



# CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 19-02

## ELECTRICIAN MAINTENANCE MECHANIC

POSTING DATE: April 12, 2019

CLOSING DATE: May 3, 2019

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

**SUMMARY OF POSITION:** This is skilled electrical work involving the installation, maintenance and repairs of electrical systems, devices and machinery in City buildings, grounds and installations, and includes the maintenance and installation of traffic lights. Employee in this class also performs general maintenance mechanic duties.

**MINIMUM QUALIFICATIONS:** Two (2) years of experience as an unlimited licensed journeyman or at least six (6) year of equivalent experience and training. Possession of a valid, Unlimited Electrical Contractor License (E-1) issued by the State of Connecticut Department of Consumer Protection. Note: Preference will be given to candidates with industrial electrical experience, to include, but not limited to electronic control systems for pumps, motors, variable frequency drivers and /or programmable frequency controls. Must possess a valid State of Connecticut motor vehicle driver's license.

**SCOPE OF EXAMINATION:** Applicants will be ranked according to their seniority, training and experience as indicated on the Application and weighted 100%.

**FILING REQUIREMENTS:** A completed Employment Application, application supplement # 19-02, resume and cover letter must be submitted on or before May 3, 2019 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 *Electrician*. A resume will not be accepted in lieu of a completed job application/supplement; incomplete or illegible applications will be rejected.

**SALARY RANGE:** The position is a Grade 1A with hourly salary limits as follows:

Minimum .....	27.18
Step 1.....	27.85
Step 2 .....	28.48
Step 3.....	29.26
Step 4 .....	29.92
Step 5.....	30.56
Maximum.....	31.33

\*\* Job description pending revisions. Applicants will be advised of and subject to any changes.

## ELECTRICIAN MAINTENANCE MECHANIC\*

### DEFINITION

This is skilled electrical work involving the installation, maintenance and repair of electrical systems, devices and machinery in City buildings, grounds and installations, and includes the maintenance and installation of traffic lights. Employee in this class also performs general maintenance mechanic duties.

### ILLUSTRATIVE DUTIES

Installs and maintains traffic lights.

Installs new circuits, outlets, indoor and outdoor lighting fixtures, switches, timers, air conditioners and other electrical mechanisms. Estimates cost and quantity of material required to perform needed service.

Troubleshoots electrical power failures and faulty equipment. Replacement or repair of damaged lighting fixtures, outlets, circuits and control panels. Corrects electrical wiring violations which exist, bringing City buildings up to code.

Cleans and services motors on boilers, buffers, vacuums, fans, air conditioners, kilns, sprayers, saws, drills, grinders, dehumidifiers, circulator pumps, gas pumps and lifts.

Repairs thermostats and electrical valves, coils and relays.

General overhauling of heating and air conditioning systems.

Performs general maintenance mechanic duties.

Performs related work as required.

### KNOWLEDGES, SKILLS AND ABILITIES

Knowledge of the methods, material and tools used in electrical work.

Ability to follow oral and written instructions.

Sufficient physical strength and freedom from disabling defects to permit lifting of heavy objects.

Knowledge of safety practices and compliance thereof.

### QUALIFICATIONS

Completion of a standard trade apprenticeship.

Valid Connecticut journeyman's electrician's license.

Connecticut driver's license.

*\*Job Description pending revisions. Employees will be advised of and subject to any changes.*

Civil Service Commission  
City of Milford, CT  
Re-typed 3/06



## 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.)

#### 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 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	



I. GENERAL EXPERIENCE AND LICENSURE:

## PART A. – EXPERIENCE

1) Do you have at least two (2) years of experience as an unlimited licensed journey person?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Number of Years Experience \_\_\_\_\_

---OR---

2) Do you have at least six (6) years of equivalent experience and training?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, Number of Years Experience \_\_\_\_\_

Describe in detail your equivalent experience and training using additional paper, if necessary:

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

\_\_\_\_ installing, repairing and maintaining, and replacing motors, controls, and related electrical equipment on pumps, blowers and control systems – number of years of experience: \_\_\_\_

\_\_\_\_ installing new circuits, outlets, indoor and outdoor lighting fixtures, switches, timers, air conditioners and other electrical mechanisms. – number of years of experience: \_\_\_\_

\_\_\_\_ repairing thermostats and electrical valves, coils and relays – number of years of experience: \_\_\_\_

\_\_\_\_ industrial electrical experience including electronic control systems for (check all that apply):

☐ pump motors – number of years of experience: \_\_\_\_☐ variable frequency drivers – number of years of experience: \_\_\_\_☐ programmable frequency controls – number of years of experience: \_\_\_\_

PART B. – LICENSURE

Do you possess a valid State of Connecticut motor vehicle driver's license?

\_\_\_\_ Yes  
Type: \_\_\_\_\_ (Must attach a copy of license.)

\_\_\_\_ No

Do you possess a valid State of Connecticut, Department of Consumer Protection unlimited electrical contractor license (E-1)?

\_\_\_\_ Yes  
Type: \_\_\_\_\_ (Must attach a copy of license.)

\_\_\_\_ No

## II. EXPERIENCE

#19-02

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 in detail your work experience installing, maintaining and replacing motors, controls, and related electrical equipment on pumps, blowers, and control systems.

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

B. Describe in detail your work experience installing circuits, outlets, indoor and outdoor lighting fixtures, switches, timers, air conditioners and other electrical mechanisms.

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

#19-02

[illegible]

- \_\_\_\_\_ perform tasks requiring physical agility that involves repetitive bending, pulling, pushing, lifting and carrying up to 60 pounds?
- \_\_\_\_\_ work in confined areas?
- \_\_\_\_\_ follow oral and written instructions and work with a minimum of technical supervision?
- \_\_\_\_\_ keep records and prepare reports using a computer?

List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to skilled electrical work involving the installation, maintenance and repair of electrical systems, devices and machinery.

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