



CITY OF MILFORD

OPEN COMPETITIVE NO. 22-08

SANITARIAN

RE-POSTING DATE: October 22, 2021

CLOSING DATE: November 5, 2021

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

**SALARY RANGE:** The position is a Grade 49 with weekly salary limits as follows:

Minimum.....	\$1,185.44
Step 1 .....	1,240.71
Step 2 .....	1,296.02
Step 3 .....	1,351.46
Step 4.....	1,406.92
Maximum .....	1,462.12

**Note:** Governing Collective Bargain Agreement expired on June 30, 2019. Wages subject to any newly- negotiated GWI increases.

**GENEROUS BENEFITS:** The City offers the following benefits:

- o Medical & Dental insurance effective 1<sup>st</sup> day of hire
- o Traditional Pension Plan/Defined Benefit Plan
- o 457 Saving Plan
- o Free Life Insurance
- o Weekly Pay
- o Additional Compensation after 7.5 hours of work per day
- o Paid Time Off – Separate Vacation Pay, Sick Pay, Personal Business Pay, Bereavement Pay
- o Paid Holidays – 13 days per year
- o Employee Assistance Program
- o Free Access to Employee Fitness Center
- o Wellness Initiatives

**SUMMARY OF POSITION:** Under the general direction of the Health Director or designee, performs specialized work in the enforcement of public health laws and the inspection of various establishments for conformance with these laws. Work of this class involves the promotion of public health through inspection and instruction of proper sanitary conditions in the City. Work extends to a variety of establishments and facilities including cosmetology and massage establishments, nail salons, hotels/motels, retail food establishments, private sewage disposal and private water supply facilities, natural bathing areas, public swimming pools, sub-standard housing, blight, and various nuisance conditions. An employee of this class exercises considerable independent judgment in meeting technical and regulatory problems in the field. Responsibilities may extend to the development and implementation of programs in highly specialized technical areas. Work is performed under general supervision of the Chief-Environmental Health Division in accordance with applicable laws, ordinances, and departmental regulations. This position is responsible for maintaining required continuing education units (CEUs) for certifications.

**MINIMUM QUALIFICATIONS:** Graduation from and accredited college or university with a bachelor’s degree in Environmental Health, Public Health, or any of the natural or physical sciences. A master’s degree in Environmental Health or Public Health is desirable; and minimum of two (2) years of experience as a sanitarian and/or local environmental health practitioner; and possession of Registered Sanitarian Certification by the State of Connecticut and/or the National Environmental Health Association; and certification by the State of Connecticut as a Lead inspector/Risk assessor; and certification by the State of Connecticut in Food Service Inspection, On-site Subsurface Sewage Disposal Systems, Phase I & II, or eligible to become registered and certified within 1 year of date of hire; and certification/training in the FEMA incident command system and national incident management system preferred. Possession on a valid State of Connecticut motor vehicle driver’s license.

**SCOPE OF EXAMINATION:** Applicants who meet the requirements as stated above will be invited to participate in an Oral Exam weighted 100%, that will test for knowledge of the principles and practices of public health, Federal laws, the Connecticut Public Health Code, Connecticut General Statutes and City Ordinances, the rules and regulations governing environmental health and applying this knowledge in the correction of specific unsanitary conditions and problems, the ability to use proper judgment and deal tactfully with public and municipal officials.

**FILING REQUIREMENTS:** Applicants are required to submit a fully completed Employment Application, Application Supplement #22-08 and resume must be submitted on or before November 5, 2021 to the Human Resources Department, Parsons Government Complex, 70 W. River St., Milford, CT or [HRrecruit@milfordct.gov](mailto:HRrecruit@milfordct.gov) 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 Sanitarian.

## **SANITARIAN II**

### **GENERAL SUMMARY OF DUTIES**

Under the general direction of the Health Director or designee, performs specialized work in the enforcement of public health laws and the inspection of various establishments for conformance with these laws.

Work of this class involves the promotion of public health through inspection and instruction of proper sanitary conditions in the City. Work extends to a variety of establishments and facilities including cosmetology and massage establishments, nail salons, hotels/motels, retail food establishments, private sewage disposal and private water supply facilities, natural bathing areas, public swimming pools, sub-standard housing, blight and various nuisance conditions. An employee of this class exercises considerable independent judgment in meeting technical and regulatory problems in the field. Responsibilities may extend to the development and implementation of programs in highly specialized technical areas. Work is performed under general supervision of the Chief-Environmental Health Division in accordance with applicable laws, ordinances and departmental regulations. This position is responsible for maintaining required continuing education units (CEUs) for certifications.

### **ESSENTIAL FUNCTIONS**

*(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. Work that is similar, related or logically associated with the Position may also be assigned.)*

- Enforcement of the Connecticut Public Health Code, Connecticut General Statutes and the City of Milford Code of Ordinances.
- Makes sanitary inspections of the full range of retail food service establishments licensed by the Department including but not limited to, restaurants, temporary food service establishments, grocery stores, caterers, delicatessens, itinerant food vendors, motels and hotels; enforces ordinances, rules and regulations governing sanitary conditions of such establishments.
- Makes sanitary inspections of public and private schools, cosmetology and massage establishments, motels and hotels, hospital(s), long term care facilities, youth camps, public swimming pools and natural bathing areas, child day care centers and group day care homes, mobile home and trailer parks, public rest rooms; prepares reports of inspections made; confers with managers of establishments regarding deficiencies and the measures necessary to correct them; and performs follow-up inspections to assure that unsatisfactory health conditions have been remedied.
- Implements and enforces housing code, anti-blight ordinance, mosquito control program, air and water pollution programs, rodent control program, and other environmental health-related programs.
- Provides education regarding housing related services available and environmental hazards and sanitation procedures to the general public. Instructs food handlers in sanitary practices.
- Investigates routine and complex complaints of food-borne illness.
- Investigates routine and complex complaints received regarding sub-standard housing, blight, unsanitary environmental conditions; takes necessary steps to secure compliance with applicable laws.
- Collects environmental samples including but not limited to water, dust, food, and surfaces, relevant to investigations as needed. Coordinates with State Public Health Laboratory regarding analysis of such samples and receipt of results.
- Plans and organizes work according to determined priorities and established procedures.

- Inspects and advises on matters relative to private sewage disposal systems and private water supply systems. Conducts soil surveys and percolation tests. Reviews plans for proposed systems and inspects installations. Responsible for the development and implementation of programs in highly specialized technical areas including the comprehensive review and approval of food service facility design plans and specifications as well as the review and approval of land use proposals in unsewered areas (i.e., site plans, septic system design plans and subdivision proposals).
- Participates in public health emergency preparedness training, drills and exercises as assigned, with the understanding that the assigned role in a drill or actual emergency may differ from typical day-to-day responsibilities.
- Participates in program development, implementation and evaluation as a member of the Health Department.
- Performs activities as part of the Health Department logistics team in response to actual emergencies that may occur during and after regularly scheduled work hours, weekends and holidays, at the direction of the Chief of Environmental Health and/or Director of Health.
- Evening and weekend work is required to conduct inspections at temporary events, as well as to respond to emergency situations during and after regularly scheduled work hours, weekends and holidays, at the direction of the Chief of Environmental Health and/or the Director of Health.
- Works cooperatively with other City departments, State and Federal governments and community organizations.
- Organizes and maintains files relating to inspections, violations, etc.
- Performs related duties and work as required.

**KNOWLEDGES, SKILLS AND ABILITIES**

- Extensive knowledge of the principles and practices of public health.
- Knowledge of chemistry and basic sciences as they pertain to modern environmental health practice.
- Working knowledge of Federal laws, the Connecticut Public Health Code, Connecticut General Statutes and City Ordinances, rules and regulations governing environmental health and ability to apply this knowledge in the correction of specific unsanitary conditions and problems.
- Ability to understand and interpret the law, code and ordinances.
- Ability to adapt or modify work methods and standards to meet variations in controlling conditions to achieve assigned objectives.
- Ability to present ideas and provide information in an easily understood manner.
- Ability to use proper judgment and deal tactfully with the public and municipal officials.
- Ability to relate well with all segments of the public and work within a government structure.
- Ability to produce accurate work in a timely fashion.
- Strong communication, time management and organizational skills.
- Ability to work independently in the field, while serving as a team player among staff.
- Ability to keep records, research topics, and prepare clear and concise reports, letters and written analyses of regulations and guidance documents.
- Ability to prepare legal notices for abatement of violations in accordance with prescribed forms.

- Computer skills, including Microsoft Word, PowerPoint, Excel and Microsoft Outlook. Ability to learn database software systems and other computer programs being used within the City.
- Ability to maintain Milford Health Department (MHD) record confidentiality according to HIPAA regulations.

**MINIMUM QUALIFICATIONS REQUIRED**

- Graduation from and accredited college or university with a bachelor's degree in Environmental Health, Public Health or any of the natural or physical sciences. A master's degree in Environmental Health or Public Health is desirable; and
- Minimum of two (2) years of experience as a sanitarian and/or local environmental health practitioner; and
- Possession of Registered Sanitarian Certification by the State of Connecticut and/or the National Environmental Health Association; and
- Certification by the State of Connecticut as a Lead inspector/Risk assessor; and
- Certification by the State of Connecticut in Food Service Inspection, On-site Subsurface Sewage Disposal Systems, Phase I & II, or eligible to become registered and certified within 1 year of date of hire; and
- Certification/training in the FEMA incident command system and national incident management system preferred; and
- Possession on a valid State of Connecticut motor vehicle driver's license.

**JOB ENVIRONMENT**

Environmental conditions will fluctuate as this position has activities that occur inside and outside. Work is performed out in the field, as well as in a professional office environment. Routinely uses standard office equipment such as computer, phones, photocopiers, scanners, filing cabinets and fax machines. There is potential for exposure to hazards which would require the use of personal protective equipment. Individual may be exposed to extreme weather conditions such as heat (above 100 degrees) and cold (below 32 degrees). Individual will occasionally be exposed to chemical and safety hazards as well as stressful situations during inspections. Individual is exposed to atmospheric conditions such as fumes, odors, dust, etc.

**PHYSICAL REQUIREMENTS**

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Visual acuity and hand-eye coordination is necessary to operate computers, motor vehicle and various types of equipment. Specific vision abilities required by this job include close vision, prolonged visual concentration and the ability to adjust focus such as to analyze data. While performing the duties of this job, the employee is frequently required to sit, stand, walk, talk, and hear; use of hands and fingers to handle, feel, or operate objects, tools or controls and reach with arms. Occasionally required to climb, balance, bend, stoop, crouch, crawl or kneel. Occasionally must push, pull, lift and/or move up to 50 pounds.



## CITY OF MILFORD, CONNECTICUT

- Founded 1639 -

70 West River Street, Milford, CT 06460

(203) 783-3239

[HRrecruit@milfordct.gov](mailto:HRrecruit@milfordct.gov)

**Human Resources  
Department**

# **APPLICATION FOR EMPLOYMENT & EXAMINATION**

## **INSTRUCTIONS FOR COMPLETION:**

**THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS.**

**Every section must be completed in full** even if resume or other supporting documents are attached. You should not direct this Office to refer to a resume for information that is being asked on the application form. **You must answer all questions completely and accurately in order for your application to be given the proper consideration.**

## **INCOMPLETE APPLICATION WILL BE REJECTED.**

- **LATE APPLICATIONS WILL NOT BE ACCEPTED.** Applications must be received in the Human Resources Department by the application deadline as stated on the job announcement. You must complete an application form in ink or typed print. You can complete an application form online at the City's website and print the application. You must sign your application in ink or with digital signature. Application closing dates are noted on each job announcement.
- **ALL APPLICANTS SHOULD READ THE JOB ANNOUNCEMENT OF THE JOB FOR WHICH YOU ARE APPLYING.** Specific job requirements will be noted under the section titled "Minimum Qualification Requirements."
- **EACH SECTION IN THE APPLICATION FORM MUST BE COMPLETED.** You can use additional sheets of papers to attach to your application if you need more space to provide complete information, especially as it pertains to your employment history. Applications submitted without completing each section will be rejected.
- **LICENSES AND CERTIFICATIONS** required for the position you are applying for must be listed and you must provide a copy of any and all licenses and certifications required, as stated on the job announcement. Applications submitted without providing a copy of the required licenses/certifications will be rejected.
- **YOU MUST ATTACH A CLEAR COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION FORM** if the job for which you are applying requires a driver's license. Applications submitted without providing a copy of your driver license will be rejected.
- **YOU MUST COMPLETE EACH SECTION OF EMPLOYMENT HISTORY.** You must complete "Describe Work Performed" completely. Do not write "see resume" in lieu of completing this information on the application form. Applications submitted without completing each line of this section will be rejected.
- **COMPLETING THE INVITATION TO SELF-IDENTIFY IS VOLUNTARY.** This information is needed to meet Federal and State reporting requirements and is also used to evaluate the effectiveness of our recruiting and testing procedures. This sheet is not seen by anyone making the hiring decision. Applications will not be rejected if you choose not to complete this voluntary information section.

CITY OF MILFORD - AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The City of Milford is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities and persons with disabilities.



# EMPLOYMENT APPLICATION

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

An Equal Opportunity Employer

DO NOT WRITE IN THIS SPACE

☐ Q Rev. by: \_\_\_\_\_

☐ NQ

Reason: \_\_\_\_\_

\_\_\_\_\_  
Position applying for

\_\_\_\_\_  
Date

**PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.**

Entire application must be completed in order for application to be considered.

## PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Name M.I. 000-\_\_\_\_\_  
Last 6 digits of Soc. Sec. No.

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Home Telephone Mobile Email

Are you legally eligible for employment in the U.S.? Yes No Are you 18 years of age or older? Yes No  
(If hired, you will be required to provide proof of eligibility)

Do you claim 5 points preference based on active duty in the US Armed Forces? Attach copy of DD214 Yes No

Do you claim 10 points veteran's disability preference? Attach copy of DD214 & other supporting documentation Yes No

List any relatives currently employed with the City: Name(s) \_\_\_\_\_ Job Title/Dept. \_\_\_\_\_

Have you read the job description explaining the essential duties of the position for which you are applying? Yes No

Are you able to perform the essential functions of the position for which you are applying? Yes No Date available to start \_\_\_\_\_

## EDUCATION

High School(s) attended	City/State	Did you graduate?		
		Yes No		
		Yes No		
College/Institution attended	City/State	Dates attended	Degree/Certification	Major

## EMPLOYMENT HISTORY

Have you previously worked for the City of Milford? Yes No If yes, position/department \_\_\_\_\_

If yes, dates of employment \_\_\_\_\_ Have you ever been discharged or asked to resign? Yes No

If yes, please explain \_\_\_\_\_

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

**EMPLOYMENT HISTORY CONTINUED**

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

Employer	Address	Phone
Dates of Employment	Job title	Hours per week
Supervisor's name/title		Reason for leaving
Number of employees supervised (i/a)	Describe work performed below <u>DO NOT WRITE "SEE RESUME"</u> :	

\*\*\*ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED\*\*\*

### SPECIAL SKILLS/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/TRAINING

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those previously mentioned and any other special abilities or knowledge. Provide name and location where training was given, dates attended, subject of training, total number of training hours, and other details. Please also include any professional trade, business or civic activities and other offices held: (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

### LICENSES, CERTIFICATIONS, REGISTRATIONS

If the position for which you are applying requires you to operate a vehicle, you must possess a valid driver's license and any special endorsements must be current and valid. NOTE: If applicable, if you are offered employment by the City of Milford, and if your driver's license is from another state, you will be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license?    Yes    No    State \_\_\_\_\_ License # \_\_\_\_\_ Classification \_\_\_\_\_

Expiration Date \_\_\_\_\_ Endorsements \_\_\_\_\_

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

### PROFESSIONAL REFERENCES

List three professional colleagues who are not your relatives or employees of The City of Milford we may contact.

Name	Phone	Relationship

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

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

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

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

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

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

#### PRE-EMPLOYMENT STATEMENT

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

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

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

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

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

I affirm and certify that I have read all of the information above and that all answers to the questions herein are complete, true and accurate to the best of my knowledge. I understand that any misrepresentation, falsification or omission of any facts may render this application void and will be cause for disqualification, whenever discovered.

SIGNATURE APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



# INVITATION TO SELF-IDENTIFY

City of Milford

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

## SECTION 1: CANDIDATE INFORMATION

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

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

## SECTION 2: GENERAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number 000 \_\_\_\_\_ (Last six digits ONLY)

## SECTION 3: STATISTICAL INFORMATION

### PLEASE ANSWER THE FOLLOWING QUESTION:

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

#### Race/Ethnic Identification

- ☐ American Indian or Alaska Native (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"/> City Employee
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> City Website	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> State of CT job site	<input type="checkbox"/> Other (please specify):



CITY OF MILFORD

SANITARIAN  
HEALTH DEPARTMENT

APPLICATION SUPPLEMENT #22-08

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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 Sanitarian. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet and a completed **Application for Employment** must be filed with the Human Resources Department by the last filing date noted in the job announcement. Information submitted after the last filing date will not be considered.

I. EDUCATION:

Do you possess a degree from an accredited college/university in environmental health, public health, or any of the natural or physical sciences?

Bachelor's Degree      Yes      \_\_\_\_\_      Major      \_\_\_\_\_      No      \_\_\_\_\_

Master's Degree      Yes      \_\_\_\_\_      Major      \_\_\_\_\_      No      \_\_\_\_\_

II. EXPERIENCE:

Do you have at least two (2) years experience as a sanitarian and/or local environmental health practitioner?

Yes      \_\_\_\_\_      Number of years experience      \_\_\_\_\_      No      \_\_\_\_\_

III. CERTIFICATION/LICENSURE:

Do you possess the following licenses and/or certifications? (Please check all that apply.)

- ☐ Registered Sanitarian Certification by the State of Connecticut and/or the National Environmental Health Association      Must attach copy.
- ☐ Certification by the State of Connecticut in Food Service Inspection      Must attach copy.
- ☐ Certification by the State of Connecticut in On-site Subsurface Sewage Disposal Systems, Phase I      Must attach copy.
- ☐ Certification by the State of Connecticut in On-site Subsurface Sewage Disposal Systems, Phase II      Must attach copy.
- ☐ Certification by the State of Connecticut as a Lead Inspector/Risk Assessor      Must attach copy.
- ☐ Certification/training in the FEMA Incident Command System      Must attach copy.
- ☐ Certification/training in the FEMA National Incident Management System      Must attach copy.
- ☐ Valid State of Connecticut Motor Vehicle Driver's License      Must attach copy.

## II. EXPERIENCE

#22-08

Please follow column headings completely. Use whatever terms would be most indicative of the level and scope of your responsibilities. You may use additional pages, if necessary.

Describe in detail your professional experience as a sanitarian and/or local environmental health practitioner.

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

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

List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to work as a sanitarian and/or local environmental health practitioner.

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