

CITY OF MILFORD HUMAN RESOURCES DEPARTMENT OPEN COMPETITIVE EXAMINATION

TO: All

FROM: Tania R. Barnes, Director

SUBJECT: Job Opening
DATE: January 9, 2018

NOTICE TO ALL APPLICANTS: This opening is available to all City employees*

and the general public.

POSITION: FOREMAN** – Solid Waste Division, Department of Public Works.

REQUIREMENT(S): Graduation from an accredited high school or GED and five (5) years of experience in planning, coordinating, inspecting and scheduling work, preferably in refuse collection, public works, logistics, transportation management, or construction management, including three (3) years of supervisory experience OR a satisfactory combination of training, education and experience. Proven ability to handle customer service situations under pressure in a professional and courteous manner. Knowledge of effective and efficient methods and procedures for collection of refuse, recyclables, and other solid waste. Knowledge of modern practices and standards for recycling programs. Basic computer skills and general knowledge of Microsoft applications. Physical strength and agility to do strenuous laboring tasks under varying weather conditions. Excellent verbal and written communications skills. Strong ability to make sound decisions and resolve problems. Possession of a valid Connecticut commercial driver's license (CDL), class A or B, with airbrake endorsement and a good driving record history OR ability to obtain within three (3) months of hire.

SCOPE OF EXAMINATION: Oral examination weighted 50%. Qualified applicants who receive a passing score of at least 70% on the oral examination will then be ranked according to their education, training, and experience as indicated on Application Supplement #18-01 and weighted 50%. Applicants are urged to carefully complete the application form and supplement, listing all related training and/or work experience.

FILING REQUIREMENTS: Interested candidates should submit the fully completed Application for Employment, Application Supplement #18-01, resume, and cover letter to the City of Milford, Human Resources Department, 2nd Floor, 70 West River Street, Milford, Connecticut or email same to lpisacane@ci.milford.ct.us. A complete job description, application forms and Application Supplement #18-01 may be obtained by visiting www.ci.milford.ct.us. Click on Services, then Jobs, then Solid Waste Foreman. Application materials must be received no later than Friday, February 2, 2018.

Foreman – Solid Waste Division January 9, 2018 Page 2

SALARY RANGE: The position is a Grade 47 with weekly pay as follows:

Minimum	\$1,074.80
Step 1	1,120.98
Step 2	
Step 3	
Step 4	
Maximum	

Note: Weekly hours may exceed 40. Overtime is paid at 1.5 times the current hourly rate after 8 hours of work per day.

NOTE:

Applicants who have previously submitted application materials will remain in consideration if they submit an updated resume by the closing date, February 2, 2018.

^{*} Current Employees ONLY may substitute the Promotional Application for the Application for Employment. Please go to the City's Website, then click on Services, Departments, Human Resources, Employee Information, Forms, then Promotional Application.

^{**}Job description pending revision. Applicants will be advised of and subject to any changes.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

SOLID WASTE FOREMAN (re-titled)

GENERAL SUMMARY OF DUTIES

Under general direction of the Director of Public Works or designee, supervises and directs the activities of personnel responsible for the collection of refuse and recyclables, as well as the repair and/or delivery of refuse/recycling containers. An employee in this class is responsible for creating and approving crew assignments and schedules, ensuring safety and customer service standards are met and reviewing the productivity and quality of work of all assigned personnel.

ESSENTIAL FUNCTIONS

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. Work that is similar, related or logically associated with the Position may also be assigned.)

- Outlines work assignments, and prioritizes and assigns tasks to operators in a manner that ensures efficient and effective utilization of manpower and equipment.
- Prepares and updates pick up, delivery, and driver schedules.
- Facilitates timely completion of daily assignments.

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- Reassigns or reroutes work crews when necessary.
- Coordinate solid waste projects such as municipal solid waste (MSW), recycling and any other related project.
- Secure supplies, materials and equipment for daily work projects.
- Communicates with the general public, other City employees, vendors, and management to respond to questions, concerns, complaints, investigations, etc., regarding solid waste services and repairs.
- Makes sure that equipment is in satisfactory operating condition.
- Handles daily problems of Sanitation crews.
- May be required to collect refuse, if necessary.
- Uses the two-way radio extensively to communicate directives and information. Inspects, monitors, and
 evaluates Material Recovery Facilities (MRF) and transfer station to determine compliance with prescribed
 operating and safety standards for disposing, or handling of solid waste and recyclables. Serves as
 Weighmaster as necessary.
- Supervises the Material Recovery Facility (MRF) and transfer station.
- Prepares reports; maintains Overtime Log.
- May assist in preparation of the division budget; monitor and control expenditures.
- Assists in the development of optimized routing and production.
- Works in a variety of weather conditions while monitoring refuse collection.
- Instructs and trains personnel on new procedures, activities and safety guidelines.
- Wears protective equipment as directed.
- Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES

- Knowledge of effective and efficient methods and procedures for collection of refuse, recyclables, and other solid waste.
- Knowledge of equipment, tools, and materials used in the collection of refuse, recyclables, and other solid waste.
- Working knowledge of the City street system.
- Knowledge of the principles and methods of workload scheduling and planning.
- Knowledge of modern practices and standards for recycling programs.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

SOLID WASTE FOREMAN

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REQUIRED KNOWLEDGES, SKILLS AND ABILITIES (cont'd)

- Knowledge of Solid Waste Division procedures and operational routines.
- Knowledge of purpose and proper use of safety equipment; principles and practices of employee safety training; and procedures for identifying and disposing of hazardous chemicals/materials typically found in households.
- Basic computer skills and general knowledge of Microsoft application.
- Excellent verbal and written communication skills.
- Ability to plan, direct, coordinate, inspect and schedule work of refuse, recyclables and other solid waste collection crews.
- Proven ability to handle customer service situations under pressure in a professional and courteous manner.
- Ability to establish and maintain effective and cooperative working relationships with employees, supervisors, associates, vendors, other City officials and the public.
- Strong ability to make sound decisions and resolve problems.
- Physical strength and agility to do strenuous laboring tasks under varying weather conditions.
- Ability to handle emergency situations.

MINIMUM QUALIFICATIONS REQUIREMENTS

- Graduation from an accredited high school or GED; and
- Five (5) years of experience planning, coordinating, inspecting, and scheduling work, preferably in refuse collection, public works, logistics, transportation management or construction management, of which at least two (2) years must have been in a supervisory capacity.
- Possession of a valid State of Connecticut commercial driver's license (CDL), class A or B, with airbrake endorsement and a good driving record history OR ability to obtain within three (3) months of hire.
- Possession of a valid State of Connecticut Certification Application for Operators of Landfills, Transfer Stations, Recycling and Volume Reduction Facilities OR ability to obtain within six (6) months of hire.

JOB ENVIRONMENT

While performing the duties of this job, the employee occasionally works in outside weather conditions, including temperature extremes. The employee may regularly be exposed to fumes, dirt, grease, fuel, chemicals and toxins. The noise level in the work environment is usually moderate; is occasionally loud. This job operates in a small office environment. Routinely uses standard office equipment such as computer, phones, photocopiers, scanners, filing cabinets and fax machines. Makes frequent contact with the other City departments, City employees, vendors, contractors and members of the public. Contacts are in person, in writing, and by telephone.

PHYSICAL REQUIREMENTS

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Has ability to perform physical activities that require considerable use of arms and legs and moving the whole body, such as sitting, standing, walking, bending, climbing, twisting, squatting, reaching overhead, grasping, lifting, balancing, kneeling, pushing, pulling and handling of objects; is on feet most of shift. Has the potential of frequently lifting up to 60 pounds; has ability to occasionally lift up to 80 pounds. Normal eyesight and depth perception, with or without correction; hears normal tones, with or without correction.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

Re-typed: 4-2006 January 2018

MF 1639

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	
i osition 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 WE	RITE IN THIS SPACE
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	Rev. by.
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□ Ехр	
☐ Not City	EE
Other _	

	PERSON	AL INFORMATION	ON			
Last Name First Name	M.I.	Other names by v	which you ha	ve been known	000- Last 6 digits	- of Soc. Sec. No.
Present Address: No. and Street Mailing address (if different from residence add	City	State	Zip Code	How long at this		Years/Months
Walling address (if different from residence address	No. and Street	t	City	•	State Zip C	code
Home Telephone	Cellular		Email			
In case of emergency, notify: Name	Relationship		Tele	phone Number		
Are you legally eligible for employment in the U	_	0 If hired, yo	ou will be requi	red to submit proof o	of eligibility to wor	k in the USA.
Are you 18 years of age or older? Yes Have you previously applied for employment wi Year(s) applied	th the City of Milford?	•	•	* *	Yes _	No 🗌
Have you previously been employed by the City Job Title/Department	of Milford? Yes		· _ ·	olete the following	information: To	
List any relatives or members of your household Name(s)		by the City of Milfo		_ Department		
Do you claim 5 points preference based on activ	ve duty in the U.S. Ar	rmed Forces? Ye	es No) Attacl	h copy of DD214.	
Do you claim 10 points veteran's disability prefe	rence? Yes	No	Attach copy	of DD214 & other supp	porting documentation	on.
	GENE	RAIL NFORMA	TION			
What date are you available to begin work? Do you have any commitments to another emplo If yes, specify commitment(s):	yer that might affect	your employment	with the City	of Milford?	Yes	No
Note to Applicant: DO NOT ANSWER THE DESCRIPTION EXPLAINING THE ESSENT						
Is there anything that would prevent you fron Yes No	n performing the es	sential functions	of the posit	ion for which you	u have applied'	?

	PER	RSONAL INFORMATION						
High school attended:								
Name of School(s)	City/State	Did you graduate?						
		Yes No						
		Yes No No						
Colleges/Universities attended	d:	1						
Name of Educational Institution	City/State	Did you graduate?	Dates at	tended			poloma, GED of credits con	
		Yes No						
		Yes No						
		Yes No No						
		ADLOVACNT LUCTODY						
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List below ALL present and past er CONSECUTIVELY. Applicants may								m.
Resumes may be required for certa					se addition	iai payes	ii Hecessa	ıy.
Resumes may be required for certain	in positions. If applicable, in	cidae resume with compic	тса аррпс	ation.				
Have you ever been discharged or	asked to resign?	∕es						
If yes, please explain:								
Employer			FR	OM	T	0	TOTA	L TIME
Address			Month	Year	Month	Year	YEARS	MONTHS
Telephone Number								
Your job title			Hours pe					
Supervisor's Name	Title	<u> </u>	Starting		\$		er	
Reason for leaving position			Ending S	Salary	\$	ŗ	er	
Describe Work Performed:								
Number of Employees Supervised	(if applicable)							
Employer			FR	OM	T	0	TOTA	L TIME
Address			Month	Year	Month	Year	YEARS	MONTHS
Telephone Number								
Your job title			Hours pe	er week				
Supervisor's Name	Title):	Starting	Salary	\$	r	er	
Reason for leaving position			Ending S	Salary	\$	ŗ	er	
Describe Work Performed:								
Number of Employees Supervised	(if applicable)							
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Employer			FR	OM	Ţ	0	TOTA	L TIME
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Telephone Number								
Your job title			Hours pe					
Supervisor's Name	Title);	Starting	Salary	\$	ŗ	er	
Reason for leaving position			Ending S	Salary				
Describe Work Performed:								
Number of Employees Supervised	(if applicable)							

EMPLOYMENT HISTORY (contin					=0.T.1	
Employer	FR		T(_		L TIME
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Your job title	Hours pe	or wook		1		
Supervisor's Name Title:	Starting		\$	r	nor	
Reason for leaving position	Ending S		\$		per per	
Describe Work Performed:	Liming	Jaiai y	Ψ	<u>.</u>	Jei	
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Number of Employees Supervised (if applicable)						
Employer	FR	OM	T			L TIME
Address	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number	1	<u> </u>]		
Your job title	Hours pe					
Supervisor's Name Title:	Starting		\$		per	
Reason for leaving position	Ending S	Salary	\$		per	
Describe Work Performed:						
Number of Employees Supervised (if applicable)						
Number of Employees Supervised (if applicable)						
***ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT	T TO THE	POSITI	ON YOU	HAVE A	PPLIED*	**
SPECIAL SKILLS/TRAINING				11/10 = /		
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:						
Your skill level in Excel can best be described as:						
Your skill level in Outlook can best be described as:						
Your skill level in PowerPoint can best be described as:						
Your skill level in Access can best be described as:						
Your skill level in Acrobat can best be described as:						
Your skill level in Publisher can best be described as:						
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?						
What best describes your skill level operating a backhoe?						
What best describes your skill level operating a small tractor?						
Heavy Equipment: What best describes your skill level operating a grader?						
What best describes your skill level operating a Cat 225 excavator?						
What best describes your skill level operating a bulldozer?						
Snowplowing:						
Describe any experience you may have had snowplowing. Include the size of the plow(s) y	ou have d	lriven, nur	nber of mo	onths/year	s of snow	plowing
experience and type of area(s) plowed (roads, driveways, parking lots):				,		. 0

	OTHER TRAINING, SKILLS, AND/OR	LICENSES		
you are applying, such as machines	training, apprenticeship, certifications, licenses, skills, syou are able to operate, languages you speak and re special abilities or knowledge. Give name and location	s, special skills and qualifica ead or write well, computer	skills besides those me	nentioned
<u> </u>				
List professional, trade, business or national origin, age, ancestry, disabl	civic activities and offices held: (You may exclude me illity or other protected status.)	embership which would rev	eal gender, race, religi	on,
(1) You must possess a val(2) Any special endorsement(3) If you are offered employmenta condition of employment	nts must be current and valid; byment by the City of Milford, and if your driver's l ent to obtain a valid Connecticut Driver's License	license is from another s		quired as
Do you have a valid driver's licen Expiration Date		License #		
	D, UPON NOTIFICATION, TO SUBMIT A COPY (y Connecticut Department of Motor Vehicles offic			ing
List three professional or busines relationship (i.e., co-worker, supe	PROFESSIONAL REFERENC ss references who are not your relatives or emplo ervisor, associate, customer).		rd. State the nature of	
Name	Address	Phone	Relationship	Years Known
<u> </u>			'	·

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, ACCURATE, 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 ABIDE BY ALL THE RULES, POLICIES AND REGULATIONS 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



INVITATION TO SELF-IDENTIFY

Position applying for

(use the title that appears on the job announcement)

SECTION 1: 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, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, 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. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.					
SECTION 2: GENERAL	INFORMATION				
Name		Date			
Social Security Number	000	(Last six digits ONLY)			
SECTION 3: STATISTIC					
	Р	LEASE ANSWER THE FOLLOWING QUESTION:			
What is your race/ethnic	city? <i>(Please mar</i>	the <u>ONE BOX</u> that describes the race/ethnicity category with which you primarily identify.)			
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or more races Gender Male	who maintains tribal (Not Hispanic of including, for examp) (Not Hispanic of All persons of the including) (Not Hispanic of the including o	Identification r Latino) All persons having origins in any of the original peoples of North and South America (including Central America), and affiliation or community attachment. r Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent e., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam. r Latino) All persons having origins in any of the black racial groups of Africa. Suban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race. r Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands. c or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. rimarily identifies with two or more of the above race/ethnicity categories.			
I have read the above stater	SECTION 4: NON-PARTICIPATION Please check box if applicable I have read the above statement and have chosen not to complete this form.				
SECTION 5: RECRUITING How did you hear about this					
Milford Mirror	Job. (Flouse Glicel	Human Resources or Department Bulletin Board			
Other newspaper (give n	name):	Community Agency (give name):			
☐ City Website		☐ Professional Journal (give name):			
☐ Internet (list site):		Other (please specify):			
City Employee					



FOREMAN – SOLID WASTE DIVISION OF PUBLIC WORKS APPLICATION SUPPLEMENT #18-01

NAME		
SOCIAL SECURITY NUMBER	000	 (Last six digits only)

For this examination, you will be filling out specific information about your education, training and experience. The information that you give will be used to find out how well your background qualifies you for this position. You must fill out this examination booklet completely in order to take part in this examination. THIS BOOKLET IS AN EXAMINATION.

On the pages that follow, you will be asked to supply factual information about your education, training, and the duties, responsibilities and accomplishments that are associated with the jobs which helped you qualify for the position for which you are applying. Your education, training, and experience will be scored according to how closely they relate to the various job components or factors of the position of Solid Waste Foreman. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet, a completed Application for Employment, a resume and a cover letter must be filed with the Human Resources Department by the last filing date noted in the job announcement, or bear a postmark no later than the last filing date: Information submitted after the last filing date will not be considered.

I. <u>EDUCATION AND LICENSURE</u>:

PART A -	EDUCATION
1 / 11(1 / 1	LDCCATION

	Α.	Do you possess any of the following degrees? (If "Yes", specify the major field of degree was conferred.)	f study for which the
		1. High School Diploma Yes No	
		2. Trade School Diploma/Certificate Yes No	
		2. Associate's Degree Yes Major	No
		3. Bachelor's Degree Yes Major	No
	PAF	RT B LICENSURE	
	В.	Do you possess a valid State of Connecticut Driver's License?	
		Yes Type: D D CDL-A CDL-B CDL-C (Must attach copy of license.)	No
II.	<u>EXI</u>	PERIENCE:	
	Α.	Do you have at least five (5) years of experience working in planning, coordinating scheduling work, preferably in refuse collection, public works, logistics, transports construction management?	
		Yes No. of Years No	
		Please indicate which of the specific areas in which you have experience:	
		Planning, coordinating, inspecting and scheduling work	Number of Years
		Refuse collection	Number of Years
		Public works	Number of Years
		Recycling Operation	Number of Years
		Logistics	Number of Years
		Transportation Management	Number of Years
		Construction Management	Number of Years
	В.	Do you have at least three (3) years of supervisory experience?	
		Yes No. of Years No	

- C. Please follow column headings completely. Use whatever terms would be most indicative of the level and scope of your responsibilities. You may use additional pages, if necessary.
 - 1. Describe your experience regarding efficient methods and procedures for scheduling collections and/or for collecting and disposing of garbage, recycling and/or other waste.

	Dates & No. of Hours/Week
Name of Employer:	Performing This Job:
Supervisor's Name:	Supervisor's Title:
Your Job Title & Duties:	

2. Describe your experience with customer service and your ability to handle situations under pressure.

Name of Employer:	Dates & No. of Hours/Week Performing This Job:
Supervisor's Name:	Supervisor's Title:
Your Job Title & Duties:	

3. Describe your supervisory experience, to include but not limited to, the number of staff under your direct supervision, work scheduling, organizing and assigning daily tasks, handling performance issues, etc.

	Dates & No. of Hours/Week
Name of Employer:	Performing This Job:
Supervisor's Name:	Supervisor's Title:
Your Job Title & Duties:	
4. Describe an instance or two when it was necessar	ry to exercise independent judgment and/or problem

4. Describe an instance or two when it was necessary to exercise independent judgment and/or problem solve and how you handled the matter(s).

	Dates & No. of Hours/Week		
Name of Employer:	Performing This Job:		
rume of Employer.	remaining ring job.		
Supervisor's Name:	Supervisor's Title:		
Your Job Title & Duties:			
Tour job Title & Butles.			

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to the position of Solid Waste Foreman.

	SPONSORING	DATES ATTENDED
AREA OF STUDY/TITLE OF COURSE	ORGANIZATION	& NO. OF HOURS