

## **Director of Health (Milford - CT)**

**Job Posting Date:** October 6, 2014

The City of Milford, Connecticut is seeking a motivated and dynamic individual to lead an evolving municipal Health Department. Milford is a "Small City with a Big Heart!" with approximately 55,000 residents. Many residents commute to New York City (just over an hour away by train). Coastal New England atmosphere, invigorating cultural climate, multi-level sports involvement, concern for the environment, sense of history, beaches and boating, varied shopping and restaurant experience, all in Milford. Located midway between Bridgeport and New Haven, Milford has a picturesque harbor and waterfront on Long Island Sound. Nearby are several colleges and universities, and two schools of public health. The Health Department has a staff of 34 employees and an annual budget of approximately \$2.7 million and administers approximately \$275,000 in grant funds.

This is a supervisory professional public health position and political appointment that reports directly to the Mayor of the City of Milford, with input and guidance from the advisory Board of Health. The appointment must be approved by the Commissioner of the Connecticut Department of Health (DPH). The position is responsible for local enforcement of all public health laws and regulations of the State of Connecticut and ordinances of the City of Milford. The position is responsible for local all public health programs, for assuring the provisions of comprehensive core public health services within the limitations of available resources, and for safeguarding the health of the residents of Milford. The position is responsible for coordination of public health activities with other jurisdictions and with the State of Connecticut. The position also oversees all aspects of school health, including provision or assurance of School Medical Advisor services as required by the State.

### **Qualifications Required:**

A medical degree (M.D.), eligibility for licensure in the State of Connecticut and Master's Degree in Public Health (MPH) OR a Master's Degree in Public Health AND prior progressively responsible experience managing the operations of an organization of similar size to the City's Health Department.

### **Qualifications Preferred:**

The community's preference would be a medical physician (an MD or DO) with a Board Certification/Eligible in an American Board of Medical Specialties (ABMS) specialty AND hold a Master's Degree in Public Health.

**Duties:** Duties include but are not limited to:

- Provides leadership and vision for the Department and performs administrative duties as the Department's Director.
- Makes assessments for the Department on the health status of the community.
- Establishes public health and Department priorities utilizing assessment data with a focus on the social determinants of health.
- Oversees community and school health interventions.
- Establishes and oversees the formulation of local public health policy, planning and program development.

- Manages the Department's response to infectious disease outbreaks, urgent communicable disease situations, disasters, and other public health emergencies.
- Interfaces with the medical provider community; the public and the media.
- Develops and issues public health advisories to medical providers, hospitals, community agencies and the public with regard to outbreaks and occurrences and other public health matters.
- Enforces the Connecticut Public Health Code, as well as City of Milford code and related ordinances.
- Establishes and assures the efficient performance of Department inspection programs for restaurants, multi-family housing, beaches, septic systems, shell fishing beds, and drinking water wells.
- Carries out activities and leadership functions related to bio-terrorism and public health preparedness, to include, but not limited to, shelter management, as identified in the Department's bio-terrorism and public health preparedness plan in conjunction with the overall state plan.
- Implements and evaluates local disease surveillance systems to detect illness from bio-terrorism.
- Designs and administers projects and initiatives related to chronic disease, cancer, injury prevention, and environmental health.
- Through the Director of Nursing oversees the Public Health Nurses, communicable diseases control issues, well-baby clinics and expectant mothers conference.
- Works with the community to mobilize resources to reduce the incidence of infectious disease, chronic disease, and protect and improve the health of vulnerable communities.
- Directs the dental health program for the schools.
- May conduct pre-employment medical examinations for all potential City new hires.
- Acts as Information Officer for the department.
- Serves as the School Medical Advisor for the Board of Education.

**Application Process:** Candidates must submit a completed "City of Milford Application for Employment" in order to be considered for this position. Visit the official City website at [www.ci.milford.ct.us](http://www.ci.milford.ct.us) to download the application. Submit cover letter, official City of Milford Application for Employment and resume to:

Ms. Tania R. Barnes  
Human Resources Department  
City of Milford  
70 W. River Street, Milford, CT 06460  
EMAIL: [lpisacane@ci.milford.ct.us](mailto:lpisacane@ci.milford.ct.us) or FAX: (203) 783-3228

**Application Process:** Applications will be reviewed and those candidates deemed most qualified will be invited to participate in the interview process. The Mayor will make the final selection and forward his candidate nomination to the Board of Aldermen for confirmation. Please be advised that the successful candidate will be required to submit to a physical examination, a drug screening and a comprehensive background check prior to appointment.

**Compensation:** \$138,834 annum. The City of Milford offers a comprehensive and generous benefits packet to include: health insurance, life insurance, defined benefit plan (pension), paid time off (vacation, sick, personal business), paid holidays (13 days per year), and Employee Assistance Program.

**Last Filing Date:** All Applications must be received on or before November 7, 2014.  
The City of Milford is an Affirmative Action/Equal Opportunity Employer



Human Resources Department  
City of Milford  
70 West River Street  
Milford, CT 06460  
(203) 783-3239

An Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

Position applying for  
(use title on job announcement)

**PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.**  
All blanks must be completed in order for application to be considered.

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: \_\_\_\_\_  
☐ NQ \_\_\_\_\_  
☐ Educ \_\_\_\_\_  
☐ Exp \_\_\_\_\_  
☐ Not City EE \_\_\_\_\_  
☐ Other \_\_\_\_\_

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Other names by which you have been known \_\_\_\_\_ 000- -  
Last 6 digits of Soc. Sec. No.

Present Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
No. and Street City State Zip Code Years/Months

Mailing address (if different from residence address) \_\_\_\_\_  
No. and Street City State Zip Code

Home Telephone \_\_\_\_\_ Cellular \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are you legally eligible for employment in the USA? Yes ☐ No ☐ If hired, you will be required to submit proof of eligibility to work in the USA.

Are you 18 years of age or older? Yes ☐ No ☐

Have you previously applied for employment with the City of Milford? If yes, when and for which position(s)? Yes ☐ No ☐

Year(s) applied \_\_\_\_\_ Position(s) applied for \_\_\_\_\_

Have you previously been employed by the City of Milford? Yes ☐ No ☐ If yes, complete the following information:

Job Title/Department \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

List any relatives or members of your household who are employed by the City of Milford:

Name(s) \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_

Do you claim 5 points preference based on active duty in the U.S. Armed Forces? Yes ☐ No ☐ Attach copy of DD214.

Do you claim 10 points veteran's disability preference? Yes ☐ No ☐ Attach copy of DD214 & other supporting documentation.

Have you ever been convicted of any offenses other than juvenile, youthful offender, or a minor traffic violation? Yes ☐ No ☐

If yes, you must complete Section B of the applicant disclosure form.

Have you ever been disqualified for a position with the City of Milford due to a criminal conviction or failure to disclose a criminal conviction? If yes, list job title and date of disqualification. Yes ☐ No ☐

Job Title: \_\_\_\_\_ Date of Disqualification: \_\_\_\_\_

## GENERAL INFORMATION

What date are you available to begin work? \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the City of Milford? ☐ Yes ☐ No

If yes, specify commitment(s): \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

## PERSONAL INFORMATION

### High school attended:

Name of School(s)	City/State	Did you graduate?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Colleges/Universities attended:

Name of Educational Institution	City/State	Did you graduate?	Dates attended	Degree, diploma, GED, certification or number of credits completed.
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

## EMPLOYMENT HISTORY

List below **ALL** present and past employment. **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS CONSECUTIVELY.** Applicants may be required to furnish satisfactory proof of employment history claimed. Use additional pages if necessary. Resumes may be required for certain positions. If applicable, include resume with **completed application**.

Have you ever been discharged or asked to resign? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per	_____	
Reason for leaving position _____	Ending Salary		\$	per	_____	
Specific Duties: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per	_____	
Reason for leaving position _____	Ending Salary		\$	per	_____	
Specific Duties: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per	_____	
Reason for leaving position _____	Ending Salary		\$	per	_____	
Specific Duties: _____						
Number of Employees Supervised (if applicable) _____						

**EMPLOYMENT HISTORY (continued)**

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
Specific Duties: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
Specific Duties: _____						
Number of Employees Supervised (if applicable) _____						

**SPECIAL SKILLS/TRAINING**

Typing speed: \_\_\_\_\_ words per minute

Business machines (other than computers) you are able to operate: \_\_\_\_\_

What computer experience do you have? ☐ Apple ☐ PC

Your skill level in Word can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in Excel can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in Outlook can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in PowerPoint can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in Access can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in Acrobat can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used
Your skill level in Publisher can best be described as:	<input type="checkbox"/> Proficient	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Beginner	<input type="checkbox"/> Never Used

Describe any other software and level of skill or any other applicable abilities: \_\_\_\_\_

**SPECIAL SKILLS - FIELD****Light Equipment:**

What best describes your skill level operating a payloader?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used
What best describes your skill level operating a backhoe?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used
What best describes your skill level operating a small tractor?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used

**Heavy Equipment:**

What best describes your skill level operating a grader?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used
What best describes your skill level operating a Cat 225 excavator?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used
What best describes your skill level operating a bulldozer?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Never Used

**Snowplowing:**

Describe any experience you may have had snowplowing. Include the size of the plow(s) you have driven, number of months/years of snow plowing experience and type of area(s) plowed (roads, driveways, parking lots): \_\_\_\_\_

### OTHER TRAINING, SKILLS, AND/OR LICENSES

Other Training/Certifications (special courses, work training programs, armed forces training) related to the job for which you are applying. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

Summarize any other special skills or abilities relating to the job for which you are applying, such as: licenses, machines you are able to operate, languages you speak and read or write well, computer skills besides those mentioned above, and any other special abilities or knowledge.

**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle:

- (1) You must possess a valid driver's license;
- (2) Any special endorsements must be current and valid;
- (3) If you are offered employment by the City of Milford, and if your driver's license is from another state, you may be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license: Yes ☐ No ☐ State \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Classification \_\_\_\_\_ License # \_\_\_\_\_

**FINALISTS MAY BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT.** Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.

### PROFESSIONAL REFERENCES

List three professional or business references who are not your relatives or employees of the City of Milford. State the nature of the relationship (i.e., co-worker, supervisor, associate, customer).

Name	Address	Phone	Relationship	Years Known

**IMPORTANT:** Read each of the following sections carefully and completely. If you do not understand any portion of the statements that follow, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

**NOTICE TO PERSONS WITH DISABILITIES:** Testing arrangements to accommodate persons with disabilities will be made upon request of the applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** Applicants selected for employment may be required to pass a medical examination given by a physician designated by the City of Milford.

**PROBATIONARY PERIOD:** Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process or grievance procedure of any applicable collective bargaining agreement.

**DRUG POLICY:** It is the policy of the City of Milford to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. Employees in certain positions are subject to Federal laws requiring pre-employment, post-accident, and random drug testing.

UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

**PRE-EMPLOYMENT STATEMENT**

**AGREEMENT:** I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT INCOMPLETE, FALSE, INACCURATE, OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, INTERVIEW(S) OR DURING THE COURSE OF MY EMPLOYMENT MAY RESULT IN THE REJECTION OF THIS APPLICATION OR WITHDRAWAL OF A JOB OFFER. FURTHER, FALSE INFORMATION PROVIDED, WHETHER WILLINGLY OR ACCIDENTALLY, MAY RESULT IN DISCIPLINE OR IMMEDIATE DISMISSAL IF EMPLOYED, WHENEVER THE OMISSION OR FALSEHOOD IS DISCOVERED.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT NOR IS IT A GUARANTEE OR INDICATION OF EMPLOYMENT. I ALSO UNDERSTAND THAT SHOULD I BE GRANTED AN INTERVIEW, THE REPRESENTATIONS THAT MAY BE MADE AT THE INTERVIEW ARE NOT TO BE CONSTRUED AS CREATING ANY OBLIGATION, PROMISE OR CONTRACT ON BEHALF OF THE CITY OF MILFORD. SHOULD I BE EMPLOYED BY THE CITY, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND POLICIES OF THE CITY OF MILFORD, AS THEY MAY FROM TIME TO TIME BE IMPLEMENTED OR REVISED. IDENTIFICATION AND VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR EMPLOYMENT.

I FURTHER UNDERSTAND THAT IN CONSIDERATION FOR EMPLOYMENT, AN INVESTIGATIVE BACKGROUND REPORT MAY BE PREPARED AT THE REQUEST OF THE CITY OF MILFORD, WHEREBY INFORMATION MAY BE OBTAINED FROM MY EMPLOYERS (PRESENT OR FORMER), EDUCATIONAL INSTITUTIONS, ALL BRANCHES OF THE U.S. MILITARY SERVICE, AND PUBLIC RECORDS MAINTAINED BY GOVERNMENT AGENCIES OR OTHERS, INCLUDING BUT NOT LIMITED TO CRIMINAL CONVICTION REPORTS, CREDIT REPORTS, ETC. I AUTHORIZE THE CITY OF MILFORD AND ITS DESIGNATED REPRESENTATIVE(S) TO PERFORM THIS INVESTIGATION, AND FURTHER AUTHORIZE PRESENT AND FORMER EMPLOYERS, REFERENCES AND OTHER PERSONS TO PROVIDE INFORMATION FOR THE INVESTIGATION. I ALSO AUTHORIZE THE CITY OF MILFORD TO RECEIVE CRIMINAL CONVICTION RECORDS PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY CRIMINAL JUSTICE AGENCY

I UNDERSTAND THAT ACCEPTANCE FOR EMPLOYMENT SHALL DEPEND ON SATISFACTORY REPLIES FROM MY REFERENCES AND OTHER BACKGROUND CHECKS. ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG TEST AND MEDICAL EXAMINATION. I AUTHORIZE MEDICAL PROVIDER(S) TO RELEASE ANY/ALL MEDICAL INFORMATION TO THE CITY PURSUANT TO ITS PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN PROCEDURES IN ACCORDANCE WITH HIPAA.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MILFORD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE of APPLICANT

DATE



# APPLICANT DISCLOSURE FORM

## Section A

City of Milford

Position applying for \_\_\_\_\_  
(use the title that appears on the job announcement)

### CANDIDATE INFORMATION

It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, all applicants are strongly urged to complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. This form will be removed from the application.

### GENERAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number **000** \_\_\_\_\_ (Last six digits ONLY)

### STATISTICAL INFORMATION

#### Race/Ethnic Identification (Please check one)

- ☐ American Indian or Alaska Native  
All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian  
All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
- ☐ Black or African American  
(Not of Hispanic or Latino origin.) All persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino  
All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander  
All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
- ☐ White  
(Not of Hispanic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Other  
Please specify \_\_\_\_\_

Gender ☐ Male ☐ Female

### NON-PARTICIPATION

Please check box if applicable

I have read the above statement and have chosen not to complete this form. ☐

### RECRUITING INFORMATION

How did you hear about this job? (Please check one.)

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> City Website	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> City Employee	





# APPLICANT DISCLOSURE FORM

## Section B

City of Milford

NOTE

THIS INFORMATION WILL BE REVIEWED ONLY BY MEMBERS OF THE  
HUMAN RESOURCES DEPARTMENT AND HIRING MANAGERS.

### CRIMINAL CONVICTION INFORMATION

Applicants are required to disclose the existence of *any* criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled;" (d) a criminal charge for which the person was found not guilty; or (e) a conviction for which the person received an absolute pardon.

The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 5 of this application. A criminal conviction will not necessarily result in the rejection of this application, but will be considered as it relates to the nature of the position sought, and in light of any applicable state and federal law.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title of Position Sought

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DATE OF CONVICTION	OFFENSE	DATE OF ARREST	PLACE OF ARREST (City/State)	SENTENCE