

## CITY OF MILFORD

**OPEN COMPETITIVE NO. 24-35** 

## LIGHT EQUIPMENT OPERATOR

### POSTING DATE: March 1, 2024

CLOSING DATE: April 12 2024

**NOTICE TO ALL APPLICANTS:** This opening is available to all City employees and the general public.

**SALARY RANGE**: The position is a Grade **PW07** with hourly salary limits as follows:

Minimum	\$25.05
Step 1	\$25.56
Step 2	\$26.23
Step 3	\$26.88
Step 4	\$27.49
Step 5	\$28.07
Maximum	\$28.83

**GENEROUS BENEFITS:** The City offers the following benefits:

- Medical & Dental insurance effective 1<sup>st</sup> day of hire
- Traditional Pension Plan/Defined Benefit Plan (5-year vesting)
- o 457 Savings Plan
- Free Life Insurance
- Weekly Pay
- Additional Compensation after 8 hours of work per day
- Paid Time Off Separate Vacation Pay, Sick Pay, Personal Business Pay, Bereavement Pay
- Paid Holidays 13 days per year
- Employee Assistance Program
- Free Access to Employee Fitness Center
- Wellness Initiatives
- Annual beach pass for non-residents

<u>SUMMARY OF POSITION</u>: Under the general direction of the Director of Public Works or designee, performs the safe and efficient operation of light equipment used in public works activities. Assignments may be received in detail for each job or may follow an established routine. Employees in this class are responsible for the safe and efficient operation of light equipment used in public works activities. The operator of this equipment requires considerable calculated skill, including the ability to perform specialized tasks for which the equipment was designed. Employees may rotate among the various pieces of equipment and may be required to perform semi-skilled laboring tasks.

MINIMUM QUALIFICATIONS: Two (2) years of experience in the operation of light equipment. Possession of a valid State of Connecticut commercial driver's license (CDL), Class A or B.

NOTE: Preference will be given to candidates who possess a valid Pesticide Applicator Certification.

<u>SCOPE OF EXAMINATION</u>: Applicants will be ranked according to their training, education and experience as indicated on the Application Supplement #24-35 (the examination) and weighted 50%. Applicants are urged to carefully complete the application form and supplement listing all related training and/or work experience. Candidates who successfully pass the examination will be invited to participate in an oral panel interview weighted 50%. Candidates must achieve an overall passing score of at least 70% to be placed on the eligibility list.

FILING REQUIREMENTS: Applicants are required to submit a fully completed <u>Employment</u> Application, Application Supplement #24-35 and resume must be submitted on or before <u>April 12</u>, 2024 to the Human Resources Department, Parsons Government Complex, 70 W. River St., Milford, CT or <u>HRrecruit@milfordct.gov</u> For forms and detailed application instructions, go to <u>www.ci.milford.ct.us/hr/pages/jobs</u> then select *Light Equipment Operator*.

## JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

### LIGHT EQUIPMENT OPERATOR

### **GENERAL SUMMARY OF DUTIES**

Under the general direction of the Director of Public Works or designee, performs the safe and efficient operation of light equipment used in public works activities. Assignments may be received in detail for each job or may follow an established routine. Employees in this class are responsible for the safe and efficient operation of light equipment used in public works activities. The operator of this equipment requires considerable calculated skill, including the ability to perform specialized tasks for which the equipment was designed. Employees may rotate among the various pieces of equipment and may be required to perform semi-skilled laboring tasks.

### **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.)

- Operates all related equipment such as a roller, beach scavenger, small tractor, small grader, backhoe, payloader, mini-excavator, snow loader and other equipment needed for the repair and construction of streets, roads and other projects.
- Operates all related equipment for the safe and efficient operations at the transfer station. Transports equipment/materials to designated job site.
- Performs physical labor in the maintenance, restoration and construction of roadways, beaches, drainage systems and disposal sites.
- Ensures maintenance and upkeep of equipment including daily cleaning, repair and lubrication and makes sure that equipment is in satisfactory operating conditions.
- Performs daily pre- and post-operation inspections of equipment. Reports any needed repairs in accordance with standing protocols.
- Practices exceptional safety measures with every job, being conscious of weights, distances and surroundings to minimize any potential hazards.
- Wears protective equipment as directed.
- Performs related work as required.

### **REQUIRED KNOWLEDGES, SKILLS AND ABILITIES**

- Working knowledge and skill in the operation of light equipment.
- Ability to service equipment and detect operating defects.
- Ability to use care and judgment when operating equipment.
- Experience in pesticides spraying applications.
- Ability to understand and follow oral and written instructions.
- Physical strength and agility sufficient to conduct strenuous laboring tasks under varying weather conditions.
- Knowledge of safety practices and compliance thereof.

## JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

### LIGHT EQUIPMENT OPERATOR

### Page 2

### **MINIMUM QUALIFICATIONS REQUIRED**

- Two (2) years of experience in the operation of light equipment.
- Possession of a valid State of Connecticut commercial driver's license (CDL), Class A or B.

NOTE: Preference will be given to candidates who possess a valid Pesticide Applicator Certification.

### JOB ENVIRONMENT

Majority of work is performed outdoors with exposure to extremes of heat and cold temperatures and inclement weather. Subject to the hazards associated with work sites. Work environment is very loud. Administrative work is performed in an office environment. May be required to work on weekends and may be contacted at home at any time to respond to important situations and emergencies.

Regularly operates heavy trucks, heavy equipment, hand/power/pneumatic tools, a computer, telephones, and standard office machines. Interacts frequently with other town departments/boards/committees, contractors working for the department, equipment vendors, and other DPW divisions; makes occasional contacts with the general public. Communicates in person, by telephone and via standard correspondence. Contacts require some persuasiveness to influence the behavior of others. Has limited access to department-related confidential information including personnel records.

### 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. Spends the majority of the day standing and/or walking. Perform physical activities that require considerable use of arms and legs and moving the whole body, such as sitting, standing, walking, bending, stooping, kneeling, crouching, crawling, climbing, twisting, squatting, reaching overhead, grasping, lifting, balancing, pushing, pulling, and handling of objects; Frequently lifts up to 60 pounds; occasionally lifts and/or moves objects weighing up to 100 pounds such as tools, equipment, supplies, etc. Must be able to access all levels of a construction site/building/structure, traverse uneven terrain, climb a ladder, and enter and exit from vehicles. Manually operates all department vehicles, tools and equipment as well as office equipment. Communicates verbally and in writing Normal eyesight and depth perception, with or without correction; hears normal tones, with or without correction.

The City of Milford, CT is an equal opportunity/affirmative action employer. It is the policy of the City to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

Civil Service Commission City of Milford, CT Retyped 5-2009 Revised: 7/2023

### **CITY OF MILFORD, CONNECTICUT**



- Founded 1639 -70 West River Street, Milford, CT 06460 (203) 783-3239 <u>HRrecruit@milfordct.gov</u>

Human Resources Department

# **APPLICATION FOR EMPLOYMENT & EXAMINATION**

## **INSTRUCTIONS FOR COMPLETION:**

THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS.

**Every section must be completed in full** even if resume or other supporting documents are attached. You should not direct this Office to refer to a resume for information that is being asked on the application form. You must answer <u>all</u> questions completely and accurately in order for your application to be given the proper consideration.

## **INCOMPLETE APPLICATION WILL BE REJECTED.**

- LATE APPLICATIONS WILL NOT BE ACCEPTED. Applications must be <u>received</u> in the Human Resources Department by the application deadline as stated on the job announcement. You must complete an application form in ink or typed print. You can complete an application form online at the City's website and print the application. <u>You must sign your application in ink</u> or with digital signature. Application closing dates are noted on each job announcement.
- ALL APPLICANTS SHOULD READ THE JOB ANNOUNCEMENT OF THE JOB FOR WHICH YOU ARE APPLYING. Specific job requirements will be noted under the section titled "Minimum Qualification Requirements."
- EACH SECTION IN THE APPLICATION FORM MUST BE COMPLETED. You can use additional sheets of papers to attach to your application if you need more space to provide complete information, especially as it pertains to your employment history. <u>Applications submitted without completing each section will be rejected</u>.
- **LICENSES AND CERTIFICATIONS** required for the position you are applying for must be listed and you must provide a copy of any and all licenses and certifications required, as stated on the job announcement. <u>Applications submitted without providing a copy of the required licenses/</u> certifications will be rejected.
- YOU MUST ATTACH A CLEAR COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION FORM if the job for which you are applying requires a driver's license. Applications submitted without providing a copy of your driver license will be rejected.
- YOU MUST COMPLETE EACH SECTION OF EMPLOYMENT HISTORY. You must complete "Describe Work Performed" completely. Do not write "see resume" in lieu of completing this information on the application form. <u>Applications submitted without completing</u> each line of this section will be rejected.
- **COMPLETING THE INVITATION TO SELF-IDENTIFY IS VOLUNTARY.** This information is needed to meet Federal and State reporting requirements and is also used to evaluate the effectiveness of our recruiting and testing procedures. This sheet is not seen by anyone making the hiring decision. <u>Applications will not be rejected if you choose not to complete this voluntary information section</u>.

## EMPLOYMENT APPLICATION -PUBLIC WORKS

do No	T WRITE IN THIS SPACE
Πq	Rev. by:
Reasor	ו:

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

An Equal Opportunity Employer

Position applying for

Date

### PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

Entire application must be completed in order for application to be considered.

#### PERSONAL INFORMATION

Last Name	First Name		M.I.		Last 6 digits of Soc. Sec. No.
Home Address		City		State	Zip
Home Telephone	Mobile		Email		
Are you legally eligible for employment in the L (If hired, you will be required to provide proof of elig		Yes No	Are you 18 year	s of age or olde	er? Yes No
Do you claim 5 points preference based on active	e duty in the l	US Armed Force	s?Attach copy of DD2	214 Yes	No
Do you claim 10 points veteran's disability prefer	ence?Attach	copy of DD214 &	other supporting docu	imentation	Yes No
List any relatives currently employed with the 0	City: Name(	(s)		Job Title	e/Dept
Have you read the job description explaining the	ne essential c	duties of the pos	ition for which you a	ire applying?	Yes No
Are you able to perform the essential functions	of the position	on for which you	are applying?	Yes No	Date available to start

EDUCATION							
High School(s) attended		City	City/State			Did you graduate?	
						Yes	No
						Yes	No
College/Institution attended	City/State		Did you grad	duate?	Degree/Certification	on/Credits	Major
			Yes	No			
			Yes	No			
			Yes	No			

### **EMPLOYMENT HISTORY**

Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain:

Have you previously worked for the City of Milford? Yes No If yes, dates of employment:

Position/Department:

On the next page, list ALL present and past employment in reverse chronological order **BEGINNING WITH YOUR MOST RECENT EMPLOYMENT**. Applicants may be required to furnish satisfactory proof of employment history. Use additional pages if necessary. Include resume with completed application, however, resume WILL NOT substitute completion of application.

	EMPLOYM	MENT HISTORY CONTINUED	
Employer	Address		Phone
Dates of Employment	Job title		Hours per week
Supervisor's name/title	Reason for leaving		
Number of employees supervised (i/a)	Describe wo	rk performed below <u>DO NOT WRITE "SEE RESU</u>	ME"):

Employer	Address		Phone
Dates of Employment	Job title		Hours per week
Supervisor's name/title		Reason for leaving	
Number of employees supervised (i/a)	Describe work performed below DO NOT WRITE "SEE RESUME"):		<u>JME")</u> :

Dates of Employment     Job title     Hours per week       Supervisor's name/title     Reason for leaving	Employer	Address		Phone
Supervisor's name/title Reason for leaving	Dates of Employment	Job title		Hours per week
	Supervisor's name/title	Reason for leaving		
Number of employees supervised (i/a) Describe work performed below DO NOT WRITE "SEE RESUME"):	Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME")</u> :		

### \*\*\*ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED\*\*\* SPECIAL SKILLS

<b>Snowplowing:</b> Describe any experience you may have had snow years of experience and type of area(s) plowed (roads, drivewa		include the size of the plow(s)	you have driven, number of n	nonths/
Light Equipment: What best describes your skill level with a payloader? What best describes your skill level with a backhoe? What best describes your skill level with a small tractor? Heavy Equipment: What best describes your skill level with a grader? What best describes your skill level with a Cat 225 excavator? What best describes your skill level with a bulldozer?	Excellent     Excellent     Excellent     Excellent     Excellent     Excellent     Excellent     Excellent	<ul> <li>Very good</li> <li>Very good</li> <li>Good</li> <li>Good</li> <li>Good</li> <li>Good</li> <li>Good</li> <li>Very good</li> <li>Good</li> <li>Good</li> <li>Very good</li> <li>Good</li> <li>Good</li> <li>Good</li> </ul>	Fair       Never Used         Fair       Never Used	
Please list/describe any specialized training, apprenticeship, c you are applying, such as machines you are able to operate, mentioned and any other special abilities or knowledge . Prov total number of training hours, and other details. Please also may exclude membership which would reveal gender, race, rel	languages you sp vide name and loo include any profes	eak and read or write well, c cation where training was giv ssional trade, business or civi	omputer skills besides those ven, dates attended, subject of ic activities and other offices	previously of training,
LICENSES, C	ERTIFICATIONS,	REGISTRATIONS		
f the position for which you are applying requires you to opera endorsements must be current and valid. NOTE: If applicable s from another state, you will be required as a condition of e	e, if you are offere	d employment by the City of	f Milford, and if your driver's	license
Do you have a valid driver's license? Yes No Stat	te Licens	e#	Classification	-

Expiration Date \_\_\_\_\_

Endorsements

FINALISTS WILL 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 colleagues who are not your relatives or employees of The City of Milford we may contact.				
Name	Phone	Relationship		

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 will 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.

I affirm and certify that I have read all of the information above and that all answers to the questions herein are complete, true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any facts may render this application void and will be cause for disqualification, whenever discovered.

SIGNATURE APPLICANT \_\_\_\_\_

DATE



City of Milford

## 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.

SECTION 2: GENERAL	INFORMATION	
Name		Date
Social Security Number 000		(Last six digits ONLY)
SECTION 3: STATISTIC	CAL INFORMATI	ON
		PLEASE ANSWER THE FOLLOWING QUESTION:
What is your race/ethn American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or more races	Race/Ethni (Not Hispanic who maintains triba (Not Hispanic including, for exam (Not Hispanic All persons o (Not Hispanic (Not Hispanic	ark the <u>ONE BOX</u> that describes the race/ethnicity category with which you primarily identify.) ic Identification c or Latino) All persons having origins in any of the original peoples of North and South America (including Central America), and al affiliation or community attachment. c or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent ple, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam. c or Latino) All persons having origins in any of the black racial groups of Africa. f Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race. c or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands. nic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Gender Male	Female	
SECTION 4: NON-PAR		Please check box if applicable
SECTION 5: RECRUITI		
How did you hear about thi	s job? (Please cheo	
Milford Mirror		City Employee
Other newspaper (give	name):	Human Resources or Department Bulletin Board
City Website		Community Agency (give name):
Internet (list site):		Professional Journal (give name):
State of CT job site		Other (please specify):



## CITY OF MILFORD OPEN COMPETITIVE EXAMINATION NO. 24-35 LIGHT EQUIPMEMENT OPERATOR PUBLIC WORKS DEPARTMENT

## APPLICATION SUPPLEMENT

NAME

SOCIAL SECURITY NUMBER 000 - \_\_\_\_\_\_ - \_\_\_\_\_ (Last six digits only)

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

On the pages that follow, you will be asked to supply factual information about your 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 training and experience will be scored according to how closely they relate to the various job components or factors of the position of Light Equipment Operator. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet and a completed Promotional Application for Employment must be received by the Human Resources Department by the last filing date noted in the job announcement. Information received after the last filing date <u>will not</u> be considered.

### I. GENERAL EXPERIENCE AND LICENSURE:

### PART A. – EXPERIENCE

Do you have at least one (3) years of experience performing manual labor and operating and maintaining light construction equipment such as backhoe, excavator, etc.?

No \_\_\_\_ Yes \_\_\_\_ If Yes, Number of Years Experience \_\_\_\_\_

Indicate the type of work experience. Check ( $\checkmark$ ) all that are applicable:

\_\_\_\_\_ Construction of streets and roads – number of years of experience: \_\_\_\_\_

- \_\_\_\_\_ Operation of roller, beach scavenger, small tractor- number of years of experience: \_\_\_\_\_
- \_\_\_\_\_ General/basic construction maintenance work number of years of experience: \_\_\_\_\_

\_\_\_\_\_ Operation of backhoe, pay loader, mini-excavator – number of years of experience: \_\_\_\_\_

- \_\_\_\_\_ Operation of snow loader number of years of experience: \_\_\_\_\_
- Performing strenuous physical labor that involves repetitive climbing, bending, pulling, pushing, lifting and carrying loads and objects weighing up to 60 pounds number of years of experience:

### PART B. - LICENSURE/CERTIFICATION

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

No \_\_\_\_\_ Yes\_\_\_\_ (Must attach a copy of license.)

2. Do you possess a valid Pesticide Applicator Certification?

No \_\_\_\_\_ Yes\_\_\_\_ (Must attach a copy of license.)

3. Do you possess any other License/Certification relevant to the position of Light Equipment Operator?

No \_\_\_\_\_ Yes\_\_\_\_ (Must attach a copy of license/certificate.)

#### II. EXPERIENCE

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 operating large backhoe and crane as well as other pieces of construction equipment.

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

### PART III. – TRAINING

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 construction of the crane, backhoe, lubrication, equipment minor maintenance and repair, safety driving or safety.

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