

Civil Service Board  
Cumru Township  
Application for Examination  

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*Competitive Class*  
**Firefighter/Driver**

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 only). If a question does not apply to you, please mark the space "N/A". 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 CUMRU TOWNSHIP 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 Township. 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 Cumru Township, in the examination to be scheduled for the position of Firefighter/Driver. 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 Township office no later than 4:00 p.m. on July 7, 2021, along with a non-refundable check or money order payable to Cumru Township in the amount of \$35.00.**

*Office Hours of Operation: Monday – Friday 8:00 am – 4:30 pm*

*Questions regarding the application process may be emailed to [civilservicefire@cumrutownship.org](mailto:civilservicefire@cumrutownship.org)*

*If your application continues through the written, physical, and oral testing stages, you will be required to complete a more detailed background questionnaire and an authorization for release of information.*

**Cumru Township  
Attn: Fire Civil Service  
1775 Welsh Rd.  
Mohnton, PA 19540**

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Questionnaire

Date: \_\_\_\_\_

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. Email Address: \_\_\_\_\_

8. Are you a U.S. Citizen? \_\_\_\_\_ (Yes/No)

9. If naturalized, list the following:

\_\_\_\_\_  
Naturalization Number Date

\_\_\_\_\_  
Place Court

10. Are you 18 years of age or older? \_\_\_\_\_ (Yes/No)

11. Do you have certificates for the following? (**Submit copies with your application.**)

Fire Fighter I (Cert. # ; \_\_\_\_\_)

EVOC

Pump 1

- Haz Mat, Operations current
- Vehicle Rescue Operations
- EMT B current
- Health Care Provider CPR/AED current

12. 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)

**13. 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

**Submit copy of current driver's license with your application.**

14. Have you ever had any operator's license suspended or revoked? \_\_\_\_\_ (Yes/No)

a. If yes, please provide a detailed explanation below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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15. Have you ever been arrested or convicted of a misdemeanor or felony, including as a minor? \_\_\_\_\_ (Yes/No)

a. If yes, please provide a detailed explanation below.

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16. Have you ever at any age, ever been arrested, charged, or cited for any non-traffic related offense? \_\_\_\_\_ (Yes/No)

a. If yes, please provide a detailed explanation below.

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**17. Foreign Language:**

List any foreign languages you speak and your proficiency level. Rate from 1-5 (1 = poor, 3 = average, 5 = excellent)

Language	Understand Language	Speak Language	Read Language	Write Language

**18. Education:** List all high schools 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

**19. 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)

**20. Other Training:**

List any school, 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)

Indicate any training you received specific to the job responsibilities:

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**21. Special Qualifications:**

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

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

**22. Employment:**

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

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

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

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

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

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

23. Have you ever, at any age, been discharged, terminated, fired, or asked to leave any place of employment? \_\_\_\_\_(Yes/No)

a. If yes, please give a detailed explanation below.

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24. **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>		
Do you claim veterans preference?		
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:

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

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25. If you were discharged, what type of discharge did you receive?

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26. Have you fulfilled your minimum obligation? \_\_\_\_\_ (Yes/No)

27. 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.

28. Have you ever, at any age, used, consumed, sold or tried illegal narcotics or controlled substances in the past? \_\_\_\_\_(Yes/No)

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

29. Do you consume alcoholic beverages? \_\_\_\_\_ (Yes/No)

a. If yes, please explain to what extent:

\_\_\_\_\_  
\_\_\_\_\_

30. Are there any incidents in your life, which you feel may reflect upon your ability to morally perform any of the duties you may be called upon to perform as a firefighter?  
\_\_\_\_\_ (Yes/No)

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

31. Have you ever applied for a position with any other fire department or government agency?  
\_\_\_\_\_ (Yes/No)

a. If yes, please list below:

Department/Agency	Date Applied	Current or Still Active



## CHARACTER REFERENCES

List at least 5 character references who are not relatives, former employers, or living outside the United States.

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 Cumru Township, at any time before or during employment by Cumru Township, and hereby authorize the examining physicians to render to Cumru Township 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 Township's service, if I have been employed. I agree, if employed, to abide by all Township 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/Driver.

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 Cumru Township 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*

## **Request for Job Applicant Information**

Cumru Township 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 Applied for:**

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**Date of Job Application:**

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