



**CITY OF MILFORD
HUMAN RESOURCES DEPARTMENT
OPEN/COMPETITIVE EXAMINATION**

TO: Civil Service Employees
FROM: Tania R. Barnes, Human Resources Director
SUBJECT: Job Opening
DATE: February 23, 2018

NOTICE TO ALL APPLICANTS:
This opening is available to the general public.

POSITION: CLERK A – Wastewater Division, Public Works Department

Note: Although we are currently filling a position in the Wastewater Division of the Public Works Department, the list we create will be used to fill openings in the same classification for up to one year.

REQUIREMENT(S): Graduation from high school, including or supplemented by post-secondary business and/or computer courses and one (1) year of experience performing general clerical and office work using word processing OR any equivalent combination of formal education/training and/or work experience. General computer skills including word processing and email required. Some spreadsheet knowledge helpful.

SCOPE OF EXAMINATION: Qualified applicants will be given a keyboarding exam (pass/fail) that will test for the ability to type at least 35 words per minute with an error rate no higher than 5%. Those who pass the keyboarding exam will go on to the performance examination weighted at 50% (Basic Excel, Proofreading, Customer Service) which will test for the ability to utilize various office automated software and applications required to perform the essential duties of the position. Those who pass the performance exam will then be ranked according to their education, training and experience as indicated on Application Supplement No. 18-05 and weighted at 50%.

FILING REQUIREMENTS: Interested candidates must submit a fully completed Application for Employment, Application Supplement #18-05, and resume by Friday, March 9th. Applications can be obtained at the City of Milford, Human Resources Department, 2nd Floor, 70 West River Street, Milford, Connecticut, or at www.ci.milford.ct.us. Click on *Services*, then *Jobs*, then *Job Title*. Please note: Only properly completed and submitted applications and application supplements will be considered. Applications of candidates who do not meet the stated position requirements will not be considered.

SALARY RANGE: The position is a Grade 24 with weekly salary limits as follows:

Minimum.....	\$735.97
Step 1.....	762.17
Step 2.....	788.68
Step 3.....	815.02
Step 4.....	841.61
Maximum.....	867.77

DEFINITION

This is moderately difficult and varied clerical work. Employee of this class performs a variety of complex typing and complex clerical duties according to clearly defined principles and is expected to exercise independent judgment based upon knowledge gained through experience in the performance of these duties. Prepares reports or records and posts data and other information which might involve cross checking, comparison and ordinary calculations. Detailed instructions are normally given at the beginning of work and on subsequent new assignments. However, after employee becomes familiar with the particular procedure he may work with some independence. Questionable cases are referred to supervisor. Assignments involve handling of telephone calls, two-way radio and other equipment.

ILLUSTRATIVE DUTIES

Keeps cost records of departmental expenditures for such items as equipment repairs, gas consumption, etc.
Posts and files purchase orders.
Prepares weekly status reports as required.
Maintains a variety of departmental records and related files.
Keeps record of sick leave and vacation leave.
Prepares payroll authorizations for various divisions.
Handles telephone inquiries from the public and City offices.
Receives and implements adjustment of routine complaints as well as emergency and snow removal complaints.
Revises area maps for snow removal and spring cleanup.
Maintains cost records on outside contractors for snow removal.
Operates VHF radio communications system.
Operates a variety of equipment such as typewriter, calculator, copier and other common office appliances.
Assists in the preparation of annual report.
Prepares accident reports.
Performs related work as required.

KNOWLEDGES, SKILLS AND ABILITIES

Working knowledge of office practices and procedures and of business English and arithmetic and of the maintenance of simple accounting records.
Ability to maintain complex clerical records and to prepare reports from such records.
Ability to make minor decisions in accordance with laws, ordinances and regulations.
Ability to deal with the public tactfully and courteously and to work harmoniously with other employees.
Ability to use standard office machines; ability to write legibly.
Knowledge of safety practices and compliance thereof.

QUALIFICATIONS

Experience in performing general clerical and office work.
Graduation from high school, including or supplemented by formal commercial courses.



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: _____		City _____		State _____	Zip Code _____	How long at this address? _____ Years/Months
Mailing address (if different from residence address) _____		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 _____ No _____ Attach copy of DD214.						
Do you claim 10 points veteran's disability preference? Yes _____ No _____ 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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
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: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
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.)

Race/Ethnic Identification

- ☐ American Indian or Alaska Native (Not Hispanic or Latino) All persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ Asian (Not Hispanic or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American (Not Hispanic or Latino) All persons having origins in any of the black racial groups of Africa.
- ☐ Hispanic or Latino All persons of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
- ☐ White (Not of Hispanic or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Two or more races A person who primarily identifies with two or more of the above race/ethnicity categories.

Gender ☐ Male ☐ Female

SECTION 4: NON-PARTICIPATION

Please check box if applicable

I have read the above statement and have chosen not to complete this form. ☐

SECTION 5: RECRUITING INFORMATION

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

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> 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

CLERK A

APPLICATION SUPPLEMENT #18-05

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 Clerk A. 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.

A. Do you possess any of the following degrees? (If "Yes", specify the major field of study for which the degree was conferred.)

1. High School Diploma	Yes_____	No_____
2. Associate's	Yes_____ (Major)_____	No_____
3. Bachelor's	Yes_____ (Major)_____	No_____
4. Master's	Yes_____ (Major)_____	No_____

B. Credits: If you do not have a college degree, but did complete college course work, list the number of credits earned. _____ Major _____

C. Did you complete any post-secondary (technical or business school) education course(s) or training in Office Administration, Business, Management or a related field? If so, please specify number of courses.

Yes _____	Number of courses _____	No _____
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Do you have at least one (1) year of experience performing general clerical and office work?

Yes _____ No. of Years _____ No _____

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.

A. Describe your experience performing clerical duties where you exercised independent judgment to complete assigned tasks, duties and responsibilities.

[illegible]

[illegible]

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

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

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. Working knowledge of office practices, procedures, terminology and equipment.

Circle the Appropriate Letter

A B C

Employer/School: _____

Details: _____

2. Ability to employ strong customer service skills.

Circle the Appropriate Letter

A B C

Employer/School: _____

Details: _____

3. Ability to organize the office environment and/or workload.

Circle the Appropriate Letter

A B C

Employer/School: _____

Details: _____

4. Ability to communicate, both verbally and in writing.

Circle the Appropriate Letter

A B C

Employer/School: _____

Details: _____
