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TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stacy Gravano, CTC

TOWN CLERK
CIVIL SERVICE COMMISSION

EAST HAVEN

Revised Notice of Application

The Civil Service Commission announces it is accepting applications for the position of Laborer in the Public Works Department.

SALARY: \$39,007/year
\$39,885/year 7/1/2016

This is a rolling application process that will be open indefinitely. Your application will be on file and you may be called if a position becomes available.

Duties: See attached job description.

Minimum Qualifications

Knowledge, Skill and Ability:

Ability to carry out oral instructions; physical strength and endurance preferred

Experience and Training: High School education or equivalent; some experience in heavy manual labor; any equivalent combination of education and experience. Possession of a valid driver's license from the state of Connecticut required, Class I or Class II CDL preferred.

Applications are available online at <http://www.townofeasthavenct.org/civil-service-commission/pages/job-notices-and-tests>, from the Civil Service Commission and the Office of the Mayor, 250 Main Street, East Haven CT 06512.

Applications must be returned to The Civil Service Commission, 250 Main Street, East Haven CT 06512.

Andrea M. Liquori

Andrea M. Liquori
Chief Examiner

The Town of East Haven is an Equal Opportunity Employer. Minorities, Veterans, Females and the Handicapped are encouraged to apply.

TOWN OF EAST HAVEN

JOB DESCRIPTION

DEPARTMENT OF PUBLIC WORKS

LABORER

GRADE 6

GENERAL STATEMENT OF DUTIES: A wide variety of routine manual work of ordinary difficulty and responsibility in performing both heavy and light physical labor and assisting in semi-skilled tasks.

SUPERVISION RECEIVED: Performs work under the general direction and supervision of the Director of Public Works or other designated supervisor or foreman.

SUPERVISION EXERCISED: None.

EXAMPLES OF DUTIES: Loads and unloads materials, supplies, furniture, equipment, earth and rubbish, cleans sidewalks, streets, gutters and catch basins; patches roads with asphalt, rakes or shovels asphalt when asphalt machine is in use; shovels snow and spreads sand; cuts grass, weeds and brush with hand or power motor; trims hedges; picks up and disposes of leaves, papers, branches, trash and other debris; may maintain and clean pumping station, may assist sewer operator as assigned; lines athletic fields; assists various trades such as carpenters, masons and maintenance as unskilled helper; pumps gas, cleans tools at completion of job or end of the day; helps to wash trucks and equipment; installs sanders, plow and leaf boxes; operates light and non-complex equipment in work that is readily learned on the job such as jack hammer, snow-blower, leaf sucker, chipper, tamper and the like. May operate mini-bus; does related work as required.

MINIMUM QUALIFICATIONS

KNOWLEDGE, SKILL AND ABILITY: Ability to carry out oral instructions; physical strength and endurance preferred.

EXPERIENCE AND TRAINING: High School education or equivalent; some experience in heavy manual labor; any equivalent combination of education and experience. Possession of a valid and appropriate driver's license from the State of Connecticut.

This job description is not, nor is it intended to be, a complete statement of all duties, functions and responsibilities which comprise this position.

Name: _____ Email: _____

The Town of East Haven

Application for Employment

Position: Laborer

Instructions: Read each question carefully. Answer every question. If the question does not apply to you, write "does not apply". If the space provided for answering any question is not sufficient, use a separate sheet of paper and attach it to the application.

While it is not mandatory, the Town requests that you complete the Compliance Information Sheet, as the Town is required to keep this information as an Equal Opportunity Employer.

Please attach a copy of your High School Diploma, Equivalency, or College Degree, Government DD214 (if applicable), as well as a copy of your State of Connecticut Driver's License and Social Security Card(or Birth Certificate). **Do not attach original documents.**

Town employees will not make copies for you.

Return This Application To:

**The Civil Service Office
East Haven Town Hall
250 Main Street
East Haven CT 06512**

**MINORITIES, FEMALES, HANDICAPPED, AND VETERANS ARE
ENCOURAGED TO APPLY. EAST HAVEN IS AN EQUAL OPPORTUNITY
EMPLOYER.**

Application for Employment with the Town of East Haven

Carefully read the following statement and sign where indicated.

I declare my answers to the questions on this application are true and hereby authorize the Town to inquire of and authorize any and all previous employers, public and government officials or agencies, law enforcement agencies or any other persons to release information regarding my experience, reputation, character, ability or qualifications for employment.

It is my understanding that the Town may make a thorough investigation of my entire work and personnel history and may verify all data given in my application and resume, related papers or oral interviews for employment and release from all liability all persons, companies or corporations supplying such information.

I understand and agree that any material or verbal misrepresentation or deliberate omission of a fact in my application will be sufficient cause for denial of employment or discharge.

I understand that an offer of employment may be conditioned upon the successful results of a health screen/physical examination as a condition of employment. Included in this process will be a drug test for illegal drugs. I understand that positive test results will be mailed to me at the address indicated on the front of this application. Positive test results may be cause not to hire. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Town.

I further understand that this is an application for employment and any other Town documents are not contracts of employment, and that if hired I may voluntarily leave employment with or without proper notice, with or without proper cause, and may be terminated at any time for any reason consistent with any existing labor agreement and/or Town policy in effect at the time and applicable to my position. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. No one has the authority to make statements to the contrary.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature of Applicant _____ **Date:** _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's status, or the presence of a non-job-related medical condition or disabilities. We will make "reasonable accommodations" for disabilities when they will not impose "undue hardship".

PLEASE PRINT

Date: _____

Position Applied for _____

Name _____

Last

First

Middle

Maiden Name

Address _____

Number

Street

City

State

Zip Code

Telephone() _____ Social Security # _____

EMAIL ADDRESS: _____

If employed and you are under the age of 18, can you furnish a work permit? _____

Have you filed an application with the Town before? _____ Yes _____ No

If yes, please state date _____

Have you ever been employed by the Town before? _____ Yes _____ No

If yes, please state date _____

Are you employed now? _____ Yes _____ No

May we contact your present Employer? _____ Yes _____ No

On what date would you be available to work? _____

Are you available to work _____ Full Time _____ Part-time _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Have you been convicted of violating the Law? _____ Yes _____ No

(Excluding minor traffic violations)

If yes, please explain _____

Veteran of the Military Service _____ Yes _____ No

If yes, Branch _____

Honorable Discharge _____ Yes _____ No

DD214 Attached _____ Yes _____ No

EDUCATION

	Elementary	High	College/Univ.	Graduate/ Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree

Describe Course of Study:

Describe specialized Training, Apprenticeship, skills and extra-curricular activities:

Honors

Received:

State any other additional information you feel may be helpful to us in considering your application:

Professional or Technical license held or Certifications:

License #

State License in:

Date License

Expires:

Please make as many copies of this page as you need to complete your job history or attach a resume to the application.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer: _____ Dates Employed _____ Work Performed
Address: _____ From _____ To _____

Job Title: _____ Hourly Rate/Salary _____
Starting: _____
Final: _____

Supervisor: _____ Phone#: (____) _____
Reason for
Leaving: _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experience:

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA
VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

_____ Handicapped Individual _____ Disabled Veteran
_____ Vietnam Era Veteran

Signed _____

TOWN OF EAST HAVEN
PERSONNEL DEPARTMENT
250 MAIN STREET
EAST HAVEN, CT 06512

WAIVER FORM

Name: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

Connecticut Drivers License #: _____

Expiration Date: _____

I hereby authorize the release of any arrest, conviction, fingerprint, employment, personnel, medical and psychiatric records to assist in determining my suitability for employment with the Town of East Haven. I agree that any such records requested may be released to the East Haven Personnel Department or the East Haven Police Department for the purposes of my employment application.

Signature of Applicant

Date

Print Name

COMPLIANCE INFORMATION SHEET

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. This data will be kept in a confidential file separate from the application for employment.

Position applied for: _____ Date: _____

Referral Source: New Haven Register Advertisement _____

UMOJA News _____

Inner City Newspaper Advertisement _____

WYBC Radio _____

Television Advertisement _____

NAACP _____

Job Bank _____

Church/Civic Group _____

Walk-in _____

Friend _____

Employment Agency _____

Relative _____

Town Website _____

Internet _____

Other _____

Name: _____ Phone#: _____

Address: _____

Check one: _____ Male _____ Female

Check one of the following Race/Ethnic Group: _____ White _____ Hispanic
_____ Black _____ Native American/Alaskan Native _____ Asian/Pacific Islander

Check if any one of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped

REFERENCES

PLEASE LIST THREE REFERENCES

1. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____
2. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____
3. NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS KNOWN _____