

CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 21-36

BUILDING INSPECTOR

POSTING DATE: April 5, 2021 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 Building Official or designee, performs technical work involving the examination of construction documents, inspection of building construction, including the on-site inspection of heating, plumbing and electrical installations, alterations and repairs to ensure compliance with the State Building Code and other related regulations. Duties include both field and office work related to the enforcement of electrical, building and plumbing and heating codes and must be able to efficiently utilize standard office technology including desktops, portable computers and automated software. The work requires a special knowledge of general and flood resistant building construction practices, methods, materials and knowledge of plumbing, heating and air conditioning and knowledge of electrical installations for code compliance. The work is subject to general supervision and is normally carried on with considerable independence and initiative, subject to review by a superior through the analysis of prepared plan review reports and/or inspection reports.

MINIMUM QUALIFICATIONS: Graduation from high school or trade school. Possession of a valid State of Connecticut Building Official or Assistant Building Official License issued by the Department of Construction Services. Possession of a valid State of Connecticut Motor Vehicle Driver's License.

<u>SCOPE OF EXAMINATION:</u> Applicants will be ranked according to their Oral Board Examination score and their training and experience as indicated on Application Supplement. Applicants are required to carefully complete the application form and supplement, listing all related training and/or work experience.

<u>FILING REQUIREMENTS:</u> Applicants are required to submit a fully complete <u>Employment</u> <u>Application, Application Supplement #21-36 and resume</u> 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 *Building Inspector*.

SALARY RANGE: The position is a Grade 49 and provides for a weekly salary as follows:

Minimum	\$1,185.44
Step 1	1,240.71
Step 2	1,296.02
Step 3	1,351.46
Step 4	
Maximum	1 462 12

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.

BUILDING INSPECTOR A

GENERAL SUMMARY OF DUTIES

Under the general direction of the Building Official or designee, performs technical work involving the examination of construction documents, inspection of building construction, including the on-site inspection of heating, plumbing and electrical installations, alterations and repairs to ensure compliance with the State Building Code and other related regulations. Duties include both field and office work related to the enforcement of electrical, building and plumbing and heating codes and must be able to efficiently utilize standard office technology including desktops, portable computers and automated software. The work requires a special knowledge of general and flood resistant building construction practices, methods, materials and knowledge of plumbing, heating and air conditioning and knowledge of electrical installations for code compliance. The work is subject to general supervision and is normally carried on with considerable independence and initiative, subject to review by a superior through the analysis of prepared plan review reports and/or inspection reports.

ILLUSTRATIVE DUTIES

Examines construction documents in paper and digital/electronic format.

Conducts field inspections of soils, footings, foundations and general construction of new residential, commercial and industrial buildings and alterations of and additions to present buildings.

Reviews applications and issues building, plumbing, electrical and mechanical permits during designated hours and via online permitting software.

Inspects and tests plumbing installations and checks on drainage problems.

Reviews installations at various stages of progress from the initial stage through to completion; examines the building construction bearing load capacities to assure that structures will not be overloaded.

Performs final inspections of heating, air conditioning and other ventilation installations, alterations, repairs and systems.

Assists and advises architects, engineers, building, plumbing, heating and electrical contractors, homeowners and others regarding building, plumbing, heating and electrical code requirements.

Reviews applications for building permits and inspects building, plumbing, heating and electrical work for compliance with the building code requirements for flood resistant construction and compliance with associated FEMA regulations.

Checks and approves all applications for permits for building, plumbing, heating and electrical work.

BUILDING INSPECTOR A

<u>ILLUSTRATIVE DUTIES</u> (cont'd.)

Inspects existing and new installations of electrical wiring, fixtures and other electrical systems for compliance with code regulations and standards of workmanship and safety.

Inspects air conditioning installations for proper electrical wiring and compliance with codes.

Upon completion of the required inspection(s), notifies the utility company and grants permission to connect service and/or set meters.

Investigates causes of fires in conjunction with representatives of the Fire Department for possible structural safety and equipment safety concerns.

Consults and corresponds with architects, engineers, contractors, homeowners and others relative to prospective and existing electrical installations.

Compiles reports on complaints, special assignments and inspections, reviews plans and layouts relative to permit issuance.

May act as Deputy Inspector in absence of Chief Building Inspector or Building Official.

Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES

Ability to successfully have passed the written examination by the State of Connecticut as a building official or assistant building official.

Considerable knowledge of approved methods, materials and practices and necessary safeguards relating to general building construction and structures, plumbing facilities and systems; heating, air conditioning, electrical and ventilating systems.

Ability to detect and locate non-compliant installations, alterations and repairs and to require corrective measures.

Ability to read and understand construction plans and blueprints.

Proficient in the use of office technology and software, to include but not limited to Microsoft Office (Word, Excel, Outlook, Access) and Adobe, or equivalent.

Ability to prepare written reports.

BUILDING INSPECTOR A

REQUIRED KNOWLEDGE < SKILLS & ABILITIES (cont'd.)

Ability to communicate effectively, both orally and in writing.

Ability to consult with property owners, contractors, craftsmen and the public and to establish and maintain effective, courteous and professional working relationships with them.

Ability to perform the physical exertion associated with building inspections, to include but not limited to climbing ladders, scaffolding and/or inspection of crawl spaces.

MINUMUM TRAINING AND EXPERIENCE REQUIRED

Graduation from a standard high school or trade school. Possession of a valid State of Connecticut building official or assistant building official license issued by the Department of Construction Services. Possession of a valid State of Connecticut motor vehicle driver's license.

Preferences:

- Possession of a Bachelor's degree of higher from an accredited college of university.
- Professional licensure as an Architect or Engineer.

SPECIAL REQUIREMENTS

Applicants must attach a copy of the license to the application.

Civil Service Commission City of Milford, CT Retyped 2-9-06 Revised: 11/2014

MF CHILD

CITY OF MILFORD

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

APPLICATION FOR EMPLOYMENT & EXAMINATION INSTRUCTIONS FOR COMPLETION:

THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS.

<u>Every section must be completed in full</u>, 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 APPLICATION WILL NOT BE ACCEPTED. Application 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 on-line at the City's website and print the application. <u>You must sign your application in ink or with digital signature.</u> 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 <u>DRIVER'S LICENSE</u> 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.

MF 1639

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

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Docition applying for	
Position applying for	
(use title on job announcement)	
(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 WR	ITE IN THIS SPACE
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Other _	

	PERSO PERSO	NAL INFORMATI	ON			
Last Name First Name	M.I.	Other names by	which you hav	ve been known	000- Last 6 digits of	- Soc. Sec. No.
Present Address: No. and Street	City	State	Zip Code	How long at thi		ears/Months
Mailing address (if different from residence addre	No. and Str	reet	City		State Zip Coo	de
Home Telephone C	Cellular		Email			
In case of emergency, notify: Name F	Relationship		Tele	phone Number		
Are you legally eligible for employment in the US Are you 18 years of age or older? Yes	A? Yes 🗌	No If hired, y	ou will be requi	red to submit proof	of eligibility to work	in the USA.
Have you previously applied for employment with Year(s) applied	the City of Milfor	rd? If yes, when and n(s) applied for _	•		Yes 🗌	No 🗌
Have you previously been employed by the City of Job Title/Department			· _ ·	plete the following	<u> </u>	
List any relatives or members of your household Name(s)		d by the City of Milf		_ Department		
Do you claim 5 points preference based on active	e duty in the U.S.	Armed Forces? Y	es No	O Attac	ch copy of DD214.	
Do you claim 10 points veteran's disability prefere	ence? Yes	No	Attach copy	of DD214 & other supp	porting documentation.	
	GEN	NERAL NFORMA	TION			
What date are you available to begin work? Do you have any commitments to another employ of yes, specify commitment(s):	er that might affe	ct your employment	with the City	of Milford?	Yes	No
Note to Applicant: DO NOT ANSWER THE DESCRIPTION EXPLAINING THE ESSENTI						
Is there anything that would prevent you from Yes No	performing the (essential functions	s of the posit	ion for which yo	u have applied?	

	PERS	ONAL INFORMATION						
High school attended:								
Name of School(s)	City/State	Did you graduate?						
		Yes No						
		Yes No No						
Colleges/Universities attended	d:							
Name of Educational Institution	City/State	Did you graduate?	Dates at	tended			lipoloma, GED r of credits con	
Hame of Eddodienal Motivation	Ongrotato	Yes No	Dates at	toridod		Of Humbe	or credits con	ipieteu.
		Yes No						
		Yes No						
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List below ALL present and past en			I OVMEN	T VND M	DK BVC	KWΛ DDS		
CONSECUTIVELY. Applicants may								rv
Resumes may be required for certa					o addino.	a. pagoo		
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Have you ever been discharged or	asked to resign?	s No						
If yes, please explain:								
Employer			FR	OM	T	<u> </u>	ΤΩΤΛ	L TIME
Address			Month F K	Year	Month	Year	YEARS	MONTHS
Telephone Number			WOTHT	i cai	WOTH	i cai	TEARS	WONTIS
Your job title							<u> </u>	
Supervisor's Name	Title:		Hours per week #					
Reason for leaving position								
Describe Work Performed:								
Number of Employees Supervised (if applicable)							
			T		T.		T	
Employer			FR	ı	T			L TIME
Address			Month	Year	Month	Year	YEARS	MONTHS
Telephone Number								
Your job title Supervisor's Name	Titlo		Hours r	er week	#			
Reason for leaving position	nue:		i ilouis p	OF WOOK	#			
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Describe Work Ferrormed.								
Number of Employees Supervised ((if applicable)							
1 7 1								
Employer			FR	OM	T	0	TOTA	L TIME
Address			Month	Year	Month	Year	YEARS	MONTHS
Telephone Number								
Supervisor's Name	Title:		Hours	per week	#			
Reason for leaving position								
Describe Work Performed:								
Number of Franksissa Committee	/if annliaght-\							
Number of Employees Supervised (ıı applicable)							

EMPLOYMENT HISTORY (conti	nuod)						
Employer Employer		OM	Т	Ω	TOTAL TIME		
Address	Month	Year	Month	Year	YEARS	MONTHS	
Telephone Number							
Your job title							
Supervisor's Name Title:	Hours per week: #						
Reason for leaving position							
Describe Work Performed:							
Number of Employees Supervised (if applicable)							
Number of Employees Supervised (if applicable)							
Employer	FR	OM	Т	0	TOTA	L TIME	
Address	Month	Year	Month	Year	YEARS	MONTHS	
Telephone Number							
Your job title					•		
Supervisor's Name Title:	Hours p	er week	#				
Reason for leaving position	<u> </u>						
Describe Work Performed:							
Number of Employees Supervised (if applicable)							
Number of Employees Supervised (if applicable)							
***ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVAN	T TO THE	E POSITI	ON YOU	HAVE A	PPLIED*	**	
SPECIAL SKILLS/TRAINING							
Typing speed: words per minute							
Business machines (other than computers) you are able to operate:							
Miles and the construction of the construction							
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:		lah sa sa				alas de	
Describe any experience you may have had snowplowing. Include the size of the plow(s)	you have o	arıven, nur	nber of mo	nths/year	rs 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.									
<u> </u>									
List professional, trade, business or national origin, age, ancestry, disabl	civic activities and offices held: (You may exclude me illity or other protected status.)	embership which would rev	eal gender, race, religi	on,					
(1) You must possess a val(2) Any special endorsement(3) If you are offered employmenta condition of employment	nts must be current and valid; byment by the City of Milford, and if your driver's l ent to obtain a valid Connecticut Driver's License	license is from another s		quired as					
Do you have a valid driver's licen Expiration Date		License #							
	D, UPON NOTIFICATION, TO SUBMIT A COPY (y Connecticut Department of Motor Vehicles offic			ing					
List three professional or busines relationship (i.e., co-worker, supe	PROFESSIONAL REFERENC ss references who are not your relatives or emplo ervisor, associate, customer).		rd. State the nature of						
Name	Address	Phone	Relationship	Years Known					
<u> </u>			'	·					

IMPORTANT: Read each of the following sections carefully and completely. If you do not understand any portion of the statements that follow, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

NOTICE TO PERSONS WITH DISABILITIES: Testing arrangements to accommodate persons with disabilities will be made upon request of the applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

PRE-EMPLOYMENT MEDICAL EXAMINATION: Applicants selected for employment may be required to pass a medical examination given by a physician designated by the City of Milford.

PROBATIONARY PERIOD: Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process or grievance procedure of any applicable collective bargaining agreement.

DRUG POLICY: It is the policy of the City of Milford to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. Employees in certain positions are subject to Federal laws requiring pre-employment, post-accident, and random drug testing.

UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

PRE-EMPLOYMENT STATEMENT

AGREEMENT: I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE, ACCURATE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT INCOMPLETE, FALSE, INACCURATE, OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, INTERVIEW(S) OR DURING THE COURSE OF MY EMPLOYMENT MAY RESULT IN THE REJECTION OF THIS APPLICATION OR WITHDRAWAL OF A JOB OFFER. FURTHER, FALSE INFORMATION PROVIDED, WHETHER WILLINGLY OR ACCIDENTALLY, MAY RESULT IN DISCIPLINE OR IMMEDIATE DISMISSAL IF EMPLOYED, WHENEVER THE OMISSION OR FALSEHOOD IS DISCOVERED.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT NOR IS IT A GUARANTEE OR INDICATION OF EMPLOYMENT. I ALSO UNDERSTAND THAT SHOULD I BE GRANTED AN INTERVIEW, THE REPRESENTATIONS THAT MAY BE MADE AT THE INTERVIEW ARE NOT TO BE CONSTRUED AS CREATING ANY OBLIGATION, PROMISE OR CONTRACT ON BEHALF OF THE CITY OF MILFORD. SHOULD I BE EMPLOYED BY THE CITY, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY ALL THE RULES, POLICIES AND REGULATIONS OF THE CITY OF MILFORD, AS THEY MAY FROM TIME TO TIME BE IMPLEMENTED OR REVISED. IDENTIFICATION AND VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR EMPLOYMENT.

I FURTHER UNDERSTAND THAT IN CONSIDERATION FOR EMPLOYMENT, AN INVESTIGATIVE BACKGROUND REPORT MAY BE PREPARED AT THE REQUEST OF THE CITY OF MILFORD, WHEREBY INFORMATION MAY BE OBTAINED FROM MY EMPLOYERS (PRESENT OR FORMER), EDUCATIONAL INSTITUTIONS, ALL BRANCHES OF THE U.S. MILITARY SERVICE, AND PUBLIC RECORDS MAINTAINED BY GOVERNMENT AGENCIES OR OTHERS, INCLUDING BUT NOT LIMITED TO CRIMINAL CONVICTION REPORTS, CREDIT REPORTS, ETC. I AUTHORIZE THE CITY OF MILFORD AND ITS DESIGNATED REPRESENTATIVE(S) TO PERFORM THIS INVESTIGATION, AND FURTHER AUTHORIZE PRESENT AND FORMER EMPLOYERS, REFERENCES AND OTHER PERSONS TO PROVIDE INFORMATION FOR THE INVESTIGATION. I ALSO AUTHORIZE THE CITY OF MILFORD TO RECEIVE CRIMINAL CONVICTION RECORDS PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY CRIMINAL JUSTICE AGENCY

I UNDERSTAND THAT ACCEPTANCE FOR EMPLOYMENT SHALL DEPEND ON SATISFACTORY REPLIES FROM MY REFERENCES AND OTHER BACKGROUND CHECKS. ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG TEST AND MEDICAL EXAMINATION. I AUTHORIZE MEDICAL PROVIDER(S) TO RELEASE ANY/ALL MEDICAL INFORMATION TO THE CITY PURSUANT TO ITS PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN PROCEDURES IN ACCORDANCE WITH HIPAA.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MILFORD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE of APPLICANT	DATE



INVITATION TO SELF-IDENTIFY

Position applying for

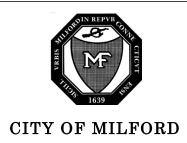
(use the title that appears on the job announcement)

SECTION 1: CANDIDATE INFORMATION

It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental reporting requirements. While completion of this section is voluntary, all applicants are strongly urged to complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that they have chosen not to provide the City of Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

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



BUILDING INSPECTOR – BUILDING INSPECTION DIVISION PERMITTING AND LAND USE DEPARTMENT

APPLICATION SUPPLEMENT #21-36

NAME		
SOCIAL SECURITY NUMBER	000 -	

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 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 Building Inspector. Your score will be based only on what you include in this examination. <u>Incomplete or illegible applications/supplements will be rejected</u>.

This examination booklet and a completed Application for Employment must be filed with the Human Resources Department by the last filing date noted in the job announcement. Information submitted after the last filing date will not be considered.

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

PART A. – EDUCATION

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EDU	\cup_{I}	IOIN.

Α.		you possess in you the degree			ees? (If "Yes	", speci	fy the m	ajor field o	f study for	
	1.	High School	l Diploma	Yes	_ No					
	2. Trade School Diploma/C			Certificate	Yes	. N	O			
	3.	Associate's	Yes	(Major)_					No	
	4.	Bachelor's	Yes	(Major)_					No	
	5.	Master's	Yes	(Major)_					No	
В.	Credits: If you do not have a college degree, but did complete college course work, list the number of credits earned Major									
C.		d you complet ining in buildi								
	Ye	s Nu	ımber of cou	rses	N	O				
		B. – LICENS 1 possess a val		onnecticut E	Priver's Licen	.se?				
	_Y T			(M	Iust attach a	copy of	f license.))		
	_ N	No								
Do	you	ı possess a val	lid State of Co	onnecticut B	uilding Offic	cial or A	Assistant	Building C	Official License	?:
	Y			(N	Iust attach a	copy of	f license.))		
	_ N	No								

II. EXPERIENCE #21-36

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 inspecting the approved methods, materials, practices and necessary safeguards relating to general building construction and structures, plumbing facilities and systems, heating and air conditioning, and electrical and ventilating systems.

	Dates & No. of Hours/Week	
Name of Employer:	Performing This Job:	
Supervisor's Name:	Supervisor's Title:	
Your Job Title & Duties:		
	Dates & No. of Hours/Week	
Name of Employer:	Performing This Job:	
Timile of Employer	1 tiloming 1 me job.	
Supervisor's Name:	Supervisor's Title:	
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Your Job Title & Duties:		
- construction and the construction of the con		

Describe in detail your experience detecting and locating non-compliant installations, alterations and repairs along with any corrective measures taken.

Supervisor's Name:		Supervisor's Title:	
Your Job Title & Duti	ies:		
Are you able to read a	nd understand construction p	olans and blueprints? _	YesNo
Years of expe	erience:		
Are you able to prepar	re written reports and otherw	ise communicate effectiv	rely, both orally and in writing?
Yes	No Years of exp	erience:	
Are you able to perform the physical exertion associated with building inspections, including but not limited to climbing ladders, scaffolding and/or inspecting crawl spaces?			
Ves	No		

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to building inspection.

AREA OF STUDY/TITLE OF COURSE	SPONSORING ORGANIZATION	DATES ATTENDED & NO. OF HOURS
AREA OF STODIT THEE OF COORSE	OROMNIZATION	& NO. OF HOURS