



CITY OF MILFORD

OPEN COMPETITIVE EXAM NO. 21-01

Secretary Health Department

POSTING DATE: July 24, 2020

CLOSING DATE: August 7, 2020

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

SUMMARY OF POSITION: Under the general direction of the Director or designee, this is moderately difficult and varied clerical and administrative support work involving a high degree of responsibility. Employee of this class performs a variety of complex typing and clerical duties according to clearly defined principles and is expected to exercise independent judgment based upon knowledge gained through experience in the performance of these duties.

MINIMUM QUALIFICATIONS: Graduation from high school including or supplemented by formal commercial courses and at least three (3) years of professional office administration and secretarial experience; OR any equivalent combination of formal education/training and/or work experience. General computer skills including word processing, spreadsheet and email required. Database management knowledge preferred.

SCOPE OF EXAMINATION: Qualified applicants will be given a performance examination weighted at 50% (Proofreading, Reading Comprehension, Bank Reconciliation, Basic Math, Customer Service, Vocabulary and Word Use, and Basic Excel) which will test for the ability to utilize various office automated software and applications required to perform the essential duties of the position. Top ten (10) candidates who successfully pass the performance examination will be invited to participate in an Oral Board panel interview weighted 50%. Candidates must achieve an overall passing score of at least 70% to be placed on the hiring list.

FILING REQUIREMENTS: Applicants are required to submit a fully completed Employment Application, application supplement#21-01, resume and cover letter must be submitted on or before August 7, 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 *Secretary*.

SALARY RANGE: The position is a Grade 25 with weekly salary limits as follows:

Minimum.....	\$808.38*
Step 1.....	839.84
Step 2.....	871.49
Step 3.....	902.83
Step 4.....	934.35
Maximum.....	965.81

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

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.

SECRETARY

GENERAL SUMMARY OF DUTIES

Under the general direction of the Director or designee, this is moderately difficult and varied clerical and administrative support work involving a high degree of responsibility. Employee of this class performs a variety of complex typing and clerical duties according to clearly defined principles and is expected to exercise independent judgment based upon knowledge gained through experience in the performance of these duties.

ESSENTIAL FUNCTIONS

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the Position.)

- Prepares reports, records, data and other information which might involve review, comparison and standard calculations.
- Types statistical and other material requiring considerable judgment as to form and arrangement of material.
- Sets up and maintains a variety of departmental records and related files.
- Provides assistance and/or connects members of the public who come to the office in need of departmental services with the appropriate personnel in a courteous manner.
- Answers phone calls and screens/routes calls appropriately.
- Provides information to public.
- Assists supervisors within the department with tasks as directed.
- Maintains department or division head's calendar and schedules appointments as requested.
- Prepares correspondence including, but not limited to: Letters, emails, notices, agendas, mailings, and memos as directed by department head.
- Maintains, organizes and orders supplies for supply room
- Assists in preparation of budget, annual report and other financial reports.
- Notifies appropriate parties when emergency situations arise in absence of department head and takes action as directed.
- May take and transcribe minutes at meetings.
- Collects, sorts and distributes department mail accordingly.
- Performs other duties as assigned.

KNOWLEDGES, SKILLS AND ABILITIES REQUIRED

- Considerable knowledge of modern office practices and procedures.
- Possess effective oral, written, communication and organizational skills
- Ability to prioritize, multi-task, problem-solve, make decisions and work both independently and in a team capacity
- Excellent knowledge of, and ability to utilize, various office automation software, including word processing systems, spreadsheets (i.e. Excel), and database management programs.
- Ability to maintain complex records and to prepare reports from such records.
- Ability to maintain confidentiality, and establish and maintain satisfactory work relationships with the public and other employees in a tactful and courteous manner
- Ability to write legibly and type accurately at least 35 words per minute, and compose letters and emails.
- Ability to use standard office equipment.

MINIMUM QUALIFICATIONS REQUIRED

- Graduation from high school including or supplemented by formal commercial courses; and
- At least three (3) years of professional office administration and secretarial experience; OR
- Any equivalent combination of formal education/training and/or work experience. General computer skills including word processing, spreadsheet and email required. Database management knowledge preferred.

JOB ENVIRONMENT

Administrative work is performed in an office environment and/or in the field. May be required to work on weekends and may be contacted at home at any time to respond to important situations and emergencies.

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. Spends the majority of the day standing and/or walking. Performs physical activities that require considerable use of arms and legs and moving the whole body, such as sitting, standing, walking, bending, stooping, kneeling, crouching, crawling, climbing, twisting, squatting, reaching overhead, grasping, lifting, balancing, pushing, pulling, and handling of objects; Frequently lifts up to 25 pounds; Communicates verbally and in writing Normal eyesight and depth perception, with or without correction; hears normal tones, with or without correction.

The City of Milford, CT is an equal opportunity/affirmative action employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, sex, national origin, age, disability, genetic information, gender identity of expression, or veteran status.

Civil Service Commission
City of Milford, CT
Retyped 5/91
Revised: 7/20



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

DO NOT WRITE IN THIS SPACE

Q Rev. by: _____

NO _____

Educ _____

Exp _____

Not City EE _____

Other _____

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

PERSONAL INFORMATION

_____ 000- -
 Last Name First Name M.I. Other names by which you have been known Last 6 digits of Soc. Sec. No.

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

**SECRETARY
APPLICATION SUPPLEMENT #21-01**

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 Secretary. 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 _____ No _____
- 2. Associate's Yes _____ (Major) _____ No _____
- 3. Bachelor's Yes _____ (Major) _____ No _____
- 4. Master's Yes _____ (Major) _____ No _____

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 Management or a related field? If so, please specify number of courses.

Yes _____ Number of courses _____ No _____

II. EXPERIENCE:

Number of year of professional experience in office administration and/or secretarial work?

Total No. of Years _____

TYPE OF EXPERIENCE:

(Check all that are applicable)

- _____ Preparing reports, records, data and other information which might involve review, comparison and standard calculations.
- _____ Typing statistical and other material requiring considerable judgment as to form and arrangement of material.
- _____ Setting up and maintaining a variety of departmental records and related files.
- _____ Providing assistance and/or connecting members of the public who come to the office in need of departmental services with the appropriate personnel in a courteous manner.
- _____ Answering phone calls and screenings/routing calls appropriately.
- _____ Providing information to public.
- _____ Assisting supervisors within the department with tasks as directed.
- _____ Maintaining department or division head's calendar and scheduling appointments as requested.
- _____ Preparing correspondence including, but not limited to: letters, emails, notices, agendas, mailings, and memos as directed by department head.
- _____ Maintaining, organizing and ordering supplies for department.
- _____ Assisting in preparation of budget, annual report and other financial reports.
- _____ Notifying appropriate parties when emergency situations arise in absence of department head and takes action as directed.
- _____ Taking and transcribing minutes at meetings.
- _____ Collecting, sorting and distributing department mail accordingly.