



# CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 21-08

## BENEFITS & PENSION COORDINATOR

POSTING DATE: September 11, 2020

CLOSING DATE: Open until filled

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

**SUMMARY OF POSITION:** Under the general direction of the Human Resources Director or designee, responsible for performing complex and varied administrative duties pertaining to employee benefits programs administration, including, but not limited to, health, pension, and life/ADD&D insurance; maintains records relating to all areas of benefits administration, including, but not limited to, verifying, obtaining, and completing forms, online vendor portals, online banking portals and/or HRIS systems, as well as details of various coverages/plans; reviews and follows up on provider billing and prepares same for processing; works with Human Resources Director to coordinate the transfer of HR data to the payroll/HRIS systems; performs analytical, technical and administrative functions in the HRIS area related to health insurance coverage for employee, dependent(s) and Affordable Care Act (ACA) reporting; researches, analyzes, designs, tests and maintains system in support of Human Resources administration and projects; interacts with employees, retirees, service providers and the public in a professional, friendly and informative manner; performs related work as required.

**MINIMUM QUALIFICATIONS:** Graduation from an accredited college or university with a Bachelor's degree and three (3) years of experience involving benefits administration OR Associate's degree and five (5) years of experience involving benefits administration OR an equivalent combination of education and experience as described above.

**NOTE:** Experience in employee benefits and/or pension administration is preferred. Experience utilizing human resources information systems such as MUNIS, PeopleSoft, Ceridian, ADP is preferred.

**SCOPE OF EXAMINATION:** There will be performance examinations, weighted 40% of the final score that will test for the ability to utilize various automated office software and applications required to perform the essential duties of the position. Qualified applicants who receive a passing score of 70% or better on the performance examination will also be invited to participate in an oral exam that will be weighted at 60%. Candidates must achieve a total combined score of 70% or better to be placed on the eligibility list.

**FILING REQUIREMENTS:** Applicants are required to submit a fully complete an Employment Application, Application Supplement #21-08 resume and cover letter on or before **September 25, 2020**, to the Human Resources Department, Parsons Office Complex, 70 W. River St., Milford, CT or [HRrecruit@ci.milford.ct.us](mailto:HRrecruit@ci.milford.ct.us). For forms and detailed application instructions, go to [www.ci.milford.ct.us/hr/pages/jobs](http://www.ci.milford.ct.us/hr/pages/jobs) then select *Benefits & Pension Coordinator*.

**SALARY RANGE:** The position is a Grade 26 with weekly salary limits as follows:

Minimum .....	\$970.95
Step 1 .....	1,009.71
Step 2 .....	1,048.66
Step 3 .....	1,087.34
Step 4 .....	1,126.20
Maximum .....	1,164.90

**Note:** Collective Bargain Agreement expired on June 30, 2019. Wages subject to any newly negotiated GWI increases.

The City of Milford offers a **generous benefits package** that includes: health insurance, life insurance, defined benefit plan (pension), 457 savings plan, paid time off (vacation, sick, personal business), paid holidays (13 days per year), and Employee Assistance Program.

CITY OF MILFORD - AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Milford is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities and persons with disabilities.

## BENEFITS AND PENSION COORDINATOR (re-titled)

### GENERAL SUMMARY OF DUTIES

Under the general direction of the Human Resources Director or designee, responsible for performing complex and varied administrative duties pertaining to employee benefits programs administration, including, but not limited to, health, pension, and life/ADD&D insurance; maintains records relating to all areas of benefits administration, including, but not limited to, verifying, obtaining, and completing forms, online vendor portals, online banking portals and/or HRIS systems, as well as details of various coverages/plans; reviews and follows up on provider billing and prepares same for processing; works with Human Resources Director to coordinate the transfer of HR data to the payroll/HRIS systems; performs analytical, technical and administrative functions in the HRIS area related to health insurance coverage for employee, dependent(s) and Affordable Care Act (ACA) reporting; researches, analyzes, designs, tests and maintains system in support of Human Resources administration and projects; interacts with employees, retirees, service providers and the public in a professional, friendly and informative manner; performs related work as required.

### EXAMPLES OF WORK (Illustrative Only)

- Manages comprehensive health, pension, and life/AD&D insurance programs for active employees, retirees, survivors and QDRO participants, coordinates all benefits provided by group insurance carriers.
- Prepares and processes all benefit (health, pension, life/AD&D, etc.) enrollment, beneficiary, termination, or similar forms for department or inter-department processing, for active employees, retirees and survivors.
- Counsels potential retirees/beneficiaries concerning transition of benefits and prepares the necessary retirement and insurances paperwork.
- Initiates quarterly Medicare reimbursement payments for retirees, including performing annual Medicare Reimbursement verification; prepares and transmits semi-annual employer Medicare Part D on-line disclosures.
- Maintains records relating to employee benefits (health, pension, life, etc.), to include ACA, Credible and Non-Credible notices.
- Maintains departmental computer records and related files, utilizing spreadsheet software, databases, online financial portals and/or word processing systems. Performs annual pension database and system maintenance to update cost-share rates/deductions, pension adjustments and other data.
- Oversees all facets of enrollment in pension, insurance and other benefit programs, premium cost share deductions, pension contribution deductions, changes and terminations to various benefit programs; coordinates annual open enrollment and qualifying event enrollment for City and numerous Board of Education employees.
- Maintains appropriate pension fund records in accordance with provisions of federal, state and local laws, regulations and guidelines.

- Implements changes in employee benefits programs to comply with collective bargaining agreements, pension agreements, City ordinances and policies, as well as applicable federal, state and local laws. Coordinates and administers compensation and premium rate changes in accordance with collective bargaining agreements, City ordinances, and Civil Service Rules and regulations.
- Interprets policies and procedures as they relate to benefit programs and pension administration.
- Acts as a liaison to insurance carriers, plan administrators, actuaries, money managers and all other necessary sources to assure proper administration and management of benefits and pension programs.
- Prepares annual pension data for City and Board of Education.
- Coordinates and administers premium cost share changes in accordance with collective bargaining agreements, pension agreements and ordinances.
- Prepares employer insurance disclosure calculations for W-2's, ACA reporting, etc.
- Fields questions and complaints presented by active employees, retirees and beneficiaries with regard to benefits and administration and attempts to resolve same.
- Processes payment of invoices as approved by Pension and Retirement Board.
- Prepares vouchers and correspondence related to employee benefits.
- Receives and responds to requests for information and data relevant to benefits and pension administration.
- Responsible for all COLA, CPIU and pension supplements processing.
- Prepares pension estimates, calculations, refunds and buy-ins; updates annual Police and Fire supplements; provides retroactive payments when necessary. Prepares complex statistical reports as needed.
- Maintains a variety of pension investment files, as well as employee and retiree files, including Police and Fire supplement recipients. Provides data to actuary firm for the annual valuation report.
- Assists in preparation of material used in collective bargaining.
- Serves as staff to the Pension & Retirement Board; prepares agenda and material for and participates in monthly Pension & Retirement Board meetings; attends Pension & Retirement Board evening meetings and arranges other meetings as required by the Chairman; records and transcribes meeting minutes; and posts agenda and minutes onto the Pension and Retirement Board's webpage.
- Handles general human resources functions and serves as back up to the Human Resources Generalist.
- Works in partnership with the rest of the HR team supports that include but not limited to, HRIS data entry, benefits, reporting, compensation, and other special projects/programs as assigned.

- Administers Medicare Part D and HIPAA mailings, including confirming rates for the fiscal year.
- Performs related work as required by the Human Resources Director or recommended by the Pension & Retirement Board.

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REQUIRED KNOWLEDGE SKILLS & ABILITIES

- Knowledge of human resource/payroll/benefits/pension methods, procedures and operations.
- Strong knowledge of Benefits, Pension & HRIS processes and data administration.
- Good knowledge of the policies and practices of modern compensation and benefits office operations, record-keeping and accounting procedures.
- Good knowledge of group health and life/AD&D insurance benefits programs.
- Good knowledge of the principles of administrative organization and management.
- Strong knowledge of administration of pension plans.
- Strong knowledge of investment/financial terminology.
- Strong knowledge of principles, practices and maintenance of an HRIS system.
- Strong oral and written communication skills.
- Ability to read and understand complex written materials.
- Ability to prepare complex statistical reports.
- Ability to use and comprehend computer software programs to include, but not limited to, Microsoft, Excel, Word, and Access as well as financial/accounting software.
- Ability to maintain strict confidentiality.
- Excellent organizational skills, ability to prioritize and schedule work.
- Ability to multi-task, problem solve, work independently and as part of a team.
- Ability to collaborate with fellow co-workers and others tactfully and courteously.
- Ability to counsel potential retirees, beneficiaries and survivors.
- Ability to exercise independent judgment.
- Transcription skills to produce minutes of various meetings or hearings from notes and recordings.

BENEFITS AND PENSION COORDINATOR  
MINIMUM QUALIFICATIONS REQUIRED

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Graduation from an accredited college or university with a Bachelor's degree and three (3) years of experience involving benefits administration OR Associate's degree and five (5) years of experience involving benefits administration OR an equivalent combination of education and experience as described above.

NOTE: Experience in employee benefits and/or pension administration is preferred. Experience utilizing human resources information systems such as MUNIS, PeopleSoft, Ceridian, ADP is preferred.

WORK ENVIRONMENT

While performing the duties of this job, the employee regularly works in a professional office environment. This role routinely uses standard office equipment such as desktop computers, photocopiers, scanner, fax machines and phones. The noise level in the work environment is usually quiet to moderate.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation can be made to enable people with disabilities to perform the described essential functions of this position. While performing the duties of this job, the employee is regularly required to talk, hear, sit, use hands and fingers to handle, feel, or operate objects, tools or controls, and keyboards. The employee is often required to stand, walk, reach with arms and hands, climb or balance, and to stoop, kneel, crouch or crawl. This would require the ability to lift files, open filing cabinets and bend or stand on a stool as necessary. Specific vision abilities required by this job include close vision and ability to adjust focus.

Civil Service Commission

City of Milford, CT

6/08

Revised - 02/17/15

Revised - 07/2018

Revised - 07/18/19



## CITY OF MILFORD

Human Resources Department  
70 W. River Street  
Milford, CT 06460  
(203) 783-3239  
[HRrecruit@ci.milford.ct.us](mailto:HRrecruit@ci.milford.ct.us)

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### ***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 APPLICATION WILL NOT BE ACCEPTED.** Application 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 on-line 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.** Any 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.** If you fail to provide a copy of your driver license **your application will be rejected.**
- **EMPLOYMENT HISTORY:** You must complete each section, as requested. You must complete "Describe Work Performed" completely. Do not write "see resume" in lieu of completing this information on the application form. **Application submitted without completing each line of this section will be rejected.**
- **VOLUNTARY COMPLIANCE INFORMATION:** Completing the page title "Invitation of Self-Identity" 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

# 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:		No. and Street			City	State	Zip Code	How long at this address?	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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>									
Have you previously applied for employment with the City of Milford? If yes, when and for which position(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Year(s) applied		Position(s) applied for							
Have you previously been employed by the City of Milford? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Attach copy of DD214.									
Do you claim 10 points veteran's disability preference? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach copy of DD214 & other supporting documentation.									

## 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): \_\_\_\_\_

**Note to Applicant:** DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied? Yes ☐ No ☐

## 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"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

### *Colleges/Universities attended:*

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

## 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: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
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: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
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: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
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: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
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: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

\*\*\*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 - 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) 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

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 mentioned in the previous page, and any other special abilities or knowledge. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

List professional, trade, business or civic activities and offices held: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

**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, 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

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.)

- 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 Phillipine 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"/> 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	



**CITY OF MILFORD**  
**OPEN COMPETITIVE EXAMINATION NO. 22-14**  
**BENEFITS & PENSION COORDINATOR**

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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 Benefits & Pension Coordinator. 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.

CITY OF MILFORD - AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Milford is an equal opportunity/affirmative action employer and  
strongly encourages the applications of women, minorities and persons with disabilities.

I. 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	<input type="text"/>		No	<input type="text"/>
2.	Associate’s Degree	Yes	<input type="text"/>	Major	<input type="text"/>	No <input type="text"/>
3.	Bachelor’s Degree	Yes	<input type="text"/>	Major	<input type="text"/>	No <input type="text"/>
4.	Master’s Degree	Yes	<input type="text"/>	Major	<input type="text"/>	No <input type="text"/>

- 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 Administration, Human Resources and/or Benefits Administration or a related field? If so, please specify number of courses.

Yes      Number of credits earned      No

II. EXPERIENCE:

- A. Do you have at least three (3) years of experience working in benefits administration and other related functions?

Yes      No. of Years      No

Please indicate which of the specific benefits and/or human resources administration areas you have experience with:

Health (medical, dental, vision) benefits for active employees	Number of Years
Health (medical, dental, vision) benefits for retired employees	Number of Years
Pension Plans	Number of Years
Life Insurance	Number of Years
Deferred Compensation	Number of Years
Employee Assistance Programs	Number of Years
Voluntary Benefits (i.e. FSA, STD, LTD, etc.)	Number of Years
Human Resources functions (i.e., classification, recruitment, wage & salary administration)	Number of Years
Compensation administration	Number of Years
HRIS data administration	Number of Years

II. EXPERIENCE (continued):

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B. 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 and knowledge of administering group medical, life insurance benefits programs and/or pension plans. Describe the types of plans (i.e. PPO, HSA, deferred compensation, etc.)

Name of Employer:

Dates & No. of Hours/Week  
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

2. Describe your experience performing complex and varied administrative duties pertaining to benefits programs (health, pensions, life, etc.) to include record keeping and accounting procedures.

Name of Employer:

Dates & No. of Hours/Week  
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

II. EXPERIENCE (continued):

#22-14

3. Describe your experience preparing complex statistical reports and other ways you may have utilized Microsoft Excel, Word and Access. (Example: "I created an Excel spreadsheet to calculate pension benefits.", "I utilized the mail merge function in Word for biannual employee mailings", "I created tables and forms in Access to track employee absences.")

Name of Employer:

Dates & No. of Hours/Week  
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

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).

Name of Employer:

Dates & No. of Hours/Week  
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:



II. EXPERIENCE (continued):

#22-14

5. Describe your experience utilizing and managing data in a human resources information system (HRIS). List the system you have used, i.e. MUNIS, PeopleSoft, Ceridian, ADP, etc. Describe your role in utilizing said system, for instance data entry only, update records, created reports, managed and tested data in a test environment before updating "live" system.

Name of Employer:

Dates & No. of Hours/Week  
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

III. SPECIALIZED TRAINING

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to administrative, office work, benefits administration and/or human resources principles and practices, systems administration.

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

IV. KNOWLEDGE, SKILLS AND ABILITIES

#22-14

On the following pages are a variety of statements which are related to this position. For each of those statements, circle the letter for the level described below which best reflects your experience, education or training as it relates to that item.

- A. - I have applied this Knowledge, Skill or Ability in an actual setting while performing a job.
- B. - I have education or training related to this Knowledge, Skill or Ability, but have not applied it in an actual job.
- C. - I have little or no experience, education or training related to this Knowledge, Skill or Ability.

For each A or B answer, give evidence, in detail, in the space provided of how you acquired this Knowledge, Skill or Ability listed, through education and/or training.

1. Knowledge of policies and practices of modern benefits operations, record keeping and accounting procedures.

Check the Appropriate Letter

A B C

Employer/School:

Details:

2. Ability to utilize, various automation software, including word processing, spreadsheets and data management programs.

Check the Appropriate Letter

A B C

Employer/School:

Details:

3. Ability to organize the office environment and prioritize and schedule work.

Check the Appropriate Letter

A B C

Employer/School:

Details:

4. Ability to maintain confidentiality and establish and maintain satisfactory work relationships with other employees and the public.

Check the Appropriate Letter

A B C

Employer/School:

Details:

5. Working knowledge of benefits and investment/financial terminology.

Check the Appropriate Letter

A B C

Employer/School:

Details: