



CITY OF MILFORD
HUMAN RESOURCES DEPARTMENT
OPEN/COMPETITIVE EXAMINATION

TO: Civil Service Employees
FROM: Tania R. Barnes, Human Resources Director
SUBJECT: Job Opening
DATE: October 10, 2014

NOTICE TO ALL APPLICANTS:

This opening is available to the general public.

POSITION: TRUCK DRIVER/TREE EQUIPMENT OPERATOR – Highway/Parks Division, Public Works Department

REQUIREMENT(S): Four (4) years of experience in performing manual work in tree care and maintenance including, but not limited to: tree climbing, tree pruning, tree removal, operation of stump grinder, chipper, chipper truck, bucket truck, and other tree-related equipment. At time of application, possession of a valid State of Connecticut Commercial Driver's License (CDL), Class A or B, without manual transmission and /or airbrake restrictions.

SCOPE OF EXAMINATION: Applicants will be ranked according to their training and experience as indicated on the Application Supplement #14-04 and weighted 100%. **Applicants are required to fully complete the application form and supplement, listing all related training and/or work experience.**

FILING REQUIREMENTS: A completed promotional application and Application Supplement #14-04 must be submitted to the Human Resources Department, Parsons Office Complex, on or before October 31, 2014.

SALARY RANGE: The position is a Grade 6 with hourly salary limits as follows:

Minimum.....	\$20.86
Step 1.....	21.29
Step 2.....	21.85
Step 3.....	22.39
Step 4.....	22.89
Step 5.....	23.37
Maximum	24.02



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.

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: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in Excel can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in Outlook can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in PowerPoint can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in Access can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in Acrobat can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ Never Used

Your skill level in Publisher can best be described as: ☐ Proficient ☐ Very good ☐ Good ☐ Fair ☐ Beginner ☐ 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? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

What best describes your skill level operating a backhoe? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

What best describes your skill level operating a small tractor? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

Heavy Equipment:

What best describes your skill level operating a grader? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

What best describes your skill level operating a Cat 225 excavator? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Never Used

What best describes your skill level operating a bulldozer? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ 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

I. GENERAL EXPERIENCE AND LICENSURE:

PART A. – EXPERIENCE

Do you have at least four (4) years of experience performing manual work in tree care and maintenance?

No _____ Yes _____ If Yes, Number of Years Experience _____

Indicate the type of work experience. Check (✓) all that are applicable:

_____ tree pruning – number of years of experience: _____

_____ tree removal – number of years of experience: _____

_____ operation of stump grinder – number of years of experience: _____

_____ chipper – number of years of experience: _____

_____ chipper truck – number of years of experience: _____

_____ bucket truck – number of years of experience: _____

_____ other tree related equipment (specify the kind(s) of equipment) – number of years of experience: _____
kinds of equipment: _____

PART B. – LICENSURE

Do you possess a valid State of Connecticut Commercial Driver's License (CDL), Class A or B, without manual transmission and/or airbrake restrictions?

_____ Yes
Type: _____ Class A _____ Class B (Must attach a copy of license.)

_____ No

II. EXPERIENCE

#14-04

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.

Describe in detail your work experience performing manual work in tree care and maintenance including, but not limited to: tree climbing, tree pruning, tree removal, operation of stump grinder, chipper, chipper truck, bucket truck, and other tree related equipment.

DATES & NO. OF HOURS/WEEK	NAME OF EMPLOYER	NAME AND TITLE OF IMMEDIATE SUPERVISOR	YOUR JOB TITLE & DUTIES

PART III. –TRAINING

#14-04

List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to manual work in tree care and maintenance.

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