



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

OPEN COMPETITIVE EXAMINATION No. 24- 25 EARLY CHILDHOOD COORDINATOR Hourly Salary Range: \$42.6742 - \$50.4042

DUTIES: Reports directly to the Mayor (or designee) and acts as a liaison between the Office of Early Childhood (OEC), the local Governance Council, the Mayor (or designee), Superintendent (or designee) and sub-grantees. Coordinates, evaluates, and administers the City's Early Start Program in cooperation with the Board of Education. Oversees the Early Start and early childhood grant application process. Monitors sub grantees and assures compliance with contracts, federal and/or state grant regulations, and other applicable standards; develops and implements interventions as required. Collects programmatic data and provides technical assistance to contractors. Provides community outreach. Develops and drives action plans and interventions as required.

MINIMUM QUALIFICATION REQUIREMENTS: Bachelor's degree in Elementary Education, Early Childhood Education, Child Development, or a related field with at least two years' experience in Early Childhood administration.

SPECIAL REQUIREMENT: Possession of a valid Motor Vehicle Operator's License at time of appointment.

SCOPE OF EXAMINATION: There will not be an examination. Candidates will be evaluated based on education, knowledge, and experience.

APPLICATION PROCESS: Interested candidates should submit a completed City of Stamford Employment Application and Application Supplement "24-25" to hrrecruiting@stamfordct.gov or mailed to 888 Washington Boulevard, Stamford, Connecticut 06904. Position is open until filled. 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: 05/20/2024

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

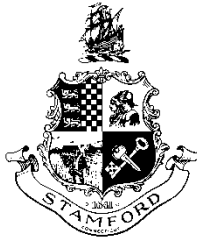
CHANGE OF ADDRESS:

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

MAYOR
CAROLINE SIMMONS



DIRECTOR OF LEGAL AFFAIRS
&
CORPORATION COUNSEL
THOMAS CASSONE

DIRECTOR OF HUMAN RESOURCES
DR. PAULA RUSSELL NISBETT

CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS
HUMAN RESOURCES DIVISION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152
Tel. (203) 977-4070
Fax: (203)977-4075

EARLY CHILDHOOD COORDINATOR

**APPLICATION SUPPLEMENT #24 - 25
EXPERIENCE AND TRAINING EXAMINATION**

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 which 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 which follow, you will be asked to supply information about your education and training and about the duties, responsibilities and accomplishments that are associated with 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 **Early Childhood Coordinator**. 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 Examination or Employment" must be filed with the Human Resources Division 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. **Please note that any information provided in this Training and Experience Supplement must be supported by information provided on your Application for Examination or Employment.**

Applicants are encouraged to read the announcement and job description included in the application packet in its entirety prior to applying.

AN EOE/AA EMPLOYER

Review of Minimum Qualifications:

Please note that applicants who do not meet the minimum qualifications will not be considered.

1. Do you possess any of the following degrees? (If “Yes”, specify the major field of study for which the degree was conferred.

a) Associate’s: Yes ___ Major: _____ No ___

b) Bachelor’s: Yes ___ Major: _____ No ___

c) Master’s Yes ___ Major: _____ No ___

2. Please list the number of years of experience you have in Early Childhood administration.

No. of Years: _____

Briefly describe your experience:

3. Briefly describe your professional work experience in grants research and writing complex proposals.

4. Describe your ability to provide technical assistance to funded programs development, evaluation, curriculum development, accreditation and family involvement and other components relating to program quality.

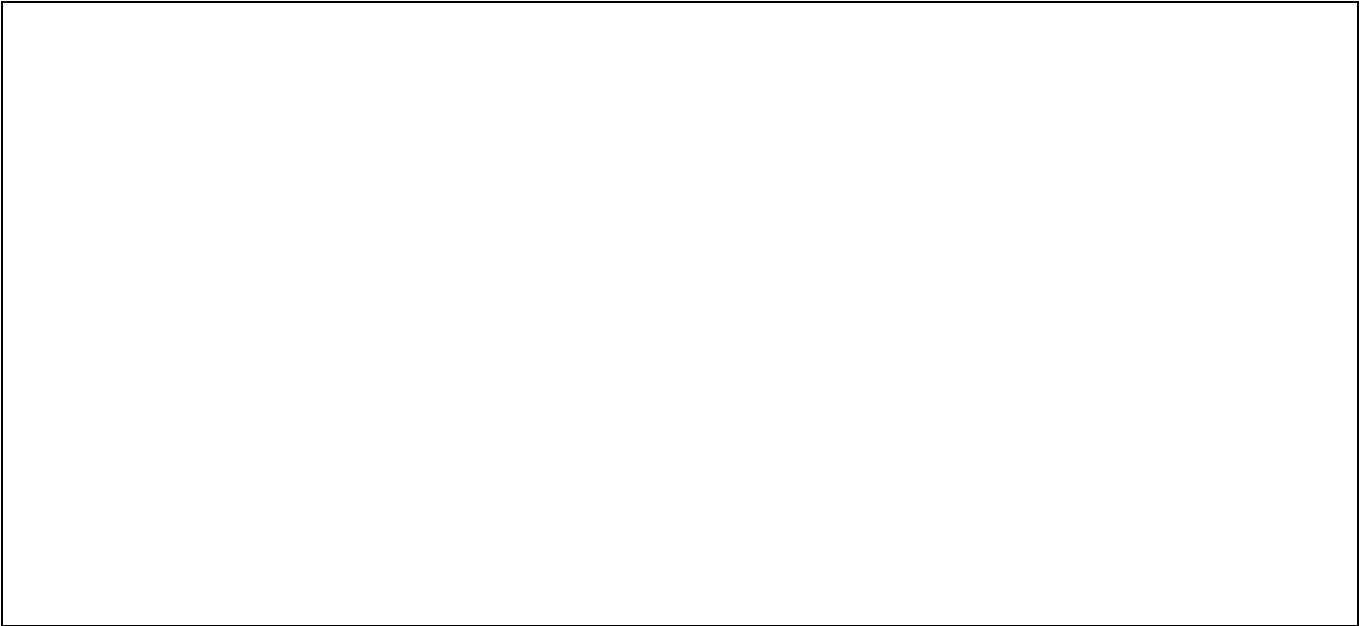
5. Describe your knowledge of grant administration practices regarding municipal grants.

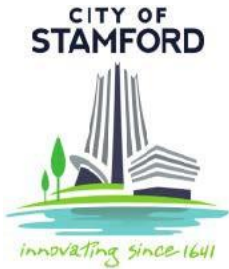
6. Describe your knowledge and understanding of child development theories and practices.

7. Describe your knowledge of Connecticut Early Learning and Development Standards and National Association for the Education of Young Children (NAEYC).

8. Describe your experience with Federal and State Grant-in-Aide Programs and Regulations and Budgetary Practices.

9. Describe your experience working with Database Management and Microsoft Office Suite.





APPLICATION FOR EXAMINATION OR EMPLOYMENT

DO NOT WRITE IN THIS SPACE	
<input type="checkbox"/> Q	_____
<input type="checkbox"/> NQ	_____
<input type="checkbox"/> Educ	Reviewer _____
<input type="checkbox"/> Exp	_____
<input type="checkbox"/> Not City EE	_____
<input type="checkbox"/> Other	_____

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

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

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

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 <input type="checkbox"/>	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 <input type="checkbox"/>	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 <input type="checkbox"/>	(Not Hispanic or Latino origin). All persons having origins in any of the black racial groups of Africa.
Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> 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 <input type="checkbox"/>	All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
White <input type="checkbox"/>	(Not Hispanic or Latino origin). All persons having origins in any of the original peoples of Europe, the Middle East or North America.
Other <input type="checkbox"/>	Please 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	<input type="checkbox"/>
Male	<input type="checkbox"/>

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)

- | | |
|---|---|
| <input type="checkbox"/> Stamford Advocate | <input type="checkbox"/> Human Resources Division Bulletin Board |
| <input type="checkbox"/> Other newspaper:
Please give name _____ | <input type="checkbox"/> Community Agency
Please give name _____ |
| <input type="checkbox"/> City Website | <input type="checkbox"/> Professional journal _____ |
| <input type="checkbox"/> Internet
Please give name _____ | <input type="checkbox"/> Other: Please specify _____ |
| <input type="checkbox"/> City Employee | |