



CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 20-35

PUBLIC HEALTH NURSE (12 Months)

POSTING DATE: June 12, 2020

CLOSING DATE: July 6, 2020

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

SUMMARY OF POSITION: The Public Health Nurses work under the direction of the Health Director and under the supervision of the Nurse Administrator or other Health Department Nursing Supervisors. The duties of a Public Health Nurse are those primarily concerned with school nursing (school nursing as defined by the National Association of School Nurses).

REQUIREMENTS: RN with a Bachelor's degree, preferably in nursing or a related field (i.e., public health education), with a minimum of one year full time work experience (or equivalent) within the last three years immediately prior to the present application for employment. school nursing, public health, pediatrics, emergency department or critical care experience preferred. Current CPR/AED certification by the American Red Cross or American Heart Association. Valid State of Connecticut driver's license.

SCOPE OF EXAMINATION: Oral Board Examination will be given, weighted 100%, and will test for knowledge of skills and practice, knowledge of the functions of local public health and community social service agencies, ability to provide professional documentation in writing and ability to prepare professional reports and correspondence using computer programs, ability to effectively communicate and work cohesively with colleagues and members of the school community.

FILING REQUIREMENTS: A completed Employment Application, Application Supplement #20-35, cover letter, and resume must be submitted on or before July 6, 2020 to the Human Resources Department, Parsons Office Complex, 70 W. River St. Milford, CT or HRrecruit@milfordct.gov. For forms and detailed application instructions, go to www.ci.milford.ct.us/hr/pages/jobs then select *Public Health Nurse*. A resume will not be accepted in lieu of a completed job application/supplement; incomplete or illegible applications will be rejected.

SALARY RANGE: The position is a Grade 30 with Hourly salary limits as follows:

Minimum.....	\$31.12
Step 1.....	\$32.09
Step 2.....	\$33.07
Step 3.....	\$34.22
Step 4.....	\$35.25
Maximum.....	\$37.36

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

BENEFITS: 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.

PUBLIC HEALTH NURSE

GENERAL SUMMARY OF DUTIES

The Public Health Nurses work under the direction of the Health Director and under the supervision of the Nurse Administrator or other Health Department Nursing Supervisors. The duties of a Public Health Nurse are those primarily concerned with school nursing (school nursing as defined by the *National Association of School Nurses*).

ILLUSTRATIVE DUTIES

Systematically assesses the students' health status and the health needs of students. Plans intervention and evaluates the outcome under the scope of nursing practice.

Prepares and maintains cumulative health records for each student, following the current State of Connecticut Cumulative Health Records (CHR) Guidelines.

Participates in Kindergarten, Pre-Kindergarten and new entering student registration including reviewing the entry to school physical examination, immunizations and health history.

Assists the Health Director or his/her designee with student physical examinations.

Administers medications to students as prescribed and observes for side effects.

Trains designated staff members in administration and documentation of medication and/or treatments.

Develops, maintains and/or updates the Nursing Care Plan for students with chronic or acute health conditions. Shares the Nursing Care Plan with colleagues and school personnel to ensure that the student health needs are met during the school day.

Develops and maintains and/or updates individualized emergency plans when necessary.

Provides state mandated screening and referrals for vision, hearing and postural examinations.

Assists the Health Director with immunization programs and clinics; administers tuberculin tests; reports communicable diseases to the Health Department.

Notifies parents of illness and/or injury of student while in school.

Reports observations of child abuse and/or neglect and reports all conditions to the Department of Children and Family (DCF) per DCF requirements.

Administers first aid and evaluates all injuries for proper referral and treatment.

PUBLIC HEALTH NURSE

ILLUSTRATIVE DUTIES (cont'd)

Makes contact with parents or guardians and participates in home visits when necessary. Follows up absences related to health. Makes referrals to other agencies as indicated.

Advocates for the health rights of children and their families both within the school setting and between the school and community at large.

Counsels and makes referrals for pregnancy.

Counsels students, parents and school personnel in health problems. Provides health education programs for the prevention and control of disease.

Participates in school safety programs and in health education programs, i.e., crisis teams, student assistance teams and programs such as hygiene education, asthma education, health fairs and others.

Participates in emergency preparedness activities for school and community through participation in training, drills and exercises, including mass dispensing clinics as required by the Health Department.

Prepares reports and surveys as necessary. Completes state health department forms where necessary.

Attends staff meetings and is an active participant in PPT meetings, consults with school specialists and attends meetings and seminars concerning school health issues.

Assumes responsibility for continuing education and personal professional development through attendance at professional conferences, trainings and professional publications.

Annually participates in individual professional goal setting and self evaluation.

Participates in studies or planned research activities.

Is prepared to travel independently in the community as directed by the Director of Health,

Nursing Administrator or other Health Department Nursing Supervisor.

Performs related duties as required.

REQUIRED KNOWLEDGE, SKILLS & ABILITIES

Knowledge of current nursing skills and practice.

Knowledge of the functions of local public health and community social service agencies.

PUBLIC HEALTH NURSE

REQUIRED KNOWLEDGE, SKILLS & ABILITIES (cont'd)

Ability to provide professional documentation, in writing and electronic records. Ability to prepare professional reports as requested.

Ability to work with computer technology including Windows programs, Internet and email.

Ability to effectively communicate and work cohesively with colleagues and members of the school community.

TRAINING & EXPERIENCE REQUIRED

Registered Nurse as defined by Section 20-87a of the Connecticut General Statutes and currently licensed in the state of Connecticut.

Bachelor's degree, preferably in nursing or a related field (i.e., public health, health education).

An advanced degree and/or school nurse certification will be considered an asset.

A minimum of one year full time work experience (or equivalent) within the last three years immediately prior to the present application for employment. School nursing, public health, pediatrics, emergency department or critical care experience preferred.

Current CPR/AED certification by the American Red Cross or American Heart Association.

Current State of Connecticut driver's license required.

Civil Service Commission
City of Milford, CT
Rev. 01-18-11



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.**



APPLICATION FOR EMPLOYMENT

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

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.

An Equal Opportunity Employer

DO NOT WRITE IN THIS SPACE

- Q Rev. by: _____
- NO _____
- Educ _____
- Exp _____
- Not City EE _____
- Other _____

PERSONAL INFORMATION

Last Name _____
First Name _____
M.I. _____
Other names by which you have been known _____

000- -
Last 6 digits of Soc. Sec. No.

Present Address: _____
No. and Street City State Zip Code How long at this address? _____
Years/Months

Mailing address (if different from residence address) _____
No. and Street City State Zip Code

Home Telephone _____ Cellular _____ Email _____

In case of emergency, notify:
Name _____ Relationship _____ Telephone Number _____

Are you legally eligible for employment in the USA? Yes No *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 No

Have you previously applied for employment with the City of Milford? If yes, when and for which position(s)? Yes No
Year(s) applied _____ Position(s) applied for _____

Have you previously been employed by the City of Milford? Yes No 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 No *Attach copy of DD214.*

Do you claim 10 points veteran's disability preference? Yes No *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"/>	Dates attended	Degree, diploma, GED, certification or number of credits completed.
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT HISTORY

List below **ALL** present and past employment. **BEGIN WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS CONSECUTIVELY.** Applicants may be required to furnish satisfactory proof of employment history claimed. Use additional pages if necessary. Resumes may be required for certain positions. If applicable, include resume with **completed application.**

Have you ever been discharged or asked to resign? Yes No
 If yes, please explain: _____

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week # _____					
Supervisor's Name _____ Title: _____						
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 _____	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) _____						

*****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
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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. 20-35
PUBLIC HEALTH NURSE

NAME

SOCIAL SECURITY NUMBER

000

-

(Last six digits only)

For this examination, you will be filling out specific information about your education, training and experience. The information that you give will be used to find out how well your background qualifies you for this position. You must fill out this examination booklet completely in order to take part in this examination. **THIS BOOKLET IS AN EXAMINATION.**

On the pages that follow, you will be asked to supply factual information about your education, 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 education, training, and experience will be scored according to how closely they relate to the various job components or factors of the position of Compensation, Benefits & HRIS Specialist. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet, a completed Application for Employment, a resume and a cover letter must be filed with the Human Resources Department by the last filing date noted in the job announcement, or bear a postmark no later than the last filing date. Information submitted after the last filing date will not be considered.

I. EDUCATION:

A. Do you possess any of the following degrees? (If “Yes”, specify the major field of study for which the degree was conferred.)

1. High School Diploma	Yes	<input type="checkbox"/>		No	<input type="checkbox"/>
2. Associate’s Degree	Yes	<input type="checkbox"/>	Major	<input type="text"/>	No <input type="checkbox"/>
3. Bachelor’s Degree	Yes	<input type="checkbox"/>	Major	<input type="text"/>	No <input type="checkbox"/>
4. Master’s Degree	Yes	<input type="checkbox"/>	Major	<input type="text"/>	No <input type="checkbox"/>

B. Credits: If you do not have a college degree, but did complete college course work, list the number of credits earned. Major

C. Did you complete any post-secondary (technical or business school) education course(s) or training in Office Administration, Business Administration, Human Resources and/or Benefits Administration or a related field? If so, please specify number of courses.

Yes Number of credits earned No

II. EXPERIENCE:

A. Do you have at least three (3) years of experience working in benefits administration and other related functions?

Yes No. of Years No

Please indicate which of the specific benefits and/or human resources administration areas you have experience with:

<input type="checkbox"/> Health (medical, dental, vision) benefits for active employees	Number of Years	<input type="text"/>
<input type="checkbox"/> Health (medical, dental, vision) benefits for retired employees	Number of Years	<input type="text"/>
<input type="checkbox"/> Pension Plans	Number of Years	<input type="text"/>
<input type="checkbox"/> Life Insurance	Number of Years	<input type="text"/>
<input type="checkbox"/> Deferred Compensation	Number of Years	<input type="text"/>
<input type="checkbox"/> Employee Assistance Programs	Number of Years	<input type="text"/>
<input type="checkbox"/> Voluntary Benefits (i.e. FSA, STD, LTD, etc.)	Number of Years	<input type="text"/>
<input type="checkbox"/> Human Resources functions (i.e., classification, recruitment, wage & salary administration)	Number of Years	<input type="text"/>
<input type="checkbox"/> Compensation administration	Number of Years	<input type="text"/>
<input type="checkbox"/> HRIS data administration	Number of Years	<input type="text"/>

II. EXPERIENCE (continued):

B. 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.

1. Describe your experience and knowledge of administering group medical, life insurance benefits programs and/or pension plans. Describe the types of plans (i.e. PPO, HSA, deferred compensation, etc.)

Name of Employer: Dates & No. of Hours/Week
Performing This Job:

Supervisor's Name: Supervisor's Title:

Your Job Title & Duties:

2. Describe your experience performing complex and varied administrative duties pertaining to benefits programs (health, pensions, life, etc.) to include record keeping and accounting procedures.

Name of Employer: Dates & No. of Hours/Week
Performing This Job:

Supervisor's Name: Supervisor's Title:

Your Job Title & Duties:

II. EXPERIENCE (continued):

#20-35

3. Describe your experience preparing complex statistical reports and other ways you may have utilized Microsoft Excel, Word and Access. (Example: "I created an Excel spreadsheet to calculate pension benefits.", "I utilized the mail merge function in Word for biannual employee mailings", "I created tables and forms in Access to track employee absences.")

Name of Employer:

Dates & No. of Hours/Week
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

4. Describe an instance or two when it was necessary to exercise independent judgment and/or problem solve and how you handled the matter(s).

Name of Employer:

Dates & No. of Hours/Week
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

II. EXPERIENCE (continued):

#20-35

5. Describe your experience utilizing and managing data in a human resources information system (HRIS). List the systems you have used, i.e. MUNIS, PeopleSoft, Ceridian, ADP, etc. Describe your role in utilizing said system, for instance data entry only, update records, created reports, managed and tested data in a test environment before updating "live" system.

Name of Employer:

Dates & No. of Hours/Week
Performing This Job:

Supervisor's Name:

Supervisor's Title:

Your Job Title & Duties:

III. SPECIALIZED TRAINING

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to administrative, office work, benefits administration and/or human resources principles and practices, systems administration.

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

IV. KNOWLEDGE, SKILLS AND ABILITIES

#20-35

On the following pages are a variety of statements which are related to this position. For each of those statements, circle the letter for the level described below which best reflects your experience, education or training as it relates to that item.

- A. - I have applied this Knowledge, Skill or Ability in an actual setting while performing a job.
- B. - I have education or training related to this Knowledge, Skill or Ability, but have not applied it in an actual job.
- C. - I have little or no experience, education or training related to this Knowledge, Skill or Ability.

For each A or B answer, give evidence, in detail, in the space provided of how you acquired this Knowledge, Skill or Ability listed, through education and/or training.

- 1. Knowledge of policies and practices of modern benefits operations, record keeping and accounting procedures.

Check the Appropriate Letter

A B C

Employer/School:

Details:

- 2. Ability to utilize, various automation software, including word processing, spreadsheets and data management programs.

Check the Appropriate Letter

A B C

Employer/School:

Details:

3. Ability to organize the office environment and prioritize and schedule work.

Check the Appropriate Letter

A B C

Employer/School:

Details:

4. Ability to maintain confidentiality and establish and maintain satisfactory work relationships with other employees and the public.

Check the Appropriate Letter

A B C

Employer/School:

Details:

5. Working knowledge of benefits and investment/financial terminology.

Check the Appropriate Letter

A B C

Employer/School:

Details: