



**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 24-34**

**MAINTENANCE TRADESWORKER - PAINTER**

**Hourly Salary Range: \$45.1171 - \$50.0327**

**GENERAL SUMMARY OF DUTIES:** Under the general supervision of a working foreman or other supervisor, applies coats of paint, varnish, stain, enamel or lacquer to decorate and protect interior or exterior surfaces, trimmings and fixtures of buildings and other structures; does related work as required.

**MINIMUM QUALIFICATION REQUIREMENTS:**

Graduation from High School and four (4) years of painting experience. At time of appointment, possession of a valid motor vehicle operator's license.

**SCOPE OF EXAMINATION:** There will not be a written examination. Qualified applicants will be ranked according to their education, training and experience. **Applicants are required to fully complete the application form and supplement, listing all related degrees, training and work experience.**

**APPLICATION PROCESS:** Interested candidates should submit an Employment Application and Application Supplement "24-34" by August 2, 2024". Applications can be obtained at [www.stamfordct.gov](http://www.stamfordct.gov). Application must be submitted to [hrrecruiting@stamfordct.gov](mailto:hrrecruiting@stamfordct.gov) or mailed to 888 Washington Boulevard, Stamford, Connecticut 06904.

**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 (ADA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.*

**Issued: 07/08/2024**

**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](http://www.stamfordct.gov)

General Conditions for Job Announcements and  
Civil Service Information can be viewed at

[www.stamfordct.gov](http://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  
Jaelyn Williams



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

Director of Human Resources  
Paula Russell-Nisbett

## MAINTENANCE TRADESWORKER II - PAINTER

### APPLICATION SUPPLEMENT 24-34 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 determine 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.**

This Training and Experience (T&E) Examination is designed to assess a candidate's qualifications for the position of Painter based on their training, education, and work experience. The examination consists of a series of questions that measure various competencies required for the job. Candidates will be asked to provide detailed descriptions of their relevant experience and training. Your education, training and experience will be scored according to how well it demonstrates the knowledge, skills and abilities required to perform the various job components or factors of the position of *Maintenance Tradesworker II – Painter*. 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.

AN EOE/AA EMPLOYER

**PRELIMINARY REVIEW OF QUALIFICATIONS**

**MAINTENANCE TRADESWORKER II - PAINTER #24-34**

NOTE: Applicants who do not meet the minimum qualifications for Maintenance Tradesworker II – Painter will be disqualified.

I. EDUCATION: Did you graduate from an accredited high school or obtain a GED?

Yes\_\_\_\_ No\_\_\_\_

II. EXPERIENCE: Do you have four (4) years of painting experience?

Yes \_\_\_\_\_ No\_\_\_\_\_ No. of years\_\_\_\_\_

III. LICENSE: Do you possess a valid motor vehicle operator’s license?

Yes\_\_\_\_ No\_\_\_\_

**PART I. - EDUCATION, LICENSURE AND TRAINING #24-34**

**A. EDUCATION:** Provide details of any formal education relevant to the painter position, such as vocational training or certifications.

<b>PROGRAM/DESCRIPTION</b>	<b>TECHNICAL VOCATIONAL INSTITUTE</b>	<b>DATES ATTENDED &amp; NO. OF HOURS</b>

**PART I. - EDUCATION, LICENSURE AND TRAINING #24-34**

**B. TRAINING:** Describe any on-the-job training you have received, including apprenticeships or mentoring by experienced painters.

SPECIALIZED TRAINING- TITLE OF COURSE	EMPLOYER OR SPONSORING ORGANIZATION	DATES ATTENDED & NO. OF HOURS

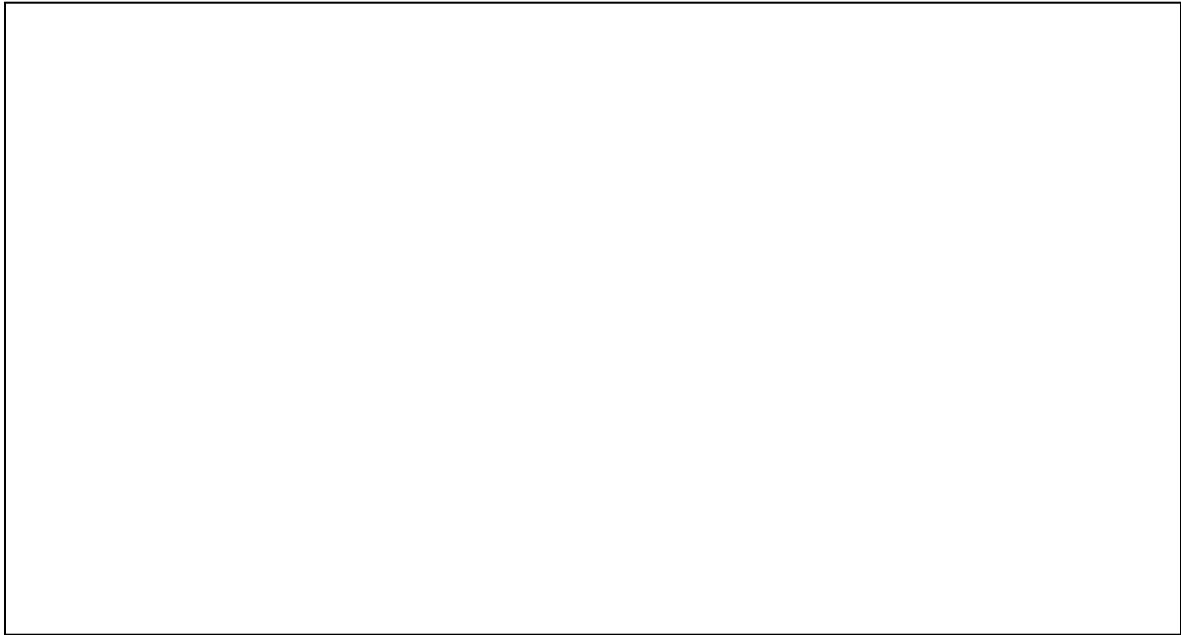
**2. PART I. - EDUCATION, LICENSURE AND TRAINING #24-34**

**B. TRAINING:** Detail any additional training or workshops you have attended to stay current with painting techniques and industry standards.

SPECIALIZED TRAINING- TITLE OF COURSE	SPONSORING ORGANIZATION	DATES ATTENDED & NO. OF HOURS

**Surface Preparation and Painting Techniques:**

1. Describe your experience with surface preparation, including sanding, scraping, and priming. Include specific tools and techniques you have used.



2. Detail your experience with different painting techniques, such as brushing, rolling, and spraying. Mention the types of projects and surfaces you have worked on.



**Knowledge of Paints and Coatings:**

3. Explain your knowledge of different types of paints and coatings, including oil-based, latex, epoxy, and specialty coatings. Provide examples of when and where you used them.

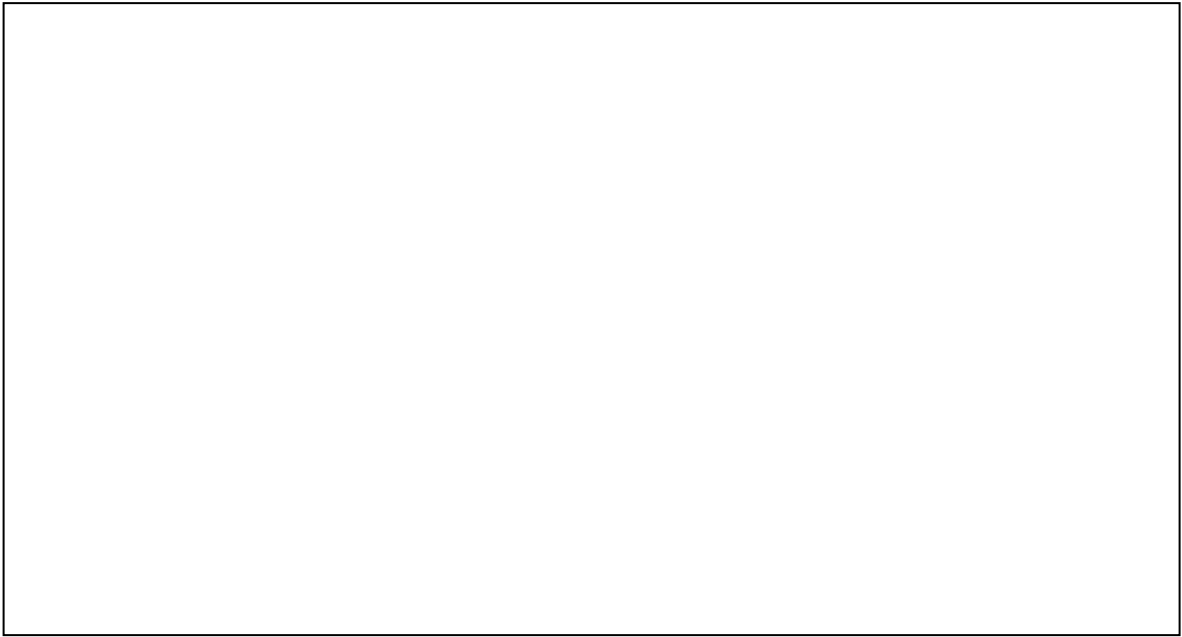
**Safety Practices:**

4. Describe your familiarity with safety practices in painting, including the use of personal protective equipment (PPE) and proper handling of hazardous materials.



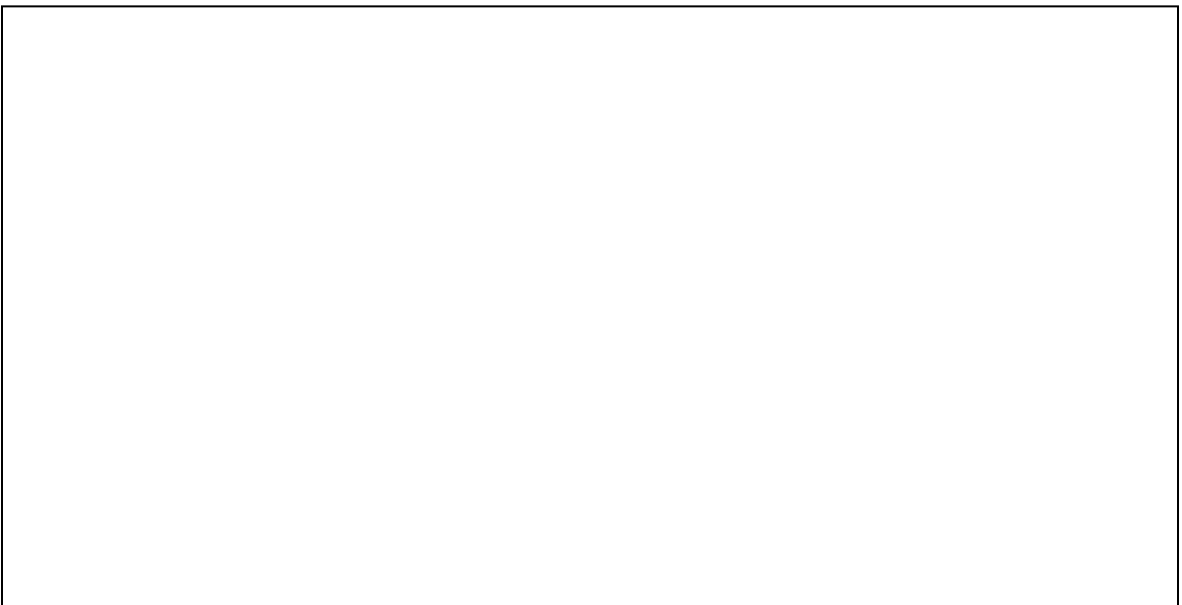
**Tools and Equipment:**

5. List the tools and equipment you are proficient in using, such as paint sprayers, sanders, ladders, and scaffolding.



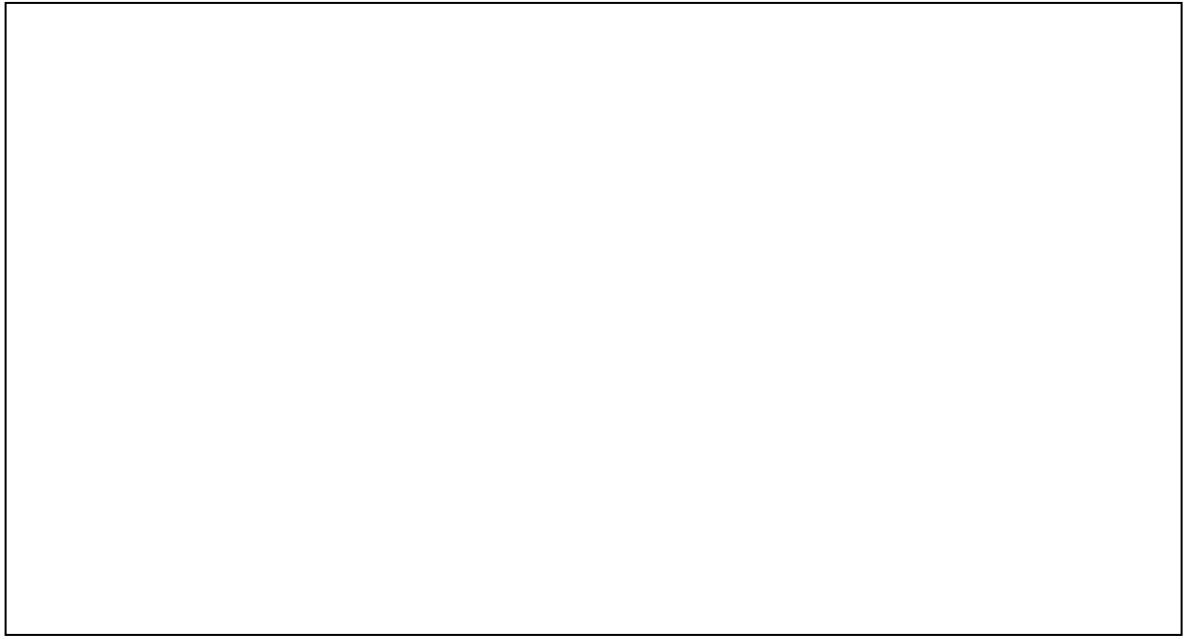
**Attention to Detail:**

6. Provide examples of projects where your attention to detail was critical to the success of the job.



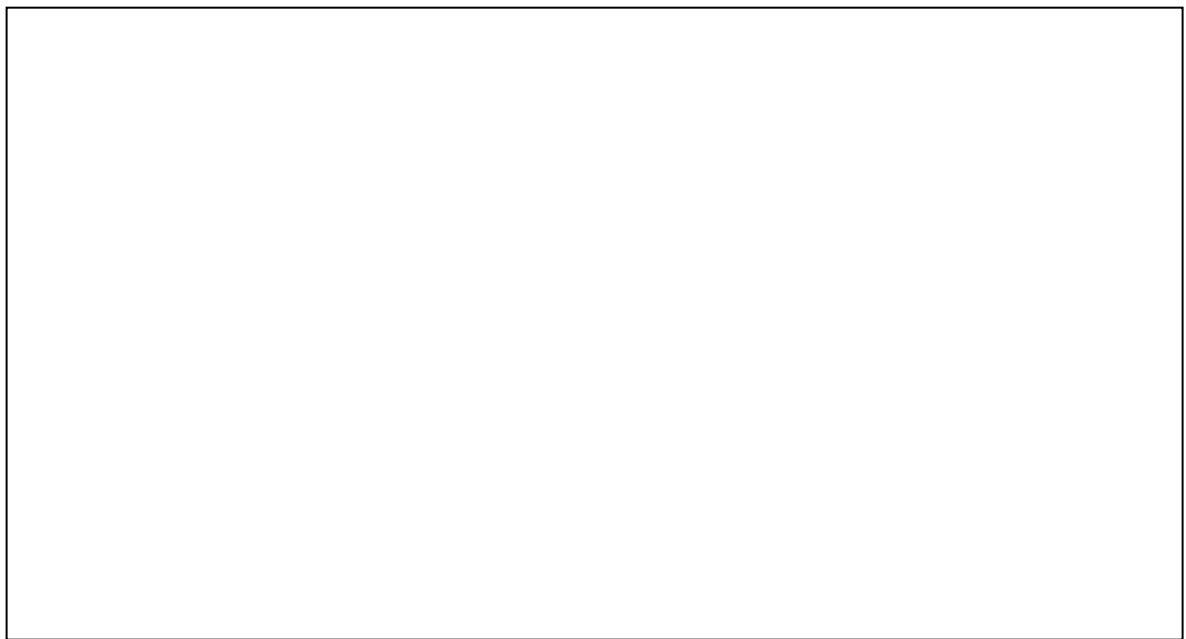
**Time Management:**

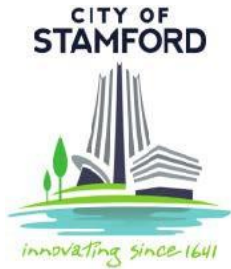
7. Describe situations where you successfully managed your time to meet tight deadlines while maintaining high-quality work.



**Customer Service:**

8. Explain how you have provided excellent customer service in your role as a painter.





# APPLICATION FOR EXAMINATION OR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

Q \_\_\_\_\_

NQ \_\_\_\_\_

Educ      **Reviewer** \_\_\_\_\_

Exp \_\_\_\_\_

Not City EE \_\_\_\_\_

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

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**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:<br>Please give name _____ | <input type="checkbox"/> Community Agency<br>Please give name _____ |
| <input type="checkbox"/> City Website                               | <input type="checkbox"/> Professional journal _____                 |
| <input type="checkbox"/> Internet<br>Please give name _____         | <input type="checkbox"/> Other: Please specify _____                |
| <input type="checkbox"/> City Employee                              |   |