

CITY OF MILFORD

TRANSFER/PROMOTIONAL EXAM NO. 23-42

TRUCK DRIVER / LABORER

SOLID WASTE DIVISION

POSTING DATE: May 26, 2023 CLOSING DATE: June 2, 2023

NOTICE TO ALL APPLICANTS: This opening is available to all City employees part of the UPSEU Unit 96 Union Only.

NOTE: Candidates with proof of pending CDL can apply.

*SALARY RANGES: The position is a Grade T-028 and provides for an hourly salary as follows:

Minimum	\$24.61
Step 1	25.08
Step 2	
Step 3	
Step 4	
Step 5	
Maximum	

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

SUMMARY OF POSITION: This is semi-skilled manual work of a routine nature involving the operation of truck. Based on the assigned division work will involve the care and maintenance of lawns, shrubs, fields, beaches, playgrounds, sports facilities, City property, recreational areas, and any other property owned or maintained by the City, etc. OR the collection of refuse, recyclables, and trash. Employees are responsible for the safe and efficient operation of these vehicles. Work is performed under the immediate direction of an employee of a higher classification, but many types of work assigned may be routine and repetitive in nature and can be carried on with only general supervision. Assignments are usually in the form of following established procedures.

MINIMUM QUALIFICATIONS: Two (2) years of experience in performing manual work in groundskeeping, landscaping, building construction or maintenance, or road maintenance and repair. Ability to operate and maintain light trucks and commercial motor vehicles with a GVWR of 26,001 pounds or more as well as motorized equipment. Physical strength and agility to do laboring tasks despite adverse conditions. 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 Commercial Driver's License (CDL), Class A or B, without restriction(s).

SCOPE OF EXAMINATION: Applicants who meet the requirements as stated above and indicate same on the Application Supplement #23-42 will be scored and ranked by seniority.

FILING REQUIREMENTS: A completed <u>Transfer form or a Promotional Application</u>, <u>Application Supplement</u> #23-42, <u>and Resume</u> must be submitted on or before <u>June 2, 2023</u>, to the Human Resources Department, Parsons Government Complex, 70 W. River St., Milford, CT or <u>HRrecruit@milfordct.gov</u>. For forms and detailed pplication instructions, go to www.ci.milford.ct.us/hr/pages/jobs then select Truck Driver/Laborer. A resume will not be accepted in lieu of a completed job application/supplement; incomplete or illegible applications will be rejected.

DRIVER/LABORER - SOLID WASTE

DEFINITION

This is semi-skilled manual work of a routine nature involving both the operation of Sanitation and Trash trucks and the collection of refuse, recyclables and trash. Employees in this class are responsible for the safe and efficient operation of these vehicles. Work is performed under the immediate direction of an employee of a higher classification, but many types of work assigned may be routine and repetitive in nature and can be carried on with only general supervision. Assignments are usually in the form of following established procedures.

ILLUSTRATIVE DUTIES

May drive refuse collection truck along a fixed collection route. Picks up refuse and garbage cans as well as recycling containers and dumps containers into truck. Returns cans.

Picks up trash, including household items such as stoves, refrigerators, sinks, etc.

May drive trash truck and recycling vehicle along specific route.

Performs truck driver and/or laborers duties in emergency situations such as storms and may be required to sand/plow roads and/or sidewalks.

When driving, acts as lead worker of collection crew.

Maintains cleanliness of cab.

Performs related work as required.

KNOWLEDGES, SKILLS AND ABILITIES

Knowledge of the principles of operation and servicing of trucks and related light automotive equipment.

Knowledge of the traffic laws, ordinances and regulations involved in automotive equipment operation.

Knowledge of the occupational hazards involved and the safety precautions necessary in the operation of trucks.

Ability to understand and follow simple oral and written directions.

Ability to get along well with fellow employees.

Ability to learn the geography of the City and assigned routes.

Physical strength and agility sufficient to do strenuous laboring tasks under varying weather conditions.

Knowledge of and compliance with safety practices.

QUALIFICATIONS

Experience as a truck driver.

Experience in performing manual work.

Ability to read and write.

Possession of Connecticut CDL A or B driver's license at time of appointment.

Civil Service Commission City of Milford, CT 5/15/91 Revised 07/10/09

MF 1655

CITY OF MILFORD, CONNECTICUT

- Founded 1639 -70 West River Street, Milford, CT 06460 (203) 783-3239 Human Resources Department

HRrecruit@milfordct.gov

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 <u>all</u> 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 <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 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. <u>Applications</u> 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. <u>Applications submitted without completing each line of this section will be rejected.</u>
- 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.

Human Resources Department City of Milford

PROMOTIONAL EMPLOYMENT APPLICATION

70 West River Street Milford, CT 06460 (203) 783-3239

Position applying for Date

PLEASE TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK.

n Equal Opportunity Employer	Entire applicatio	n must be complet	ea iii oi	der for application	JII (O I	be considered	J.
		PERSONAL	INFO	RMATION			
							000-
ast Name	First Na	ame		M.I.			Last 6 digits of Soc. Sec. No.
Home Address		City			St	ate	Zip
ome Telephone	Mob	,		Email_			'
ave you read the job description	explaining the essen	tial duties of the po	osition	for which you ar	е арр	lying? Ye	es No
re you able to perform the esser	ntial functions of the p	osition for which y	ou are	applying? Ye	es	No Date	e available to start
		EDU	CATIO	N			
High School(s) attended		City/State				Did you gradı	uate?
· ·						Yes	No
						Yes	No
College/Institution attended	City/State	Did you grad	duate?	Degree/Certific	cation	/Credits	Major
		Yes	No				
		Yes	No				
		Yes	No				
				,			1
		VETERANIO /)ENIIO	DITY DOINTO			
		VETERAN'S / S	SENIO	RITY POINTS			
o you claim 5 points preference l	based on active duty in	the US Armed Fo	rces?A	ttach copy of DD2	214	Yes	No
o you claim 10 points veteran's c	lisability preference?A	ttach copy of DD214	4 & othe	r supporting docu	ımenta	ation Ye	es No
eniority points are given for serv	ice to Citv employees	as follows: Two	o (2) po	oints for five (5)	full ve	ars of service	$_{2}$, $_{2}$ point for each additional full
eniority points are only added to				` ,			. ,
ate of Hire:		Senior	ity Poin	te·			
ale of Fille.			ty r'Oill	ιο			

EMPLOYMENT HISTORY

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)	escribe wo	ork performed below: <u>DO NOT WRITE "SEE RESU</u>	JME"	
Employer	Address		Phone	
Dates of Employment	Job title		Hours per week	
Supervisor's name/title		Reason for leaving		
Number of employees supervised (i/a)	escribe wo	ork performed below: <u>DO NOT WRITE "SEE RES</u>	UME"	
Employer	Address		Phone	
Dates of Employment	Job title		Hours per week	
Supervisor's name/title		Reason for leaving		
Number of employees supervised (i/a)	escribe wo	ork performed below: <u>DO NOT WRITE "SEE RESI</u>	JME"	

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

	SPECIAL SKILLS	·
Snowplowing: Describe any experience you may have ha years of experience and type of area(s) plowed (roads, di	ld snowplowing. Please include the size of the riveways, parking lots, etc.)	ne plow(s) you have driven, number of months/
years or experience and type or area(e) previou (reade, an	involvayo, parking loto, oto.	
Light Equipment:		
What best describes your skill level with a payloader?	Excellent Very good	Good Fair Never Used
What best describes your skill level with a backhoe? What best describes your skill level with a small tractor?	Excellent Very good Excellent Very good	☐ Good ☐ Fair ☐ Never Used ☐ Good ☐ Fair ☐ Never Used
Heavy Equipment:		
What best describes your skill level with a grader?	Excellent Very good	Good Fair Never Used
What best describes your skill level with a Cat 225 excar What best describes your skill level with a bulldozer?	vator?	☐ Good ☐ Fair ☐ Never Used ☐ Good ☐ Fair ☐ Never Used
<u> </u>		
Other Training/Skills: Please list/describe any specialized the job for which you are applying, such as machines you		
mentioned in the previous page, and any other special al		
of training, total number of training hours, and other details.		
		·
		<u>.</u>
LICENS	ES, CERTIFICATIONS, REGISTRATIONS	
f the position for which you are applying requires you		
endorsements must be current and valid. NOTE: If app from another state, you will be required as a condition		
	,	
Oo you have a valid driver's license? Yes No	State License #	Classification
Expiration Date Endorsements		
INALISTS WILL BE REQUIRED, UPON NOTIFICATION		
e obtained at any Connecticut Department of Motor Vehic	ies onice. This lee is at the finalist's expense	٤.
		·
	PROFESSIONAL REFERENCES	
List three professional colleagues who are not you	ur relatives or employees of The City of Milfo	ord 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



CITY OF MILFORD TRUCK DRIVER/LABORER SOLID WASTED DIVISIONS

PUBLIC WORKS DEPARTMENT APPLICATION SUPPLEMENT #23-42

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 <u>must</u> fill out this examination booklet completely in order to take part in this examination. <u>THIS BOOKLET IS</u> **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 Truck Driver/Laborer for Solid Waste Divisions. Your score will be based only on what you include in this examination. <u>Incomplete or illegible applications/supplements</u> will be rejected.

This examination booklet and a completed Employment 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

•	` ' '	rs of experience operating trucks to perform road maintenance and rers, materials, and equipment, and/or manual labor?
No	Yes	If Yes, Number of Years Experience
Indicate the ty	ype of work experi	ence. Check (✔) all that are applicable:
grounds	skeeping – number	of years of experience:
landscap	oing – number of y	vears of experience:
building	construction – nu	amber of years of experience:
road ma	intenance or repai	r – number of years of experience:
snow ple	owing and sanding	; roads:
	ng and maintaining of years of experie	g commercial motor vehicles with a GVWR of 26,001 pounds or more – ence:
	ning physical labor ects weighing up to	that involves repetitive bending, pulling, pushing, lifting, and carrying load 60 pounds:
PART B. – LI	ICENSURE	
, I	ess a valid State of one of the control of the cont	Connecticut Commercial Driver's License (CDL), Class A or B, without orake restrictions?
Yes Type:	Class A	Class B (Must attach a copy of license.)
No		
PART C. – SE	ENIORITY	
How many co	ompleted years of s	ervice do you have with the City of Milford?
Number of ye	ears:	Date of hire:

II. EXPERIENCE #23-42

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 work experience operating trucks in the performance of building construction or maintenance or road maintenance or repair.

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

PART III. –TRAINING #23-42

List all training (seminars, special courses, advanced training, specialized training, etc.) that you have attended/completed within the past five (5) years, relevant to manual work in groundskeeping, landscaping, building construction or maintenance, or road maintenance and repair or closely related work.

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

City of Milford EMPLOYEE TRANSFER REQUEST

Any employee seeking transfer to another City department must file this form with the Human Resources Department, along with an updated resume.

This request form will expire one (1) year from the date received by the Human Resources Department.

	Date:	
Name	ļ	
(PRINT) Last	First	Middle Initial
D (D (1 T)(1		C 1 /C
Present Department Job Title		Grade/Step
Reason for Transfer Request:		
DED A DEL MENTE (O) TO MUHON ED ANGEED 10 DE	OT TEGETED	
DEPARTMENT(S) TO WHICH TRANSFER IS RE	QUESTED:	
1.		
2. 3.		
3.		
-		
	(Employee Signature)	
	(Employee Signature)	
Received:	Date:	
Human Resources Department	Request Expires: _	
Human Resources Department	Request Expires	
Human Resources Transr	nittal Information	
Data/Danautmants		
Date/Department:		