

### CITY OF MILFORD

#### OPEN COMPETITIVE EXAM

### STENOGRAPHER POLICE DEPARTMENT- SPECIAL INVESTIGATIONS UNIT

POSTING DATE: April 12, 2019 CLOSING DATE: April 26, 2019

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

<u>IOB LISTING:</u> Non-Represented Employee

<u>SALARY RANGE</u>: \$49,502.44-\$56,673.24/Per annum

HOURS: 08:00am-4:00pm or 9:00am-5:00pm

<u>BENEFITS:</u> The City of Milford offers a <u>generous benefits package</u> 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.

FILING REQUIREMENTS: The Milford Police Department is in search of a detail oriented professional to work in the Special Investigations Unit. Prospective employees must submit a completed Employment Application, cover letter that is no longer than one (1) page and a resume that is no longer than two (2) pages on or before April 26, 2019, to the Milford Police Department-Records Division, 430 Boston Post Road., Milford, CT 06460. For forms and detailed application instructions, go to www.ci.milford.ct.us/hr/pages/jobs then select Special Investigations Unit -Stenographer. A resume only will not be accepted. An incomplete or illegible application will be rejected.

#### RESPONSIBILITIES/QUALIFICATIONS, SKILLS AND ABILITIES INCLUDE:

- Customer Service Oriented: ability to establish and maintain excellent work relationships with other employees, the general public, and other public and private organizations.
- Excellent Organizational Skills.
- Working knowledge of Records Management Systems and Data Entry.
- Ability to legally navigate public Freedom of Information Requests.
- Ability to navigate sophisticated payroll software and data entry-Experience with MUNIS, Telestaff a plus.
- Ability to comply with State of CT Records Retention laws and requirements.
- Ability to maintain complex records/filing system and prepare reports from such records.
- Ability to type and transcribe at a reasonable speed and operate standard office machines.
- Must be able to pass background investigation and deal with matters of a confidential nature.
- Working knowledge of Microsoft office suite to include, Excel, Word, Outlook, Access plus Adobe.
- Knowledge of Juvenile Criminal Justice Laws and Requirements beneficial but not required.
- Knowledge of and ability to make decisions in accordance with laws, ordinances, and regulations beneficial but not required.
- Ability to perform other administrative duties, as required, to assist in the efficient operation of the Milford Police Department.

SCOPE OF EXAMINATION: There will be performance examinations, that will test for the ability to utilize your skills in various automated office software and applications required to perform the essential duties of the position. Qualified applicants who receive a passing score of 70% or better on the performance examination may be invited to participate in an oral exam. Selection will be made from top five (5) candidates.

Job Listing: Non-Represented Employee

Stenographer/Special Investigations Unit

Salary: \$49,502.44-\$56,673.24 Hours: 08:00-16:00/09:00-17:00

<u>Benefits:</u> 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.

### **Requirements:**

The Milford Police Department is in search of a detail oriented professional to work in the Special Investigations Unit. Prospective employees must submit a cover letter that is no longer than (1) page and a resume' that is no longer than (2) pages.

### Cover Letter and Resume' can be dropped off or mailed to:

Milford Police Department-Records Division 430 Boston Post Road Milford, CT 06460

### Responsibilities/Qualifications, Skills and Abilities Include:

- 1. Customer Service Oriented: ability to establish and maintain excellent work relationships with other employees, the general public, and other public and private organizations
- 2. Excellent Organizational Skills
- 3. Knowledge of Records Management Systems and Data Entry
- 4. Ability to legally navigate public Freedom of Information Requests
- 5. Ability to navigate sophisticated Payroll Software and data entry
- 6. Ability to comply with State of CT Records Retention laws and requirements
- 7. Ability to maintain complex records/filing system and prepare reports from such records
- 8. Ability to type and transcribe at a reasonable speed and operate standard office machines
- 9. Must pass background investigation and deal with matters of a confidential nature
- 10. Working knowledge of Excel, Microsoft Word, Adobe
- 11. Knowledge of Juvenile Criminal Justice Laws and Requirements beneficial but not required
- 12. Knowledge and bility to make decisions in accordance with laws, ordinances and regulations beneficial but not required.
- 13. Ability to perform other administrative duties, as required, to assist in the efficient operation of the Milford Police Department

# MF CHILD

### 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.

<u>Every section must be completed in full</u>, 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 <u>all</u> 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 <u>received</u> 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. <u>You must sign your application in ink or with digital signature.</u> 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. <a href="#Applications submitted">Applications submitted</a> 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 <u>DRIVER'S LICENSE</u> 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.

## MF 1639

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

An Equal Opportunity Employer

### APPLICATION FOR EMPLOYMENT

Docition applying for	
Position applying for	
(use title on job announcement)	
(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.

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Present Address:	o. and Street	City	State	Zin Codo	How long at th		oro/Months
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Home Telephone	Ce	llular		Email			
In case of emergency, r	notify:						
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Are you legally eligible t	for employment in the USA	? Yes	No If hired, y	ou will be requ	iired to submit proof	of eligibility to work i	n the USA.
Are you 18 years of age	e or older? Yes	No 🗌					
Have you previously an	plied for employment with t	he City of Milfo	ord? If ves when and	for which no	nsition(s)?	Yes 🗌	No 🗍
	plied for employment with t	•	•	•			
Have you previously be	en employed by the City of	Milford? Y	res □ No □	If yes, com	plete the following	information:	
Job Title/Department				_	1	_	
List any relatives or mer Name(s)	mbers of your household when	THE.	,		Donortmont		
					Department	-	
Do you claim 5 points p	reference based on active of	duty in the U.S.	Armed Forces? Y	es N	lo Attac	ch copy of DD214.	
Do you claim 10 points	veteran's disability preferen	ce? Yes	s No	Attach copy	y of DD214 & other sup	pporting documentation.	
			NEDAL NEODMA	TION			
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What date are you availa							
Do you have any commit If yes, specify commitme	tments to another employer nt(s):	that might affe	ect your employment	with the City	of Milford?	Yes	No
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Is there anything that v	vould prevent you from p	erforming the	essential function	s of the posi	tion for which yo	u have applied?	
Yes No	. , ,	Ü		•	,		

PERSONAL INFORMATION								
High school attended:								
Name of School(s)	City/State	Did you graduate?						
		Yes No						
		Yes No No						
Colleges/Universities attended	d:							
Name of Educational Institution	City/State	Did you graduate?	Dates at	tended			lipoloma, GED r of credits con	
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CONSECUTIVELY. Applicants may								rv
Resumes may be required for certa					o additio.	a. pagoo		
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Have you ever been discharged or	asked to resign?	s No						
If yes, please explain:								
Employer			FR	OM.	Т	<u> </u>	ΤΟΤΛ	L TIME
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Your job title							<u> </u>	
Supervisor's Name Title:			Hours per week #					
Reason for leaving position				•				
Describe Work Performed:								
Number of Employees Supervised (	if applicable)							
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Employer			FR		T			L TIME
Address			Month	Year	Month	Year	YEARS	MONTHS
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Your job title Supervisor's Name	Titlo		Hours n	er week	#			
Reason for leaving position	nue:		i ilouis p	CI WCCK	_#			
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Address			Month	Year	Month	Year	YEARS	MONTHS
Telephone Number								
Supervisor's Name Title: Hours per week _#								
Reason for leaving position								
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Number of Employees Supervised (	ıı applicable)							

EMPLOYMENT HISTORY (conti	nuod)					
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Your job title						1
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Reason for leaving position						
Describe Work Performed:						
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Number of Employees Supervised (if applicable)						
Employer	FR	OM	Т	0	TOTA	L TIME
Address	Month	Year	Month	Year	YEARS	MONTHS
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Supervisor's Name Title:	Hours p	er week	#			
Reason for leaving position						
Describe Work Performed:						
Number of Employees Supervised (if applicable)						
***ONLY COMPLETE THE CECTIONS DELOW IS THEY ARE DELEVAN	T TO TU	- DOCITI	ON VOIL		DDI 1ED*	**
***ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVAN  SPECIAL SKILLS/TRAINING		PUSIII	ON YOU	HAVE A	PPLIED	
	G					
Typing speed: words per minute Business machines (other than computers) you are able to operate:						
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 o	driven, nur	mber of mo	onths/year	s of snow	plowing
experience and type of area(s) plowed (roads, driveways, parking lots):						

	OTHER TRAINING, SKILLS, AND/OR	LICENSES		
you are applying, such as machines	training, apprenticeship, certifications, licenses, skills, you are able to operate, languages you speak and re special abilities or knowledge. Give name and location	s, special skills and qualifica ead or write well, computer	skills besides those me	nentioned
<u> </u>				
List professional, trade, business or national origin, age, ancestry, disabl	civic activities and offices held: (You may exclude me ility or other protected status.)	embership which would rev	eal gender, race, religi	on,
<ul><li>(1) You must possess a val</li><li>(2) Any special endorsement</li><li>(3) If you are offered employment</li><li>a condition of employment</li></ul>	nts must be current and valid; byment by the City of Milford, and if your driver's l ent to obtain a valid Connecticut Driver's License	ilicense is from another s		quired as
Do you have a valid driver's licen Expiration Date		License #		
	D, UPON NOTIFICATION, TO SUBMIT A COPY ( y Connecticut Department of Motor Vehicles offic			ing
List three professional or busines relationship (i.e., co-worker, super	PROFESSIONAL REFERENC ss references who are not your relatives or emplo ervisor, associate, customer).		rd. State the nature of	
Name	Address	Phone	Relationship	Years Known
	1			
			' <u></u>	<u> </u>

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

Position applying for

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.

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 I	INFORMATION			
Name		Date		
Social Security Number	000	(Last six digits ONLY)		
SECTION 3: STATISTICA	AL INFORMAT	N		
		LEASE ANSWER THE FOLLOWING QUESTION:		
What is your race/ethnic	ity? (Please ma	k the ONE BOX that describes the race/ethnicity category with which you primarily identify.)		
American Indian or Alaska Native Asian  Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or more races  Gender Male	(Not Hispani who maintains trib (Not Hispani including, for exar (Not Hispani All persons of (Not Hispani (Not of Hispani A person wh	Identification or Latino) All persons having origins in any of the original peoples of North and South America (including Central America), and affiliation or community attachment. or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent e, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam. or Latino) All persons having origins in any of the black racial groups of Africa. Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race. or Latino) All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands. c or Latino origin.) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. originarily identifies with two or more of the above race/ethnicity categories.		
SECTION 4: NON-PART	ICIPATION	Please check box if applicable		
I have read the above staten	nent and have ch			
SECTION 5: RECRUITING INFORMATION  How did you hear about this job? (Please check one.)				
Milford Mirror	Job? (Please che	Human Resources or Department Bulletin Board		
Other newspaper (give n	ame).	Community Agency (give name):		
City Website	unioj.	Professional Journal (give name):		
☐ Internet (list site):		Other (please specify):		
City Employee		Li Other (piedse specify).		