



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

TO: All
FROM: Tania R. Barnes, Director
SUBJECT: Job Opening
DATE: March 23, 2018

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

POSITION: FOREMAN* –Treatment Plant, Wastewater Division, Department of Public Works.

REQUIREMENT(S): Graduation from an accredited high school or GED and five (5) years of experience in wastewater treatment plant operations, including three (3) years of supervisory experience OR a satisfactory combination of training, education and experience. Possession of State of Connecticut Class IV Wastewater Treatment Facility Operator Certification. Consideration will be given to those who currently hold a Class III license and are on track for a Class IV license. Valid CT driver's license.

SCOPE OF EXAMINATION: Oral examination weighted 50%. Qualified applicants who receive a passing score of at least 70% on the oral examination will then be ranked according to their education, training, and experience as indicated on Application Supplement #18-09 and weighted 50%. Applicants are urged to carefully complete the appropriate application form and supplement, listing all related training and/or work experience.

FILING REQUIREMENTS: Interested candidates should submit the fully completed Application for Employment**, Application Supplement #18-09, resume, and cover letter to the City of Milford, Human Resources Department, 2nd Floor, 70 West River Street, Milford, Connecticut or email same to lpisacane@ci.milford.ct.us. A complete job description*, and our application form may be obtained by visiting www.ci.milford.ct.us. Click on Services, then Jobs, then Foreman - Treatment Plant. This position is open until filled.

SALARY RANGE: The position is a Grade 48 with weekly pay as follows:

Minimum	\$1,164.92
Step 1	1,207.11
Step 2	1,259.40
Step 3	1,311.49
Step 4	1,363.76
Maximum.....	1,444.10

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

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.

*** Current Employees ONLY may substitute the Promotional Application for the Application for Employment. Please go to the City's Website, then click on Services, Departments, Human Resources, Employee Information, Forms, then Promotional Application.*

Note: Employees of the Wastewater Division who have been employed with the City for a period of at least one (1) year on the last pay period in March and/or September and who maintain a Class IV Wastewater Treatment Facility Operator license shall receive an annual stipend of \$7,500 payable in two equal installments of \$3,750 each on the last pay period in March and September. In addition, the employee who have been employed with the City for a period of at least one (1) year on the last pay period in March and/or September and who serves as chief operator and/or superintendent will receive an additional annual stipend in the total amount of \$5,000 payable in two equal installments of \$2,500 each on the last pay period in March and September.

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.

FOREMAN - WASTEWATER TREATMENT PLANT

DEFINITION

This is supervisory work in the operation, maintenance and supervision of activated sludge (secondary) treatment plants. This class of work involves the exercise of continuous supervision over a small crew of treatment plant operators, mechanics and laboratory technicians. Employee in this class is responsible for the proper operation of wastewater treatment plants. The work entails a considerable degree of independent responsibility and technical knowledge. The work is subject to general supervision and frequent inspection by the Superintendent and, for unusual or difficult problems, the Superintendent is available to advise and participate.

ILLUSTRATIVE DUTIES

Assigns and supervises the work of Process Operators, Mechanics and Laboratory Technicians engaged in the operation and maintenance of the treatment plants and pump stations.
Supervises the operation and maintenance of treatment plants and sewage pump stations.
Reports any malfunctioning of treatment plant processes to supervisor.
Maintains daily, weekly and monthly records and prepares reports on various aspects of the treatment plant operations as required.
Performs related work as required or as directed by the Superintendent.

KNOWLEDGES, SKILLS AND ABILITIES

Thorough knowledge of terminology, procedures and equipment used in the wastewater treatment plants and pump stations.
Working knowledge of necessary lab procedures such as pH test and settling tests.
Ability to work with mechanical equipment and to recognize malfunctioning of this equipment.
Ability to work effectively in emergencies.
Ability to supervise and lay out work for Process Operators, Mechanics and Laboratory Technicians.
Ability to read plans and equipment diagrams relating to treatment plants and sewage pump stations and keep routine records associated with their operation.

QUALIFICATIONS

Experience in treatment plant operation required.
Supervisory experience desirable.
Graduation from high school or trade school.
Must have Class IV license although those with a Class III license who are on track for a Class IV license may be considered.
Possession of Connecticut driver's license.



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"/>	

Colleges/Universities attended:

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

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? <input type="checkbox"/> Apple <input type="checkbox"/> 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):	
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OTHER TRAINING, SKILLS, AND/OR LICENSES

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those mentioned in the previous page, and any other special abilities or knowledge. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

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

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle:

- (1) You must possess a valid driver's license;
- (2) Any special endorsements must be current and valid;
- (3) If you are offered employment by the City of Milford, and if your driver's license is from another state, you may be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license: Yes ☐ No ☐ State _____
Expiration Date _____ Classification _____ License # _____

FINALISTS MAY BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT. Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.

PROFESSIONAL REFERENCES

List three professional or business references who are not your relatives or employees of the City of Milford. State the nature of the relationship (i.e., co-worker, supervisor, associate, customer).

Name	Address	Phone	Relationship	Years Known

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

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

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

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

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

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

PRE-EMPLOYMENT STATEMENT

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

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

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

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

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

SIGNATURE of APPLICANT

DATE



INVITATION TO SELF-IDENTIFY

City of Milford

Position applying for
(use the title that appears on the job announcement)

SECTION 1: CANDIDATE INFORMATION

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

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

SECTION 2: GENERAL INFORMATION

Name _____ Date _____

Social Security Number 000 _____ (Last six digits ONLY)

SECTION 3: STATISTICAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? (Please mark the ONE BOX that describes the race/ethnicity category with which you primarily identify.)

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

SECTION 4: NON-PARTICIPATION

Please check box if applicable

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

SECTION 5: RECRUITING INFORMATION

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

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> City Website	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> City Employee	



CITY OF MILFORD

FOREMAN – WASTEWATER DIVISION PUBLIC WORKS DEPARTMENT

APPLICATION SUPPLEMENT #18-09

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 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 Foreman - Wastewater Treatment Plant. 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 received by the Human Resources Department by the last filing date noted in the job announcement. Information received after the last filing date will not be considered.

EDUCATION AND LICENSURE:A. EDUCATION:

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 _____ | Major _____ |
| 3. Associate's Degree | Yes_____ | No _____ | Major _____ |
| 4. Bachelor's Degree | Yes_____ | No _____ | Major _____ |
| 5. Master's Degree | Yes_____ | No _____ | Major _____ |

B. LICENSURE:

1. Do you possess a valid State of Connecticut Driver's License?

____ Yes
Type: _____ (Must attach a copy of license.) ____ No

2. Do you possess Certification as a State of Connecticut Class IV Wastewater Treatment Facility Operator?

____ Yes (Copy must be attached to application.) ____ No

3. Have you ever taken the test for the Class IV license? ____ Yes ____ No

When? _____

4. Do you possess Certification as a State of Connecticut Class III Wastewater Treatment Facility Operator?

____ Yes (Copy must be attached to application.)

____ No

I. EXPERIENCE:

#18-09

- A. Do you have at least five (5) years of experience in wastewater treatment plant and collection system operations?

____ Yes Number of Years _____

____ No

- B. Do you have at least three (3) years of supervisory experience?

____ Yes Number of Years _____

____ No

- C. Are you able to utilize various automated software and computerized systems such as Supervisory Control and Data Acquisition (SCADA) system?

____ Yes Software or systems utilized: _____

____ No

- D. Are you able to prepare written reports and otherwise communicate effectively, both orally and in writing?

____ Yes Years of experience: _____

____ No

#18-09

1) Describe in detail your work experience(s) in a Class IV Wastewater Treatment Facility.

[illegible]

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

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