



CITY OF MILFORD
HUMAN RESOURCES DEPARTMENT
OPEN COMPETITIVE EXAMINATION

TO: All
FROM: Tania R. Barnes, Director
SUBJECT: Job Opening
DATE: March 9, 2018

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

POSITION: SUPERINTENDENT – Wastewater Division, Department of Public Works.

REQUIREMENT(S): Ten (10) years of experience in wastewater treatment plant and collection system operations including five (5) years of supervisory experience. Budgeting and financial management experience. Graduation from a four year college or university with a degree in biology, chemistry, environmental science, engineering, or a closely related field to wastewater operations, OR an equivalent combination of education and experience. Possession of State of CT Class IV Wastewater Treatment Facility Operator Certification at time of application, and possession of a valid State of Connecticut Motor Vehicle Driver's License.

Note: A Master's degree in biology, chemistry, environmental science, engineering or a closely related field may substitute for one (1) year of required experience.

SCOPE OF EXAMINATION: Oral examination weighted 50%. Qualified applicants who receive a passing score of at least 70 on the oral examination will also be ranked according to their education, training, and experience as indicated on Application Supplement #18-07 and weighted 50%. Applicants are urged to carefully complete the application form and supplement, listing all related training and/or work experience.

FILING REQUIREMENTS: Interested candidates should submit the fully completed Application for Employment*, Application Supplement #18-07, resume and cover letter to the City of Milford, Human Resources Department, 2nd Floor, 70 West River Street, Milford, Connecticut or email same to lpisacane@ci.milford.ct.us. A complete job description, application forms and Application Supplement #18-07 may be obtained by visiting www.ci.milford.ct.us. Click on *Services*, then *Jobs*, then *Wastewater Superintendent*. This position is open until filled.

SALARY RANGE: The position is a Grade 50 with weekly salary limits** as follows:

Minimum	\$1,345.60
Step 1	1,411.66
Step 2	1,477.82
Step 3	1,544.12
Step 4	1,610.10
Maximum.....	1,710.07

**Current Employees ONLY may substitute the Promotional Application for the Application for Employment. Please go to the City's Website, then click on Services, Departments, Human Resources, Employee Information, Forms, then Promotional Application.*

*** Employees of the Wastewater Division who maintain a Class IV Wastewater Treatment Facility Operator license shall receive an annual stipend of \$7,500. In addition, an employee who serves as chief operator and/or superintendent will receive an additional annual stipend in the total amount of \$5,000. For details please refer to the collective bargaining agreement for the Milford Supervisor's Association. Link: <https://www.ci.milford.ct.us/human-resources/pages/pension-contracts-0>*

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.

WASTEWATER SUPERINTENDENT

GENERAL SUMMARY OF DUTIES

Under the general direction of the Director of Public Works, plan, organize, supervise and direct the activities of the Wastewater Division. This position is responsible for the operation of the City of Milford's sanitary sewer system including approximately 260 miles of sewer mains, 45 pump stations, and 2.25 MGD and 8.0 MGD advanced treatment plants. The position is responsible for supervising approximately 31 treatment plant operators, technicians, mechanics, electricians, lab technicians, clerical staff and collection system maintenance personnel. The position is also responsible for preparing and managing the Wastewater Division operating budget, attending Sewer Commission meetings and reporting on activities of the Wastewater Division, ensuring compliance with treatment plant discharge permit requirements and for performing related work as required.

ILLUSTRATIVE DUTIES

Develops and implements plans and procedures for the operation and maintenance of treatment plants, pump stations, and gravity and force mains, including setting up and running daily routines.

Analyzes plant and laboratory reports and directs the adjustment of treatment processes to improve plant efficiency and effluent quality.

Instructs personnel in treatment plant, pump station, and sewer main operation and maintenance, including safety requirements and practices.

Prepares comprehensive reports on sewage treatment plant and collection system operations for submission to City officials and state and federal regulatory agencies, including the DMR and MOR, required by the operating permit.

Provides technical advice on matters related to treatment plant and collection system operations to City officials.

Develops all process control protocols for the treatment plants to insure that all discharge requirements are met.

Follows all requirements under the National Pollutant Discharge System (NPDES) and CFR 40 Part 503 sludge disposal regulations.

Develops and manages discharge permit for industrial and commercial discharges; reviews and approves or disapproves applications for CT DEP permits by industrial or commercial discharges.

Maintains records of treatment plant and collection system operations.

Develops and manage the division's budget and prepare fiscal reports.

Develops RFP's and bid specifications for the procurement of equipment and supplies.

Makes recommendations concerning treatment plant and collection system improvements.

Supervises treatment plant and collection system personnel.

Attends Sewer Commission meetings and other City board and commission meetings as required.

WASTEWATER SUPERINTENDENT

ILLUSTRATIVE DUTIES (cont'd.)

Ensures compliance with treatment plant discharge permit requirements.

Assures that work area is safe from occupational hazards.

Performs related work as required.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

Thorough knowledge of the machinery, equipment, materials, processes, and operating practices of advanced sewage treatment plants and pump stations.

Thorough knowledge of physical, biological, and chemical processes involved in advanced sewage treatment and ability to conduct related laboratory analyses.

Good knowledge of the regulatory aspects associated with various environmental programs.

Considerable knowledge of the practices, methods, materials and tools of the mechanical and electrical trades related to the maintenance of treatment plant and collection system facilities.

Ability to plan and supervise the work of subordinates in a manner conducive to full performance and high morale.

Ability to keep records and prepare clear and concise reports concerning Wastewater Division operations.

Ability to utilize various automated software and computerized systems to include Supervisory Control and Data Acquisition (SCADA) system.

Thorough knowledge of budget preparation and fiscal controls.

Ability to interact well with the general public, staff, elected and appointed officials, consultants, Federal, State and Local boards, organizations and commissions, etc.

MINIMUM TRAINING & EXPERIENCE REQUIRED

Ten (10) years of experience in wastewater treatment plant and collection system operations including 5 years of supervisory experience. Budgeting and financial management experience. Graduation from four year college or university with a degree in biology, chemistry, environmental science, engineering, or a closely related field to wastewater operations, OR an equivalent combination of education and experience.

Possession of valid State of Connecticut motor vehicle driver's license.

Possession of State of Connecticut Class IV Wastewater Treatment Facility Operator Certification.

NOTE: A Master's degree in biology, chemistry, environmental science, engineering or a closely related field may substitute for one (1) year of required experience.

WASTEWATER SUPERINTENDENT

Civil Service Commission
City of Milford, Connecticut
Rev. 1/2008
Revised – 01/2015



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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
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: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
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: _____	Starting Salary		\$ _____		per _____	
Reason for leaving position _____	Ending Salary		\$ _____		per _____	
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

SUPERINTENDENT – WASTEWATER DIVISION
PUBLIC WORKS DEPARTMENT

APPLICATION SUPPLEMENT #18-07

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

This examination booklet and a completed Application for Employment must be 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. EDUCATION AND LICENSURE:

A. EDUCATION:

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. Trade School Diploma/Certificate | Yes_____ | No _____ | Major _____ |
| 3. Associate’s Degree | Yes_____ | No _____ | Major _____ |
| 4. Bachelor’s Degree | Yes_____ | No _____ | Major _____ |
| 5. Master’s Degree | Yes_____ | No _____ | Major _____ |

B. EDUCATION:

1. Do you possess a valid State of Connecticut Driver’s License?

____ Yes
 Type: _____ (Must attach a copy of license.)

____ No

2. Do you possess Certification as a State of Connecticut Class IV Wastewater Treatment Facility Operator?

____ Yes (Copy must be attached to application.)

____ No

II. EXPERIENCE:

#18-07

- A. Do you have at least ten (10) years of experience in wastewater treatment plant and collection system operations?

___ Yes Number of Years _____

___ No

- B. Do you have at least five (5) years of supervisory experience?

___ Yes Number of Years _____

___ No

- C. Are you able to utilize various automated software and computerized systems such as Supervisory Control and Data Acquisition (SCADA) system?

___ Yes Software or systems utilized: _____

___ No

- D. Are you able to prepare written reports and otherwise communicate effectively, both orally and in writing?

___ Yes Years of experience: _____

___ No

