



CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 20-19

MECHANIC COLLECTION SYSTEM~WASTEWATER

POSTING DATE: January 31, 2020

CLOSING DATE: February 28, 2020

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

SUMMARY OF POSITION: This is skilled work in the mechanical maintenance of the lift stations primarily and the wastewater treatment plants. Work involves the application of trade skills in several crafts in keeping a considerable variety of machinery, pumps and other equipment in operating condition. Much of the equipment is specialized requiring the fabrication of repair parts. All work is performed under the direction of the Collection System Foreman who determines maintenance and repair priorities and schedules.

MINIMUM QUALIFICATIONS: Two (2) years of experience installing, repairing and maintaining pumps and pumping equipment, electrical motors, hydraulic equipment or power generators; OR graduation from an approved vocational, technical or trade school with specialization in mechanical crafts/technologies OR any equivalent combination of experience and training. Ability to perform physical labor that involves repetitive bending, pulling, pushing, lifting and carrying of up to 60 pounds. Ability to read and write. Ability to work independently. At time of application, must possess a valid State of Connecticut Driver's License.

SCOPE OF EXAMINATION: Applicants who meet the requirements as stated above will be invited to participate in a written examination, weighted 100%. Candidates must achieve a total overall score of 70% or better to be considered.

FILING REQUIREMENTS: Applicants are required to submit a fully complete Employment Application, Application Supplement #20-19 and resume must be submitted on or before February 28, 2020 to the Human Resources Department, Parsons Office Complex, 70 W. River St., Milford, CT or HRrecruit@ci.milford.ct.us. For forms and detailed application instructions, go to www.ci.milford.ct.us/hr/pages/jobs then select *Mechanic Collection System - Wastewater*.

SALARY RANGE: The position is a Grade 5 with hourly salary limits as follows:

Minimum.....	\$23.39
Step 1.....	24.00
Step 2.....	24.60
Step 3.....	25.20
Step 4.....	25.75
Step 5.....	26.39
Maximum.....	27.00

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

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.

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.

MECHANIC-COLLECTION SYSTEM
(Wastewater)

DEFINITION

This is skilled work in the mechanical maintenance of the lift stations primarily and the wastewater treatment plants. Work involves the application of trade skills in several crafts in keeping a considerable variety of machinery, pumps and other equipment in operating condition. Much of the equipment is specialized requiring the fabrication of repair parts. All work is performed under the direction of the Collection System Foreman who determines maintenance and repair priorities and schedules.

ILLUSTRATIVE DUTIES

Maintains, lubricates and packs trash, sludge and sewage pumps.
Maintains electric motors and gear drive equipment.
Performs electrical maintenance and carpentry as needed.
Maintains a variety of plant engines; fits bearings, grinds valves and performs periodic general overhauls.
Performs related work as required.

KNOWLEDGES, SKILLS AND ABILITIES

Some knowledge of the standard practices, tools and materials of the major mechanical trades, particularly plumbing.
Understanding of the basic principles of hydraulics.
Skill in the use of the hand and shop tools common to mechanical maintenance.
Ability to perform skilled mechanical repair tasks independently.
Ability to work from rough sketches and blueprints.
Ability to perform strenuous physical activity including climbing and descending stairs and ladders.
Ability to work in confined areas.
Ability to work with and around hazardous chemicals such as chlorine gas.
Ability to establish and maintain effective working relationships with superiors and associates.
Ability to perform tasks requiring physical agility.
Knowledge of safety practices and compliance thereof.

QUALIFICATIONS

Experience in repairing, maintaining and using machines and experience in working with pumps; or graduation from an approved vocational or trade school with specialization in mechanical crafts or any equivalent combination of experience and training. Absence of any type of respiratory ailment. Possession of driver's license.



CITY OF MILFORD

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

APPLICATION FOR EMPLOYMENT & EXAMINATION **INSTRUCTIONS FOR COMPLETION:**

THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS. **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: _____		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 <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 _____ Address _____ Telephone Number _____ Your job title _____ Supervisor's Name _____ Title: _____ Reason for leaving position _____ Describe Work Performed: _____ Number of Employees Supervised (if applicable) _____	FROM		TO		TOTAL TIME	
	Month	Year	Month	Year	YEARS	MONTHS
	Hours per week: # _____					

Employer _____ Address _____ Telephone Number _____ Your job title _____ Supervisor's Name _____ Title: _____ Reason for leaving position _____ Describe Work Performed: _____ Number of Employees Supervised (if applicable) _____	FROM		TO		TOTAL TIME	
	Month	Year	Month	Year	YEARS	MONTHS
	Hours per week # _____					

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	



CITY OF MILFORD
OPEN COMPETITIVE EXAMINATION NO. 20-19
MECHANIC COLLECTION SYSTEM - WASTEWATER

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 Mechanic – Collection System. 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.

I. GENERAL EXPERIENCE AND LICENSURE:

PART A. – EXPERIENCE

Do you have at least two (2) years of experience installing, repairing, and maintaining pumps and pumping equipment, machinery, and/or electrical or hydraulic equipment?

No _____ Yes _____ If Yes, Number of Years Experience _____

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

_____ operating, repairing and maintaining pumps and pumping equipment – number of years of experience: _____

_____ operating, repairing and maintaining machinery – number of years of experience: _____

_____ operating, repairing and maintaining electrical or hydraulic equipment – number of years of experience: _____

PART B. – LICENSURE

Do you possess a valid State of Connecticut Commercial Driver's License (DL)?

_____Yes Type: _____ (Must attach a copy of license.) _____No

II. EXPERIENCE

#20-19

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 operating, repairing, and maintaining pumps and pumping equipment, machinery, and/or electrical or hydraulic equipment.

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

B. Do you have the ability to (check all that apply):

_____ perform tasks requiring physical agility that involves repetitive bending, pulling, pushing, lifting and carrying up to 60 pounds?

_____ work in confined areas?

_____ work with and around hazardous chemicals such as chlorine gas?

_____ follow oral and written instructions and work with a minimum of technical supervision?

PART III. –TRAINING

#20-19

List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to operating, repairing, and maintaining pumps, pumping equipment, machinery, and/or electrical or hydraulic equipment.

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