



**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. 24-33**

**MAINTENANCE TRADESWORKER II - ELECTRICIAN**

**Hourly Salary Range: \$45.1171 to \$50.0327 (Board of Education)  
\$42.6742 to \$50.4042 (Operations)**

**POSITION:** Under the general direction of a supervisor, performs skilled work at the journeyman level in the installation, alteration and maintenance of all high and low voltage electrical equipment and systems; does related work as required.

**MINIMUM QUALIFICATION REQUIREMENTS:** Graduation from an accredited high school and possession of a valid Connecticut E2 journeyman electrical license. Experience as a licensed journeyman electrician may substitute for graduation from an accredited high school. **APPLICANTS MUST ATTACH A COPY OF THEIR CONNECTICUT E2 LICENSE TO THE APPLICATION.**

**SPECIAL REQUIREMENT:** 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 “24-33” 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: 7-8-2024**

**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 - ELECTRICIAN

### APPLICATION SUPPLEMENT 24-33 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.**

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 well it demonstrates the knowledge, skills and abilities required to perform the various job components or factors of the position of *Maintenance Tradesworker II - Electrician*. 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 - ELECTRICIAN #24-33**

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

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

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

II. EXPERIENCE: Do you have any experience as a licensed journeyman electrician?

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

1. Do you have experience in at least one of the following area? Check the appropriate area(s).

a. Three-Phase electrical systems \_\_\_\_\_

b. Industrial grade electrical systems  
(Including explosion proof requirements) \_\_\_\_\_

c. Large horsepower (> 75) motors \_\_\_\_\_

d. 480 volts systems \_\_\_\_\_

e. VFD devices \_\_\_\_\_

f. Multitrodes controls \_\_\_\_\_

g. Instrumentation experience \_\_\_\_\_



**III. LICENSURE:**

A. Do you currently possess a valid Connecticut E2 journeyman electrical license? (You must attach a legible copy of this license to your application.) If you do not possess a valid Connecticut E2 Journeyman Electrical license, you will not be considered qualified for the position.

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

B. Do you possess a valid motor vehicle operator's license?

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

**IV. AVAILABILITY:**

The Eligibility List that will be established will be used to fill positions in different departments throughout the City of Stamford including the Office of Operations, Water Pollution Control Authority and Board of Education. Please indicate your availability/interest by selecting one choice below.

- \_\_\_ Office of Operations only
- \_\_\_ Water Control Pollution Authority only
- \_\_\_ Board of Education only
- \_\_\_ All

**PART I.            EDUCATION, LICENSURE AND TRAINING            #24-33**

A. Indicate, if applicable, the type of education you have completed in the electrical field.

I have completed an electrical apprenticeship program.

Name of sponsoring institution \_\_\_\_\_.

Year apprenticeship completed \_\_\_\_\_

I graduated from a vocational or technical high school with a concentration in the electrical program.

Name of voc/tech. school \_\_\_\_\_.

Year of graduation \_\_\_\_\_

I possess an Associate's degree in electrical engineering or closely related field.

Name of college/university \_\_\_\_\_

Year degree completed \_\_\_\_\_

Major field of study \_\_\_\_\_

I possess a Bachelor's degree in electrical engineering or closely related field.

Name of college/university \_\_\_\_\_

Year degree completed \_\_\_\_\_

Major field of study \_\_\_\_\_

**B. LICENSURE**

1. Do you currently possess a valid Connecticut E1 electrical contractor's license?

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

2. Are you certified in the State of Connecticut as an electrical inspector?

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

**PART I. - (cont'd)    EDUCATION, LICENSURE AND TRAINING #24-33**

C. **TRAINING:** List any training you received in the last five (5) years through institutes, conferences, seminars, workshops or professional associations relating to electrical practice or related subjects. (Include only training courses, which are separate from the apprenticeship/ education you noted in Part A.)

<b>SPECIALIZED TRAINING- TITLE OF COURSE</b>	<b>SPONSORING ORGANIZATION</b>	<b>DATES ATTENDED &amp; NO. OF HOURS</b>

**PART II.**

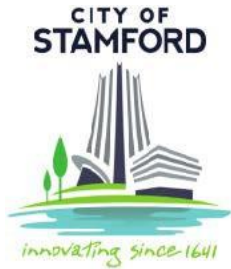
**EXPERIENCE**

**##24-33**

- A. Describe your work experience as a journeyman electrician. Attach additional sheets, if necessary. Dates of employment must be listed by month/year (example 8/92 - 5/97). The average number of hours worked per week must also be included. If you supervised other electricians, include that in your description of job duties.

DATES & NO. HRS. PER WEEK	NAME & DESCRIPTION OF EMPLOYER	YOUR JOB TITLE & DUTIES





# 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                              |   |