CITY OF STAMFORD
innovating since 1641

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
The City of Stamford is an equal opportunity/affirmative action employer
and strongly encourages the applications of women, minorities, and persons with disabilities

PARK POLICE
Salary: $31.92 Hourly
PERMANENT PART-TIME (30 HOURS WEEKLY)

JOB SUMARY: Under the general direction of the Chief of Police is responsible for enforcing regulations, maintaining police security and public conduct in park areas, coordinates with Police Department in matters of administrative and assistance needs, duty tours shall vary seasonally as necessary to provide coverage of critical periods; does related work as required.

EXAMPLES OF DUTIES: Explains and interprets park ordinances, rules and regulations. Patrols parks and other jurisdictional facilities for the purpose of controlling crime, preventing and detecting violations of laws, and making arrests or issuing citations for major violations on foot and by vehicle. Provides crowd and traffic control coverage at special events. Responds to emergencies at park locations. Drives a City vehicle to travel to various park locations, and responds to emergency situations. Performs other similar and related duties as required.

MINIMUM QUALIFICATION REQUIREMENTS: Candidates must possess a valid Police Officer Certification from the State of Connecticut and a valid Motor Vehicle Operator's license.

PHYSICAL DEMANDS: Traverse difficult terrain, strength, and stamina to physically restrain suspects; vision to read printed materials and a computer screen; and hearing and speech to communicate in person or over the telephone.

FILING REQUIREMENTS: Interested candidates should submit an Employment Application to hrrecruting@stamfordct.gov. Applications can be obtained at www.stamfordct.gov.

PLEASE NOTE: All applications **MUST BE COMPLETELY FILLED OUT**, even if submitting a resume, including but not limited to: (1) Position applying for (2) Employment history including dates (month & year) and reasons for leaving a position **("See Attached Resume" is not acceptable) Applications with missing information will be considered incomplete and will not be processed.** Applications of candidates who do not meet the stated position requirements will not be considered.

The Human Resources Department provides reasonable accommodation to persons with disabilities in accordance with the Americans with Disabilities Act and its Amendments (ADA/ADAAA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.

Issued: 04/02/2024

EMPLOYMENT BENEFITS:
- Health Plan and Hospitalization
- Paid Vacations and Holidays
- Retirement Plan
- Group Life Insurance
- Sick Leave

VETERAN'S PREFERENCE:
Preferential Points may be given to Eligible Veterans. Check with the Department of Human Resources.

Applications are obtained from and submitted to
DEPARTMENT OF HUMAN RESOURCES
CITY OF STAMFORD
888 WASHINGTON BOULEVARD
STAMFORD, CONNECTICUT 06904
TELEPHONE (203) 977-4070
www.stamfordct.gov

General Conditions for Job Announcements and Civil Service Information can be viewed at www.stamfordct.gov

CHANGE OF ADDRESS:
It is your responsibility to notify the Department of Human Resources of any Change of Address on your application

PERSONNEL COMMISSION
Marc Teichman
Stuart Adelberg
Lynn Arnow
Elizabeth Main
Jaclyn Williams

Human Resources Division
888 Washington Boulevard
P.O. Box 10152
Stamford, CT 06904-2152
Tel. (203) 977-4070

APPLICATION FOR EXAMINATION OR EMPLOYMENT

DO NOT WRITE IN THIS SPACE
□ Q
□ NQ _____
□ Educ Reviewer
□ Exp
□ Not City EE
□ Other_____
_____
_____
_____

_____
Position applying for
Use Title on Job Announcement

_____
Exam Number

PLEASE TYPE OR PRINT CLEARLY
All blanks must be completed in order for application to be considered

Please note that the information you provide on this application/examination will be used to determine if you are qualified for further consideration in the position in which you are applying. Failure to provide adequate or detailed information necessary to determine your qualifications may result in you being disqualified for a position. There may also be a supplement to this application for the position for which you are applying. Please make sure you submit ALL required materials.

GENERAL INFORMATION

Name_____
(Last) *(First)* *(Middle)*

Address_____
(Street/apt #) *(City)* *(State)* *(Zip Code)*

Home Telephone_____ **Work Telephone**_____
(Area Code) *(Area Code)*

Cell Phone_____ **Email Address**_____
(Area Code)

Social Security Number (Last 6 digits) XXX _____ _____ _____ _____ _____ _____

Do you claim 5 points preference based on active duty in the US Armed Forces? ☐ **Yes** ☐ **No**

Do you claim 10 points preference based on veteran's disability? ☐ **Yes** ☐ **No**

Are you you related to anyone currently employed by the City of Stamford? ☐ **Yes** ☐ **No**

If yes, name, and job title or department
Name _____
Job Title or Dept. _____

Are you requesting City of Stamford Residency Points? ☐ Yes ☐ No

RECORD OF EDUCATION

TYPE OF SCHOOL	*NAME OF SCHOOL AND CITY/STATE*	*DATES ATTENDED*	*COURSE OF STUDY (Major/Minor)*	*GRADUATED (Yes/No)*	*DEGREE, DIPLOMA, G.E.D., AND CERTIFICATE OR CREDITS COMPLETED*
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					

Other Training/Certifications (special courses, work training programs, armed forces training) related to the job for which you are applying. Give name and location where training was given, dates attended, subject to training, number of hours weekly and other details.

Summarize any other Special skills or Abilities relating to the job you are applying for, such as licenses, machines you operate, languages you speak, read and write well, computer skills and any other special abilities or knowledge.

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 included with a **completed application**.

Name of Employer_____ Dates of Employment_____
From/To

Employer Address _____ #of hour per week_____

Your most recent position (Title)_____

Supervisor's Name_____ Reason for leaving_____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying).

Name of Employer_____ Dates of Employment_____
From/To

Employer Address _____ #of hour per week_____

Your most recent position (Title)_____

Supervisor's Name_____ Reason for leaving_____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying).

Name of Employer_____ Dates of Employment_____
From/To

Employer Address _____ #of hour per week_____

Your most recent position (Title)_____

Supervisor's Name_____ Reason for leaving_____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying).

Name of Employer_____ Dates of Employment_____
From/To

Employer Address _____ #of hour per week_____

Your most recent position (Title)_____

Supervisor's Name_____ Reason for leaving_____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying).

Do you have any objections to the Human Resources Division verifying your work experience and/or educational qualifications?

A. Your former employer? □**Yes** □**No**
B. Your present employer? □**Yes** □**No**

I hereby authorize the City of Stamford to verify my work experience and/or educational qualifications.

Applicant's Signature_____

COMMENTS

_____

_____

_____

ADA ACCOMMODATIONS IN TESTING: The City of Stamford provides reasonable accommodations for individuals with a disability during the application, examination, interview, and employment. If you need reasonable accommodation, check the box below and attach a written description of the accommodation sought. Medical documentation may be required.

☐ I require accommodation as outlined in the attachment.

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the box below and submit attach an Accommodation request by the Last Date to File.

☐ I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

☐ I require special accommodation to take this examination.

* Documentation may be requested to support accommodation requests*

PRE-EMPLOYMENT STATEMENT (Read Carefully)

I certify that all statements made on or in connection with this application are true, 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; withdrawal of a job offer; or discipline, up to and including termination of employment. Further, false information provided, whether willingly or accidental, may result in my 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. Should I be employed by the City, in consideration of my employment, I agree to conform to the rules and policies of the City of Stamford, 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 Stamford by an independent party, 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 Stamford 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 Stamford 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. In the event I receive a job offer, I also understand that I will be subject to a drug test and medical examination that I must pass before I commence work.

I have read, understood, and agree to the foregoing. I hereby authorize the City of Stamford to verify my work experience and/or qualifications

Applicant's Signature _____

APPLICANT DISCLOSURE FORM

CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire and promote qualified people in all job classification regardless of age, race, sex, color, religion, national origin, marital status, veteran status or disability unless they are bona-fide occupational qualifications.

The following information is needed for compliance with governmental report requirements. While completion of this section is voluntary, we strongly urge that all applicants complete this as part of the pre-employment process. Applicants so choosing, may identify on the form that have chosen not to provide the City of Stamford with the requested information by checking the appropriate box in section four. This information will not affect in any way your employment opportunities.

GENERAL INFORMATION

Your Name_____ Date_____

Social Security Number **(Last 6 digits) XXX** _____ _____ _____ _____ _____ _____

STATISTICAL INFORMATION

Race/Ethnic Identification (Please check one)

American Indian or Alaska Native ☐	. 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 ☐	All persons having origins in any of the original peoples of Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Black or African American ☐	(Not Hispanic or Latino origin). 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 ☐	All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
White ☐	(Not Hispanic or Latino origin). All persons having origins in any of the original peoples of Europe, the Middle East or North America.
Other ☐	lease Specify:

Job Classification

_____

Please write the title of the position for which you are applying in the box above, using the title of Job Announcement.

Gender

Female ☐

Male ☐

NON-PARTICIPATION

I have read the above statement and have chosen not to complete this form. ☐

(Please check box if applicable)

RECRUITING INFORMATION

How did you hear about this job? (Please check one)

- ☐ Stamford Advocate
- ☐ Other newspaper:
  Please give name_____
- ☐ City Website
- ☐ Internet
  Please give name_____
- ☐ City Employee
- ☐ Human Resources Division Bulletin Board
- ☐ Community Agency
  Please give name_____
- ☐ Professional journal_____
- ☐ Other: Please specify_____