

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

ILLUSTRATIVE DUTIES (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.

MINIMUM 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 or higher from an accredited college or 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



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.

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.



EMPLOYMENT APPLICATION - PUBLIC WORKS

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

An Equal Opportunity Employer

Position applying for _____

Date _____

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: _____

☐ NQ

Reason: _____

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	Did you graduate?	Degree/Certification/Credits	Major
		Yes No		
		Yes No		
		Yes No		

EMPLOYMENT HISTORY

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

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

Position/Department: _____

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

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

Snowplowing: Describe any experience you may have had snowplowing. Please include the size of the plow(s) you have driven, number of months/ years of experience and type of area(s) plowed (roads, driveways, parking lots, etc.)

Light Equipment:

What best describes your skill level with a payloader?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

What best describes your skill level with a backhoe?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

What best describes your skill level with a small tractor?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

Heavy Equipment:

What best describes your skill level with a grader?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

What best describes your skill level with a Cat 225 excavator?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

What best describes your skill level with a bulldozer?

☐ Excellent

☐ Very good

☐ Good

☐ Fair

☐ Never Used

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
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White
Two or more races
- ☐ (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.
- ☐ (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.
- ☐ (Not Hispanic or Latino) All persons having origins in any of the black racial groups of Africa.
- ☐ All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ (Not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
- ☐ (Not of Hispanic or Latino origin.) 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

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	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

BUILDING INSPECTOR – BUILDING INSPECTION DIVISION PERMITTING AND LAND USE DEPARTMENT

APPLICATION SUPPLEMENT #23-08

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 Building Inspector. 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 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. EDUCATION AND LICENSURE:

PART A. – EDUCATION

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. Trade School Diploma/Certificate Yes _____ No _____
3. Associate’s Yes _____ (Major) _____ No _____
4. Bachelor’s Yes _____ (Major) _____ No _____
5. 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 building inspection or a related field? If so, please specify number of courses.

Yes _____ Number of courses _____ No _____

PART B. – LICENSURE

Do you possess a valid State of Connecticut Driver’s License?

____ Yes
Type: _____ (Must attach a copy of license.)

____ No

Do you possess a valid State of Connecticut Building Official or Assistant Building Official License?

____ Yes
Type: _____ (Must attach a copy of license.)

____ No

II. EXPERIENCE

#23-08

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.

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

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 & Duties:				

II. EXPERIENCE - CONTINUED

#23-08

1) Are you able to read and understand construction plans and blueprints?

_____Yes _____No Years of experience: _____

2) Are you able to prepare written reports and otherwise communicate effectively, both orally and in writing?

_____Yes _____No Years of experience: _____

3) 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?

_____Yes _____No

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 building inspection.

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