

EAST HAVEN

CIVIL SERVICE COMMISSION

Notice of Testing

The Civil Service Commission announces an open-competitive examination for the position of Secretary III/Administrative Assistant -Grade Level 13.

TIME:	To be Announced
DATE:	To be Announced
PLACE:	To be Announced
SALARY:	\$47,477 per year

Duties:

Minimum Qualifications: See attached job description. (Current Opening)

Experience and Training: Graduate from High School Diploma or GED and five (5) years of experience with secretarial and office operations or any equivalent combination of experience and training. The current opening is in the Human Services Department and experience dealing with clientele typical of that department would be preferred. Any equivalent combination of education and experience.

Examination: Written Exam: Pass Point: 70 Weight: 100%

Additional credit may be awarded after successful completion of all phases of the exam:

- Candidates who believe they are eligible for Veteran Credit must attach copy of DD214 and other documentation if a disability is documented.
- Candidates with college credits may be eligible for the Education Credit and must have an Official Transcript from their college or university sent to the Civil Service Commission, 250 Main Street, East Haven CT 06512 by 8/8/16.
- Candidates may be eligible for Foreign Language Credit by attaining a rating of "advanced-mid level" on a Foreign Language Competency Exam (see page 10 of application). Request must be received no later than 7/20/16.

Applications are available from the Civil Service Commission, 250 Main Street, East Haven, CT and must be returned no later than July 20, 2016.

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

HUMAN SERVICES ADMINISTRATION

SECRETARY III

Grade Level 13

GENERAL STATEMENT OF DUTIES: A highly responsible position; acts as Secretary to the Human Services Director; acts as receptionist for the Department of Human Services, an out-patient clinic; acts as Secretary to the Human Services Administration Commission.

SUPERVISION RECEIVED: Works under the direction of the Human Services Executive Director.

SUPERVISION EXERCISED: May oversee any assigned employee in the Office.

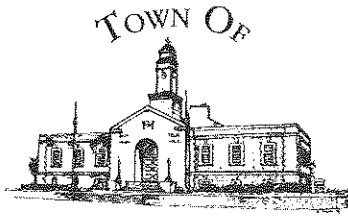
EXAMPLES OF DUTIES: Supervises, coordinates and performs clerical tasks and functions. Coordinates communication of information and referral requests to the appropriate Human Services staff person. Responsible for heavy phone contact with the general public. Provides clerical support for the preparation of Departmental budget, grant applications and reports, and necessary programmatic reports and records. Facilitates preparation and dispatch of written departmental communication, i.e., staff letters, clinical records, public relations materials, program information, etc. Implements and monitors the Department's filing and record systems which must meet Department of Health licensing requirements for an out-patient psychiatric clinic. Responsible for collection of professional fees for clinical services from clients. Formulates and prepares the clerical documents and billing for professional fees for clinical services to the Department of Income Maintenance and private insurance carriers. In charge of the Department's equipment, supplies, etc. Collects and submits timesheets for staff to Town Hall; prepares and submits payroll to Finance Department. Per request of the Director, represents the Department at appropriate meetings. Reports on a regular basis to the Director, the current level of functioning of clerical services of the Department. Must be aware of and adhere to the concept of confidentiality as required by the functions and tasks of the Human Services Administration. Performs other related duties as required.

MINIMUM QUALIFICATIONS:

KNOWLEDGE, SKILL AND ABILITY: Knowledge of office management and techniques. Accurate typing ability; knowledge of bookkeeping, filing, maintenance of supplies and knowledge of basic personnel management procedures. Must be computer-literate. Considerable ability to deal cooperatively, effectively and courteously with the clientel and other employees; proficiency in verbal and written communication as evidenced by prior education, training and work experience. Must possess a mature personality that will enable the individual to deal with both youth and adults in an understanding and compassionate manner, including individuals who have varying degrees of mental disturbance.

EXPERIENCE AND TRAINING: Graduate from High School or equivalent and five (5) years of experience in secretarial and office operations and preferred experience in dealing with clientel typical of the Human Services Department. Any equivalent combination of education and experience.

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

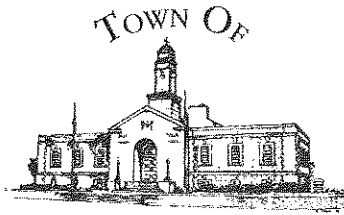


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INSTRUCTIONS FOR COMPLETING APPLICATION

1. You are applying to participate in an examination for a Civil Service position. After the exam is given and graded, the top three highest scoring candidates will be interviewed for the position. Your name will remain on the Eligibility List for this position for 2 years.
2. Please download and print the application and return it via U.S. Mail or hand-deliver to the Civil Service Commission, 250 Main Street, East Haven, CT 06512. **DO NOT EMAIL OR FAX YOUR APPLICATION, IT WILL BE REJECTED.**
3. Job History, Page 5-Please print as many copies of page 5 as you need to complete your job history. You can attach a resume to the application. **RESUMES SUBMITTED WITHOUT AN APPLICATION WILL BE REJECTED.**
4. After you have submitted your application it will be reviewed. If you meet the minimum qualifications you will be instructed where you can take the Civil Service Exam. If you **do not** meet the minimum qualifications you will be notified that you are not allowed to take the exam.
5. Applications postmarked or hand-delivered **after** the deadline will be rejected.

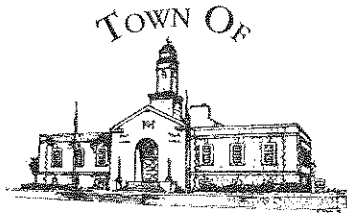


EAST HAVEN

CIVIL SERVICE COMMISSION

6. Additional credit may be awarded after successful completion of all phases of testing for the following:

- **Candidates who believe they are eligible for Veteran Credit must attach copy of DD214.**
- **Candidates with college credits may be eligible for the Education Credit and must request an Official Transcript from their college or university be sent to The Civil Service Office, 250 Main Street, East Haven CT 06512 and be received by 8/8/16 to receive credit.**
- **Candidates may be eligible for Foreign Language Proficiency Credit by attaining a rating of “Intermediate-High” on a Foreign Language Competency Exam. Candidates who believe they are fluent in a foreign language must submit the “Foreign Language Proficiency Examination Credit Request” form available with the application to The Civil Service Office, 250 Main Street, East Haven CT by 7/20/16.**



CIVIL SERVICE COMMISSION

Name: _____ Email: _____

The Town of East Haven

Application for Employment

Position: Secretary III/Administrative Assistant-Grade Level 13

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.**

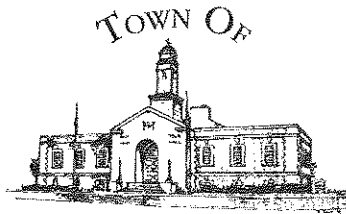
Town employees will not make copies for you.

Return This Application To:

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

Deadline: July 20, 2016

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



EAST HAVEN

CIVIL SERVICE COMMISSION

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.

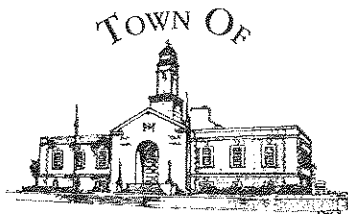
I understand and agree that any material or verbal misrepresentation or deliberate omission of a fact in my application will be sufficient cause for denial of employment or discharge.

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:** _____



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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)

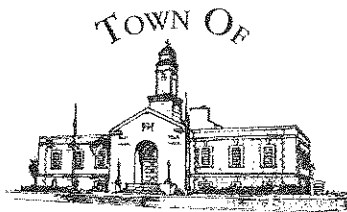
If yes, please explain _____

Veteran of the Military Service _____ Yes _____ No

If yes, Branch _____

Honorable Discharge _____ Yes _____ No

DD214 Attached _____ Yes _____ No



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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:

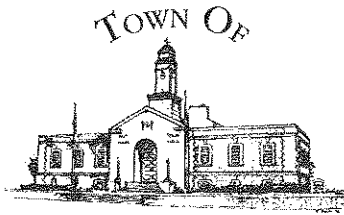
Honors Received:

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:



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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 _____

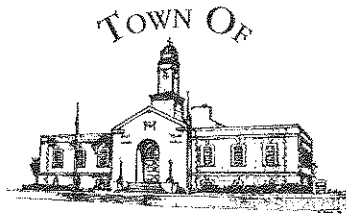
Job Title: _____ Hourly Rate/Salary
Starting: _____
Final: _____

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:



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

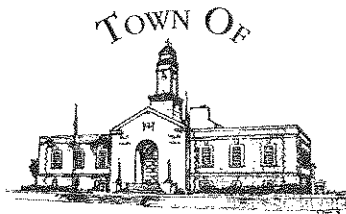
Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, Section 503 of the Rehabilitation Act of 1973, as amended, which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



EAST HAVEN

CIVIL SERVICE COMMISSION

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

WAIVER FORM

Name: _____

Current Address: _____

Date of Birth: _____

Social Security Number: _____

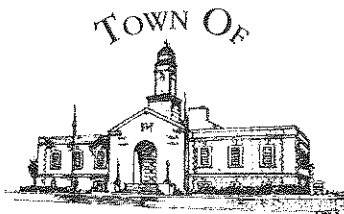
Connecticut Drivers License #: _____

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



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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#: _____

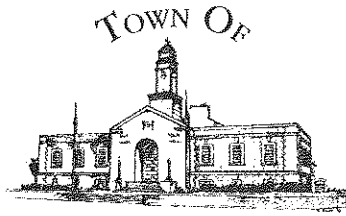
Address: _____

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



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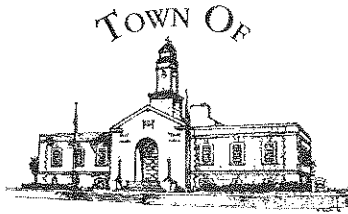
REFERENCES

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 _____



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FOREIGN LANGUAGE PROFICIENCY
EXAMINATION CREDIT REQUEST

I, by signing this form believe that I am fluent in the below listed languages and wish to qualify for extra credit by taking an exam that will measure my proficiency.

LANGUAGE #1: _____

LANGUAGE #2: _____

LANGUAGE #3: _____

LANGUAGE #4: _____

APPLICANT NAME: _____

ADDRESS: _____

SIGNATURE: _____

HOME PHONE #: _____ CELL PHONE #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SUBSCRIBED AND SWORN TO ME ON THIS _____ DAY OF _____ 201_

NOTARY: _____