



CITY OF MILFORD

OPEN COMPETITIVE NO. 24-34

PAYROLL SUPERVISOR

POSTING DATE: February 23, 2024

CLOSING DATE: April 12, 2024

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

SALARY RANGE: Workweek is 37.5 hours with weekly salary limits as follows:

Minimum	\$1,459.42
Step 1	1,531.21
Step 2	1,602.77
Step 3	1,674.79
Step 4	1,746.20
Maximum	1,854.62

GENEROUS BENEFITS: The City offers the following benefits:

- Medical & Dental insurance effective first day of hire
- Traditional Pension Plan/Defined Benefit Plan
- 457 Savings Plan
- Free Life Insurance
- Weekly Pay
- 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

SUMMARY OF POSITION: Under the general direction of the Treasurer/Payroll Administrator is responsible for the preparation and maintenance of general government payroll(s) processing; ensures that Federal, State and Local laws relating to payroll management are complied with. This position supervises Payroll staff; assigns and evaluates work; and provides training & guidance.

MINIMUM QUALIFICATIONS: Graduation from an accredited college or university with a Bachelor's Degree in Accounting or closely related field and three (3) years of progressively responsible experience in payroll processing OR graduation from an accredited high school and seven (7) years of experience in payroll processing, of which two (2) shall have been in a supervisory capacity OR any equivalent combination of education, training and experience as described above.

SCOPE OF EXAMINATION: Applicants who meet the requirements as stated above will be invited to participate in a performance examination, weighted 25%, to measure proficiency level on Excel. Those who receive a score of 70% or better on the performance exam will then be scored on the answers provided on Application Supplement #24-34 and resume weighted 25%. Those who receive a score of 70% or better on the Application Supplement #24-34 and resume will also be invited to participate in an oral exam that will be weighted at 50%. Candidates must achieve a total overall score of 70% or better to be considered.

FILING REQUIREMENTS: Applicants are required to submit a fully completed **Employment Application, Application Supplement #24-34 and resume** on or before **April 12, 2024**, to the Human Resources Department, Parsons Government Complex, 70 W. River St., Milford, CT or HRrecruit@milfordct.gov For forms and detailed application instructions, go to www.ci.milford.ct.us/hr/pages/jobs then select *Payroll Supervisor*.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

PAYROLL SUPERVISOR

GENERAL SUMMARY OF DUTIES

Under the general direction of the Treasurer/Payroll Administrator is responsible for the preparation and maintenance of general government payroll(s) processing; ensures that Federal, State and Local laws relating to payroll management are complied with. This position supervises Payroll staff; assigns and evaluates work; and provides training & guidance.

ESSENTIAL FUNCTIONS

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the Position.)

- Oversees and assists in the daily operations and activities of payroll processing in accordance with Federal, State and Local laws and in compliance with all union contracts. Ensures the accuracy of the payroll with respect to gross pay, deductions and labor distributions. Verifies the proper authorization, processing and posting for all payroll transactions.
- Serves as Timekeeping System Manager, this includes the design, installation and on-going maintenance of Time & Attendance system, as well as system administration, system security, system programming, continuous development and implementation of strong internal controls, new report design and development and written policies and procedures related to the automated timekeeping system.
- Responsible for the preparation and submission of all appropriate reports to the IRS, Social Security Administration, Risk Management and Department of Labor. Verifies the timely filing of taxes with the appropriate agencies and the reconciliation of all applicable tax forms and reports.
- Reviews all payroll changes and implements changes such as tax withholdings, premium cost share, union deductions, garnishment, etc.
- Assists with the compilation, verification, printing and issuance of Forms W-2, 1094-C, 1095-C and 1099-R.
- Oversees processing of employee accrued time.
- Responsible for MUNIS Payroll system configuration and maintenance.
- Directs Payroll team during operational system conversions and/or upgrades.
- Supervises, coordinates and reviews the work of clerical subordinates in the performance of payroll duties.
- Prepares financial data to support additional appropriations for increases due to labor contract settlements.
- Responds to authorized requests for special reports or for individual information, including but not limited to arbitration cases, subpoena requests, wage statements, wage verification, wage garnishments, pension contribution confirmation and various management and budgeting reports. Responds to auditor requests for information in a timely manner.
- Maintains computerized payroll system master files. Directs the retention and verification of appropriate employee payroll records and master files. Ensures confidential information and files are kept secure.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

PAYROLL SUPERVISOR **ESSENTIAL FUNCTIONS** (cont'd)

Page 2

- Recommends payroll policies and procedures to superior and after approval, implements policies and procedures. Consults with department heads concerning payroll policies, practices and procedures. Responsible for creating, writing and / or updating payroll policies and procedures manual/processes documentation.
- Works closely with the Risk Manager in the administration and processing of Worker's Compensation payment processing.
- Performs related work in payroll management, budget preparation and supervisory tasks.
- Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES

- Thorough knowledge of payroll policies, practices and procedures.
- Thorough knowledge of management information systems, human resources information systems (HRIS), payroll processing systems, time and attendance systems, MS Office and accounting principles. Knowledge of the MUNIS system is preferred.
- Expert knowledge of the laws, rules, regulations, procedures and controls governing payroll administration, disbursement and tax reporting and mandatory and voluntary deduction administration. Understanding of payroll and time & attendance policies, practices and procedures to include interpreting union contracts and labor agreements.
- Thorough knowledge of statutory requirements concerning payroll disbursement, tax reporting and mandatory and voluntary payroll deduction administration.
- Good knowledge of accounting principles.
- Ability to prepare complex and accurate written, payroll reports and financial statements.
- Ability to supervise, plan and coordinate the work of subordinates; ability to train subordinates.
- Ability to deal effectively with banks, superiors, subordinates and staff in other departments. Ability to establish professional, courteous and harmonious working relationships with employees, supervisors, department heads, consultants, and members of the general public.
- Ability to demonstrate the following: excellent interpersonal skills; team building skills; decision making skills; effective verbal and listening communication skills; attention to detail and high level of accuracy; and effective organizational skills.
- Ability to deal sensitively with confidential materials.

JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL

PAYROLL SUPERVISOR

Page 3

MINIMUM EDUCATION & EXPERIENCE REQUIRED

Graduation from an accredited college or university with a Bachelor's Degree in Accounting or closely related field and three (3) years of progressively responsible experience in payroll processing OR graduation from an accredited high school and seven (7) years of experience in payroll processing, of which two (2) shall have been in a supervisory capacity OR any equivalent combination of education, training and experience as described above.

JOB ENVIRONMENT

This job operates in a professional 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/boards/committees, city employees, regional and state governmental agencies, vendors, and contractors. Contacts are in person, in writing, and by telephone and require discussing managerial, administrative, and technical matters.

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. Hand-eye coordination is necessary to operate computers and various types of tools and equipment. Specific vision abilities required by this job include close vision, prolonged visual concentration and the ability to adjust focus. While performing the duties of this job, the employee is frequently required to sit, stand, walk, talk, and hear; use of hands and fingers to handle, feel, or operate objects, tools or controls and reach with and arms. Occasionally required to bend, crouch or kneel. Occasionally must lift and/or move up to 25 pounds.

The City of Milford, CT is an equal opportunity/affirmative action employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, national origin, age, disability, genetic information, gender identity of expression, or veteran status.

Civil Service Commission
City of Milford, CT
Adopted: 06/2019
Revised: 02/2024



CITY OF MILFORD, CONNECTICUT

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

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 all 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 received 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. You must sign your application in ink 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. Applications submitted without completing each section will be rejected.
- **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. Applications submitted without providing a copy of the required licenses/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. Applications submitted without completing 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. Applications will not be rejected if you choose not to complete this voluntary information section.



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

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: _____

☐ NQ

Reason: _____

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. _____ 000- _____
Last 6 digits of Soc. Sec. No.

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Mobile _____ Email _____

Are you legally eligible for employment in the U.S.? Yes No Are you 18 years of age or older? Yes No
(If hired, you will be required to provide proof of eligibility)

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

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

List any relatives currently employed with the City: Name(s) _____ Job Title/Dept. _____

Have you read the job description explaining the essential duties of the position for which you are applying? Yes No

Are you able to perform the essential functions of the position for which you are applying? Yes No Date available to start _____

EDUCATION

High School(s) attended	City/State	Did you graduate?		
		Yes No		
		Yes No		
College/Institution attended	City/State	Dates attended	Degree/Certification	Major

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.**

EMPLOYMENT 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 work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

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 <u>DO NOT WRITE "SEE RESUME"</u> :	

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 <u>DO NOT WRITE "SEE RESUME"</u> :	

ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED

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:

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/TRAINING

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those previously mentioned and any other special abilities or knowledge. Provide name and location where training was given, dates attended, subject of training, total number of training hours, and other details. Please also include any professional trade, business or civic activities and other offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

LICENSES, CERTIFICATIONS, REGISTRATIONS

If the position for which you are applying requires you to operate a vehicle, you must possess a valid driver's license and any special endorsements must be current and valid. NOTE: If applicable, if you are offered employment by the City of Milford, and if your driver's license is from another state, you will 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 _____ License # _____ 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 _____



INVITATION TO SELF-IDENTIFY

City of Milford

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: STATISTICAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? (Please mark the ONE BOX that describes the race/ethnicity category with which you primarily identify.)

- Race/Ethnic Identification
- ☐ American Indian or Alaska Native (Not Hispanic or Latino) 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 (Not Hispanic or Latino) 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 Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American (Not Hispanic or Latino) 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 (Not Hispanic or Latino) 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.
- ☐ Two or more races A person who primarily identifies with two or more of the above race/ethnicity categories.
- Gender ☐ Male ☐ Female

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 INFORMATION

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

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



CITY OF MILFORD

PAYROLL SUPERVISOR APPLICATION SUPPLEMENT #24-34

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 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 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 Payroll Supervisor. 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 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 will not be considered.

I. EDUCATION AND TRAINING:PART A. – EDUCATION

- A. Do you possess any of the following degrees? (If “Yes”, specify the major field of study for which the degree was conferred.)
1. High School Diploma Yes_____ No_____
 2. Associate’s Yes_____ (Major) _____ No _____
 3. Bachelor’s Yes _____ (Major) _____ No _____
 4. Master’s Yes _____ (Major) _____ No _____
- B. Credits: If you do not have a college degree, but did complete college course work, list the number of credits earned. _____ Major _____
- C. Did you complete any post-secondary (technical or business school) education course(s) or training in Office Administration, Business, Management or a related field? If so, please specify number of courses.
- Yes _____ Number of courses _____ No _____

PART B. – 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 Payroll Administration.

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

II. GENERAL EXPERIENCE:

#24-34

PART A. – EXPERIENCE

Do you have at least seven (7) years of progressively responsible experience in payroll processing?

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

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

_____ assists in the daily operations and activities of payroll processing.....Number of Years _____

_____ implements changes such as tax withholdings, premium cost share, union deductions, garnishments, etc.:Number of Years _____

_____ process employee accrued time:Number of Years _____

_____ Munis Payroll system configuration and maintenance:Number of Years _____

_____ time and attendance system configuration and maintenance:Number of Years _____

PART B. – SUPERVISORY EXPERIENCE

Do you possess at least two (2) years of supervisory experience?

Yes _____ No. of Years _____ No _____

No. of employees supervised _____

III. PAYROLL/ TIME ATTENDANCE SYSTEMS AND COMPUTER SKILLS:

PART A. – PAYROLL/HRIS SYSTEMS

Please list the payroll/HRIS systems you have utilized, indicate number of years utilizing system and type of experience.

Systems Utilized:	Year of Experience:	Type of Experience:
For Example: Munis, ADP, Paycheck, Workday, Ceridian, PeopleSoft, etc.		system configuration, maintenance, conversions, upgrades, etc.

III. PAYROLL/TIME ATTENDANCE SYSTEMS AND COMPUTER SKILLS (Cont'd)

PART B. – TIME AND ATTENDANCE SYSTEM

Please list the time and attendance systems you have utilized, indicate number of years utilizing system and type of experience.

Systems Utilized	Year of Experience:	Type of Experience:
For Example: Kronos, TeleStaff, etc.		system configuration, maintenance, conversions, upgrades, etc.

PART C. – COMPUTER SKILL

Please indicate level of proficiency for the following programs:

PROGRAM	PROFICIENCY LEVEL: Beginner, Intermediate, Advanced
MS Excel	
MS Access	
MS Word	
MS Outlook	
Other:	