
- (If requesting an Application Fee Waiver) Completed "**Request for Waiver of Civil Service Application Processing Fee**" form.

City of Harrisburg
2025 Application Process: Firefighter

CIVIL SERVICE INFORMATION:

All applicants for Firefighter must complete the Official Service Employment Application. Your completed, notarized application, together with all required supporting documents, **MUST BE RETURNED IN PERSON BY THE APPLICANT, OR APPLICANT'S DESIGNEE WITH A WRITTEN SIGNATORY AUTHORIZATION**, **to the Bureau of Human Resources** in accordance with the scheduled dates and times published in the job announcement, but **NO LATER THAN 4:00 P.M. ON FRIDAY, JUNE 13, 2025.**

Applications received via U.S. Mail, FedEx, UPS, etc., **WILL NOT BE ACCEPTED** and will be returned to the applicant. Applications that are incomplete and/or missing required supporting documents will not be accepted, and will be returned to the applicant.

City of Harrisburg
Bureau of Human Resources
The Rev. Dr. Martin Luther King, Jr.
City Government Center
10 North 2nd Street – Suite 406
Harrisburg, PA 17101
(717) 255-6475
www.harrisburgpa.gov

OFFICIAL CIVIL SERVICE

APPLICATION FOR THE POSITION OF

FIREFIGHTER

NOTICE TO APPLICANT

No application will be accepted by the Bureau of Human Resources unless the applicant meets the General Qualifications as set forth in Article IV, Section 401, of the City of Harrisburg Fire Civil Service Rules and Regulations and satisfies the Filing Requirements as set forth in Article III, Section 302, of the City of Harrisburg Civil Service Rules and Regulations.

Your completed application, together with all required supporting documents and application processing fee of fifty dollars ($50.00) in the form of a check or money order payable to "**City Treasurer"**, must be delivered in person to the Bureau of Human Resources by you or your appointed designee with written signatory authorization by 4:00 P.M. on Friday, June 13, 2025.

Your application must be notarized prior to being returned to the Bureau of Human Resources.

Any applicant who demonstrates a financial hardship may petition the Secretary of the Commission for a waiver of the processing fee by completing the **Waiver Certificate** section of the **Civil Service Application Processing Fee** form.

Applications that are incomplete and/or missing required supporting documents will be returned to the applicant. Applications received through U.S. Mail will not be accepted and will be returned to the applicant.

GENERAL INSTRUCTIONS:

This application consists of several sections: a Questionnaire; a Description of Essential Job Functions for the position of Firefighter; a Residency Statement, if applicable; a Waiver and Release for Background Investigation; and a Request for Waiver of the Civil Service Application Processing Fee, if applicable. All sections must be completed in order for the City of Harrisburg, Bureau of Human Resources to accept the application as complete.

Print or type an answer to every question. Read each question carefully. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet of paper and precede with the number of the referenced block. Do not misstate or omit material fact since the statements herein are subject to verification to determine your qualifications for employment.

Any misstatement, unrequested information, or omission will result in automatic disqualification.

QUESTIONNAIRE

1. Last Name (Jr. Sr. etc.) First Name Middle Name	Alias(es), Nickname(s), Other Former Names
2. Present Residence: Street Address & Post Office Box	**City State Zip**
3. Home Telephone Number & Cellular Number (include area code)	**Work Telephone Number (include area code)**

4. **Are you at least 19 years of age? (Attach a copy of your Birth Certificate)** ☐ **YES** ☐ **NO**
5. **Are you a U.S. citizen?** ☐ **YES** ☐ **NO**
6. **Are you eligible to work in the United States?** ☐ **YES** ☐ **NO**
7. **Social Security No.** ___ ___ ___ - ___ ___ - ___ ___ ___ __ **(Attach a copy of your social security card)**
8. **Are you a current City resident?** ☐ **YES** ☐ **NO**
9. **Do you request a waiver of the application fee?** ☐ **YES** ☐ **NO**
   (All applicants must complete Attachment "B" – Civil Service Application Processing Fee form.

10. RESIDENCES: List all residences for the past ten (10) years, beginning with your present address. This must include any and all temporary housing. (use additional paper as needed)

From MM/YY	To MM/YY	Full Street Address and Post Office Box (if applicable)	City, State and Zip Code	With Whom did you live and where are they now?

11. EMPLOYMENT HISTORY: Begin with your most recent job and list your entire work history for the past TEN (10) years, including: full-time, part-time, temporary, and seasonal employment, and related military service assignments and ALL periods of unemployment. If necessary, use a separate sheet of paper. USE FULL ADDRESSES WITH ZIP CODES. YOU MUST PROVIDE ALL OF THE INFORMATION REQUESTED.

A. PRESENT OR MOST RECENT EMPLOYER

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	**Address (Street, City, State, Zip Code)**		

Your Title	Ending Salary	Reason for Separation

Description of Duties:

B.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	**Address (Street, City, State, Zip Code)**		

Your Title	Ending Salary	Reason for Separation

Description of Duties:

C.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	**Address (Street, City, State, Zip Code)**		

Your Title	Ending Salary	Reason for Separation

Description of Duties:

D.

From:	Name of Employer	Name of Supervisor	Telephone Number
To:	**Address (Street, City, State, Zip Code)**		

Your Title	Ending Salary	Reason for Separation

Description of Duties:

12. EMPLOYMENT BACKGROUND: (Read the full question)

A. Do you have any income from any source other than your principle occupation? ☐ **YES** ☐ **NO**

If yes, state circumstances: _____

_____

B. Have you EVER been discharged (fired), asked to resign, furloughed, suspended for cause, or subjected to disciplinary action while in any position (except for reasons of a medical disability)? ☐ **YES** ☐ **NO**

If yes, state circumstances: _____

_____

_____

_____

_____

C. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for a non-medical reason? ☐ **YES** ☐ **NO**

If yes, explain. Please give the name and address of employer, date, and reason in each case:

_____

_____

_____

_____

D. Have you ever applied to or been hired by the City of Harrisburg? ☐ **YES** ☐ **NO**

If you applied, list date(s) of application:

_____

_____

_____

_____

_____

E. If you worked for the City, list the position(s) held and explain the reason(s) for separation of employment: _____

_____

_____

F. Have you ever applied for a position as a Firefighter with any other governmental agencies? ☐ **YES** ☐ **NO**

If yes, list agencies:

_____

_____

_____

_____

_____

13. CHARACTER REFERENCES: Do not list relatives, former employers, or persons living outside the United States or its Territories. List four (4) references who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Years Known	Address (Business Address Preferred) Street Address City State Zip
		Telephone Number: ( ) -
Name	Years Known	Address (Business Address Preferred) Street Address City State Zip
		Telephone Number: ( ) -
Name	Years Known	Address (Business Address Preferred) Street Address City State Zip
		Telephone Number: ( ) -
Name	Years Known	Address (Business Address Preferred) Street Address City State Zip
		Telephone Number: ( ) -

14. EDUCATION: ATTACH A COPY OF OFFICIAL HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE, COLLEGE DEGREE OR OTHER OFFICIAL DOCUMENT DEMONSTRATING ATTAINMENT OF EQUIVALENT OF HIGHER EDUCATION. IF NO COLLEGE DEGREE WAS OBTAINED, APPLICANT MUST INCLUDE AN OFFICIAL COPY OF HIS/HER TRANSCRIPT.

Type of Institution	Name of Institution Street Address City, State and Zip	Did You Graduate?	Type of Degree Received	Major (and Minor) Course(s) of Study
High School		YES ☐ NO ☐		
G.E.D.		YES ☐ NO ☐		
Technical or Business School		YES ☐ NO ☐		
College or University		YES ☐ NO ☐		
Other		YES ☐ NO ☐		

15. LICENSES, CERTIFICATES, SPECIAL QUALIFICATIONS AND/OR SKILLS: Please list any special licenses, certifications, special qualifications and/or skills, which directly relate to the qualifications of the position for which you are applying. (Give license or registration numbers and expirations dates, if applicable)

_____

_____

_____

16. VEHICLE OPERATOR LICENSE:

A. List the following information concerning ALL vehicle operator licenses you now hold or have held within the past three (3) years. (ALSO ATTACH A COPY OF EACH VALID DRIVER'S LICENSE.)

License Number	Class and Endorsements	State of Issuance	Expiration Date	Is the License Currently Valid?
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

B. In the past three (3) years, have you been denied the issuance of a driver's license or has your license been suspended, restored, or administratively restricted for non-medical reasons? ☐ YES ☐ NO

If yes, explain fully. _____

_____

_____

C. In the past three (3) years, have you been refused vehicle registration for violation of financial responsibility (insurance) laws? ☐ YES ☐ NO

If yes, explain fully. _____

_____

_____

D. Give name and address of the insurance company with which you now have automobile insurance, including agent's name and attach a copy of your valid insurance card or other proof of financial responsibility as defined in section 1782 of the PA Vehicle Code. _____

_____

E. Have you been found OR pled guilty of a traffic violation (including traffic citations & summons), not including parking tickets, within the past three years? ☐ YES ☐ NO

If yes, explain fully. _____

_____

_____

17. MILITARY STATUS:

A. Have you served in the U.S. Armed Forces? ☐ YES ☐ NO

B. Are you a participating member of the Army PaYS program? ☐ YES ☐ NO

C. Do you claim preference under the Veterans' Preference Act: 51 Pa. C.S.A. §7104? ☐ YES ☐ NO

If yes, attach a copy of your Certificate of Release or Discharge from Active Duty (DD Form 214, Member Copy 4) and complete questions D through H below. If your discharge is other than honorable or non-medical, use additional paper to explain.

If no, go to question 19.

D. Branch of Service: ☐ Army ☐ Air Force ☐ Marines ☐ Navy

☐ Other _____ (Specify)

Dates of Service: _____

E. While in the military service, were you ever convicted of a crime in accordance with a General Court-Martial proceeding in the U.S. Military or any crime graded as a misdemeanor, felony, Class A or greater? ☐ YES ☐ NO

If yes, give date, place, law enforcement authority and type of court or court martial, offense, and sentence for each offense. _____

_____

_____

_____

F. Are you presently a member of the U.S. Reserves or National Guard Organization? ☐ YES ☐ NO
If yes, complete the following:

Grade: _____ **Service Number:** _____

Service and Component: _____

Organization, Station or Unit, and Location: _____

☐ Active ☐ Inactive ☐ Standby

G. List all training and experience you received in the military service. _____

_____

_____

_____

_____

H. What experience did you receive during your military service? _____

_____

_____

_____

_____

18. CIVIL/CRIMINAL PROCEEDINGS:

A. Have you EVER been convicted of any Felony or Misdemeanor offenses? ☐ YES ☐ NO

B. Have you EVER pled guilty or Nolo Contendere to any Felony or Misdemeanor offenses? ☐ YES ☐ NO

C. Does your public record contain offenses for which you were adjudicated delinquent? ☐ YES ☐ NO

D. Do you currently have Felony or Misdemeanor offense charges pending? ☐ YES ☐ NO

E. In the past two (2) years, have you been convicted of a summary offense, which would be considered a breach of the peace? ☐ YES ☐ NO

F. Have you or your spouse now or during the past three (3) years been involved in, or party to, or connected with any court action or civil suit? Including a Protection from Abuse (PFA) order? ☐ YES ☐ NO

If you answered "Yes" to any of the above questions, you must provide the following information for each offense. Use additional sheets of paper (8 ½ " x 11"), if necessary.

1. **Offense (include Grade and Degree):** _____
   Date of offense: _____
   City and State in which offense occurred: _____
   Name of court having jurisdiction: _____
   Disposition or sentence for offense: _____
   Additional information: _____

2. **Offense (include Grade and Degree):** _____
   Date of offense: _____
   City and State in which offense occurred: _____
   Name of court having jurisdiction: _____
   Disposition or sentence for offense: _____
   Additional information: _____

3. **Offense (include Grade and Degree):** _____
   Date of offense: _____
   Name of court having jurisdiction: _____
   Disposition or sentence for offense: _____
   Additional information: _____

18. CIVIL/CRIMINAL PROCEEDINGS Cont'd:

4. **Offense (include Grade and Degree):** _____
   Date of offense: _____
   City and State in which offense occurred: _____
   Name of court having jurisdiction: _____
   Disposition or sentence for offense: _____
   Additional information: _____

5. **Offense (include Grade and Degree):** _____
   Date of offense: _____
   Name of court having jurisdiction: _____
   Disposition or sentence for offense: _____
   Additional information: _____

PLEASE NOTE THAT YOU MUST PROVIDE ALL REQUESTED CRIMINAL INFORMATION. BY SIGNING THIS EMPLOYMENT APPLICATION, YOU AUTHORIZE THE CITY OF HARRISBURG AND/OR ITS AGENTS TO PERFORM A CRIMINAL HISTORY INVESTIGATION TO VERIFY DISCLOSURE OF ALL CRIMINAL INFORMATION CONTAINED IN YOUR PUBLIC RECORD. CRIMINAL CONVICTIONS MAY NOT AUTOMATICALLY DISQUALIFY AN APPLICANT.

19. PAST AND PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME	ADDRESS	CITY/STATE/ZIP	TYPE: SOCIAL, FRATERNAL, ETC.	OFFICE HELD	DATES FROM/TO

20. SUBVERSIVE ORGANIZATIONS:

A. Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by any unconstitutional means? ☐ YES ☐ NO

B. Are you or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? ☐ YES ☐ NO

C. Are you now associating with, or have you associated with, any individual including relatives who you know or have reason to believe are or have been members of any of the organizations identified above? ☐ YES ☐ NO

D. Have you ever been engaged in any of the following activities of any organization of the type described above: Distribution(s) to, attendance at, or participating in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed or other matter, prepared, reproduced, or published by them or any of their agents or instrumentalities? ☐ YES ☐ NO

If yes to any of the answers above, describe the circumstances. Attach additional sheets for a fully detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organization with which they were or are affiliated.

21. DRUGS, ALCOHOL, AND CHEMICAL SUBSTANCES:

A. Have you intentionally taken or used any narcotic, depressant, stimulant, marijuana (including any of its derivatives), or any other illegal drug, except as legally prescribed to you by a licensed physician in the last twelve (12) months? ☐ YES ☐ NO

B. Have you taken or used any illegal hallucinogen, i.e. MDMA (Ecstasy), Peyote, Psilocybin, Mushrooms, LSD, PCP, Mescaline, Etc? ☐ YES ☐ NO

C. Have you intentionally sniffed glue, paint, hair spray, or other chemical fumes in the last twelve (12) months? ☐ YES ☐ NO

D. Have you even been involved in the sale of any illegal drug, including prescription drugs, marijuana, etc, at any time? ☐ YES ☐ NO

E. Has your use of alcoholic beverages (such as, but not limited to liquor, beer, or wine) ever resulted in the loss of a job or a criminal conviction? ☐ YES ☐ NO

If you answered "YES" to any of the above questions, explain in detail. (Use a separate sheet of paper if necessary.)

INCLUDE TYPE OF SUBSTANCE, AMOUNT OF SUBSTANCE, FREQUENCY, AND DATES. PROVIDE AS MUCH DETAIL AS POSSIBLE. _____

_____

_____

_____

_____

22. ESSENTIAL FUNCTION FOR THE POSITION OF FIRERIGHTER

Each applicant must be able to perform the following functions:

a. **Operate both as a member of a team and independently at incidents of uncertain duration.**
b. **Spend extensive time outside exposed to the elements.**
c. **Tolerate extreme fluctuations in temperature while performing duties. Must perform physically demanding work in hot (up to 400° F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.**
d. **Experience frequent transition from hot to cold and from humid to dry atmospheres.**
e. **Work in wet, icy, or muddy areas.**
f. **Perform a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.**
g. **Work in areas where sustaining traumatic or thermal injuries is possible.**
h. **Face exposure to carcinogenic dusts such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents through absorption, inhalation, or direct contact.**
i. **Face exposure to infectious agents such as Hepatitis B or HIV.**
j. **Wear personal protective equipment that weighs approximately 50 pounds while performing firefighting tasks.**
k. **Perform physically demanding work while wearing compliant positive pressure and air purifying breathing apparatus with 1.5 inches of water column resistance to exhalation at a flow of 40 liters per minute.**
l. **Perform complex tasks during life-threatening emergencies.**
m. **Work for long periods of time, requiring sustained physical activity and intense concentration.**
n. **Face life or death decisions during emergency conditions.**
o. **Be exposed to grotesque sights and smells associated with major trauma and burn victims.**
p. **Make rapid transitions from rest to near maximal exertion without warm-up periods.**
q. **Operate in environments of high noise, poor visibility, limited mobility, at heights, in enclosed or confined spaces, and on or near moving water.**
r. **Use manual and power tools in the performance of duties.**
s. **Rely on senses of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.**

I have reviewed the above list of essential job functions for a City of Harrisburg Firefighter and believe that:

- ☐ **I can fully perform all duties with or without a reasonable accommodation.**
- ☐ **I cannot fully perform all duties even with accommodations.**

Name	**Signature**	**Date**

23. SIGNATURE AND VERIFICATION:

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. 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 understand that any false statement contained herein is subject to the penalties prescribed by 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

I understand if any of the information herein contains any misrepresentation or falsification or if any material information has been omitted, I will be disqualified from consideration and will not be permitted to make future application for any position with the City of Harrisburg, Bureau of Fire, for a period of three (3) years from the date of notification of disqualification.

I further understand if I am hired by the City of Harrisburg and if any misrepresentation, falsification or omission of material information in this application for employment is determined after my date of hire, I will be considered to have voluntarily terminated my employment and will not be permitted to make future application for any position with the City of Harrisburg, Bureau of Fire, for a period of three (3) years from the date of notification of termination.

I further agree and consent to this application being rejected without cause or hearing if any of the above information contains any misrepresentations, omissions or falsifications.

Signed:

_____
Print Name

_____ _____
Dated Signature*
* Must be signed in the presence of a notary public.

_____
Street Address

_____
City State Zip Code

On this _____ day of _____, 2025, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed on this document. I acknowledge that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and seal

_____ **SEAL**

My commission expires:

City of Harrisburg
Waiver and Release for Background Investigation

I, _____, am presently applying for employment as a Firefighter with the City of Harrisburg, Bureau of Fire, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a Firefighter. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the City of Harrisburg.

By this release, I hereby authorize any representative of any of my former employers, and any representative of any organizations from which I sought employment, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the City of Harrisburg. I also authorize all former employers and organizations from which I sought employment identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the City of Harrisburg, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers and organizations from which I sought employment identified in my employment application to provide, and for the City of Harrisburg to obtain, full and free access to the background and history of my personal life, my employment history and performance, and my history of making application for employment, for the specific purpose of permitting the City of Harrisburg to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the City of Harrisburg in determining my suitability for employment as a Firefighter. It is my specific intent to provide the City of Harrisburg with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers and organizations from which I sought employment, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my records obtained through the application process, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as a result of a criminal investigation(s) of me, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers and organizations from which I sought employment identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers and organizations from which I sought employment identified in my employment application, and, if applicable, 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. I direct all former employers and organizations from which I sought employment identified in my employment application to release such information upon request of the duly accredited representative of the City of Harrisburg, regardless of any agreement, written or oral, I may have made with the former employer or organization from which I sought employment to the contrary.

In addition, I also give the City of Harrisburg the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a City of Harrisburg employee including, but not limited to the following: Educational Records, Military Records, Credit Information, Criminal Records, Medical Records, Employment Records, **Social Media Websites (Facebook, Twitter, Instagram, etc.)** and Motor Vehicle Records. I release and hold harmless the City of Harrisburg, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer or organization from which I sought employment will be used by the City of Harrisburg in conjunction with employment procedures.

I understand that if a former employer or organization from which I sought employment refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the City of Harrisburg may disqualify me from further consideration for employment as a Firefighter.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person, to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed:

_____
Print Name

_____ _____
Dated Signature*
* Must be signed in the presence of a notary public.

_____
Street Address

_____
City State Zip Code

On this _____ day of _____, 2025, before me, a Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed on this document. I acknowledge that he/she executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and seal

_____ **SEAL**

My commission expires:

Attachment B

CIVIL SERVICE APPLICATION PROCESSING FEE

Civil Service Position: **Firefighter**

Please choose one:

- ☐ I have enclosed my Civil Service Application Processing fee of $50.00 in the form of a check or money order payable to "City Treasurer."
- ☐ I have NOT enclosed my Civil Service Application Processing fee. I understand that I must **complete the Waiver Certificate** portion, below, and **attach appropriate documentation proving my financial hardship**.

WAIVER CERTIFICATE

Please choose the program from which you are currently receiving assistance, or the circumstance that most closely applies to your situation:

- ☐ Pennsylvania Temporary Assistance for Needy Families (TANF)
- ☐ Pennsylvania General Assistance (GA)
- ☐ Pennsylvania Unemployment Compensation
- ☐ Other State Assistance Program Specify State:_____
- ☐ Supplemental Security Income (SSI)
- ☐ Other Specify:_____

Please provide the information requested below:

Agency Name:_____

Address:_____

Phone:_____

Contact Person:_____

Date Assistance Began:_____

Date Assistance Ends:_____

I understand if my financial hardship cannot be verified, my request for waiver of the application processing fee will be denied, and I will be required to pay the application fee. Failure to pay the required application processing fee will result in the rejection of my employment application.

I hereby declare, under penalties of law, that the information provided above is true and correct. I authorize the agency named above to release sufficient information to the City of Harrisburg and/or its representatives in order for the City of Harrisburg to verify the information contained herein.

I recognize that any fraudulent request for a waiver of the application processing fee will result in a disqualification from making future applications for any position with the City of Harrisburg for a period of three years from the date the applicant was notified of disqualification.

_____ _____

Applicant's Name (print) Social Security Number

_____ _____

Applicant's Signature Date

Firefighter Applicant
Election of Designee

I, _____, hereby designate the individual listed below to file my
(print name of applicant)
Official Civil Service Application for the position of Firefighter, along with any supporting documents, with the City of Harrisburg, Bureau of Human Resources for consideration for the position of Firefighter with the City of Harrisburg, Bureau of Fire.

I understand that if my application and all required supporting documents are not filed with the Bureau of Human Resources by **Friday, June 13, 2025, by 4:00 p.m.,** I will not be considered for employment as a Firefighter with the City of Harrisburg, Bureau of Fire.

I further understand that at the time of the filing of my application and supporting documents, the Bureau of Human Resources may provide to my designee certain information relating to the application and recruitment process for the position of Firefighter with the City of Harrisburg, Bureau of Fire.

I hereby release the City of Harrisburg, the agencies and departments thereof, including the Bureau of Human Resources, and any person or entity acting on the City's behalf, and all other persons and entities, from any damages or liability arising from my designee's failure to properly inform me of any information provided to my designee at the time of the filing of my application and supporting documents for the position of Firefighter with the City of Harrisburg, Bureau of Fire.

_____ _____
(Signature of applicant) (Date)

Designee*:_____
(Print name of designee)

**** Designee must present photo identification at the time of filing application.***

Equal Employment Opportunity Survey
CITY OF HARRISBURG, PENNSYLVANIA

It is the policy of the City of Harrisburg to assure equal and fair treatment in all aspects of employment regardless of race, color, religion, ancestry, national origin, sex, handicap or disability, marital status, familial status, general education and development certification (GED), sexual preference/orientation, age, or any other basis prohibited by law.

Although it is not mandatory for you to complete this form, we request that you provide us with the following information so that we can document and assess the effectiveness of the City of Harrisburg's Equal Employment Opportunity recruitment program and comply with record-keeping and reporting requirements. This data is for statistical purposes only and will be kept in a separate confidential file in Human Resources. Your responses are strictly voluntary and will not affect your employment opportunities.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Title of position applied for: **Firefighter** **Date**: **_____**

Gender:

☐ Male	☐ Female	☐ Choose not to declare

Race/Ethnicity: Please check one

☐ Hispanic/Latino	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture of origin, regardless of race.
☐ White	Not of Hispanic origin; persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐ Black/African-American	Not of Hispanic origin; persons having origins in any of the Black racial groups of Africa.
☐ Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes China, Japan, and Korea.
☐ Native American/ Pacific Islander	Persons having origins in Hawaii or the Pacific Islands.
☐ American Indian/ Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
☐ Two or more races	
☐ Choose not to declare	

Vietnam Era Veteran: ☐ Yes ☐ No ☐ Choose not to declare

Referral Source: __Newspaper Advertisement __Web site __Current Employee __Other

QUESTIONS SHOULD BE DIRECTED TO THE CITY OF HARRISBURG BUREAU OF HUMAN RESOURCES AT (717) 255-6475