



## CITY OF STAMFORD

### 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. 13-01

### LABORATORY TECHNICIAN

Annual Salary Range: \$57,580 – 68,010

**DUTIES:** Under the general supervision of the Laboratory Director or designee, performs complex technical work involving the performance of environmental, chemical and a variety of specialized laboratory tests including, but not limited to microbiology, hematology, chemistry and toxicology; does related work as required.

**MINIMUM QUALIFICATION REQUIREMENTS:** Graduation from an accredited college or university with a Bachelor's Degree in Biology, Microbiology, or another Physical Science with a minimum of eighteen (18) credit hours in chemistry and/or biology; OR an Associate's Degree in Medical Technology, Biology, Microbiology, or another Physical Science, with a minimum of eighteen (18) credit hours in chemistry and/or biology AND two (2) years of laboratory experience.

**SCOPE OF EXAMINATION:** There will be an Application Supplement No. 13-01 weighted at 50%; in addition to a written exam, weighted at 50%. The written examination will test for the following Knowledge, Skills and Abilities:

- Good knowledge of the principles, methods and techniques of modern analytical laboratory technology.
- Ability to use various analytical instruments.
- Ability to work with and at times direct others on sampling, testing and related work.
- Ability to follow directions.
- Ability to maintain accurate records.

**Applicants are advised to fully complete the application form, listing all related degrees, training and work experience. Incomplete applications or supplements will be rejected.**

**FILING REQUIREMENTS:** Interested candidates should submit an Employment Application and Application Supplement "13-01" by **Friday, February 8, 2013**. Applications can be obtained at the City of Stamford, Human Resources Division, 9<sup>th</sup> Floor, and 888 Washington Boulevard, Stamford, Connecticut or at [www.cityofstamford.org](http://www.cityofstamford.org).

**Please note:** Only properly completed and submitted applications and application supplements will be considered. 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: 01/07/2013**

#### EMPLOYEE BENEFITS:

- Health plan and Hospitalization
- Paid Vacations and Holidays
- Retirement Plan
- Group Life Insurance
- Sick Leave

#### Applications are obtained and submitted to:

DEPARTMENT OF HUMAN RESOURCES  
City of Stamford  
888 WASHINGTON BOULEVARD  
STAMFORD, CT 06904  
TELEPHONE (203)977-4070  
[www.cityofstamford.org](http://www.cityofstamford.org)

#### CHANGE OF ADDRESS

It is your responsibility to notify the Department of Human Resources of any change of Address on your application



# APPLICATION FOR EXAMINATION OR EMPLOYMENT

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

AN EQUAL OPPORTUNITY EMPLOYER

\_\_\_\_\_  
Position applying for  
Use Title on Job Announcement

\_\_\_\_\_  
Exam Number

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

**PLEASE TYPE OR PRINT CLEARLY IN BLACK INK.**  
All blanks must be completed in order for application to be considered.

## GENERAL INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street/Apt. #) (City) (State) (Zip Code)

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
(Area Code) (Area Code)

Cellular Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
(Area Code)

Social Security Number \_\_\_\_\_ 000 \_\_\_\_\_ Best daytime contact:  Home  Work  Cell  
(Last six digits ONLY)

Do you claim 5 points preference based on active duty in the U. S. Armed Forces?  Yes  No  
(Attach copy of DD214)

Do you claim 10 points veteran's disability preference?  Yes  No  
(Attach DD214 and supporting documentation)

Have you ever worked for the City of Stamford before?  Yes  No  
If yes, list by dates employed and job title(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently authorized to work in the United States?  Yes  No  
Note: 1986 Immigration Reform & Control Act requires verification of identity and employment eligibility at the time of hire.

1. Have you ever been convicted of any offense other than juvenile, youthful offender, or a minor traffic violation?  Yes  No  
If yes, you must complete Section B of the applicant disclosure form.

2. Have you ever been disqualified for a position with the City of Stamford due to a criminal conviction or failure to fully disclose a criminal conviction?  Yes  No  
If yes, list job title and date of disqualification. \_\_\_\_\_  
\_\_\_\_\_

(Provide information regarding ACTUAL convictions only. Any arrest, charge, conviction and/or record which has been erased, dismissed, nulled or pardoned pursuant to the CGS § 31-51i, should NOT be disclosed. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)

## 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 of training, number of hours weekly, and other details.

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Summarize any other Special Skills or Abilities relating to the job you want, such as: licenses, machines you operate, languages which you speak, read and write well, computer skills, and any other special abilities or knowledges.

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## 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.**

1. Name and Address of Employer _____	Employed From _____ # of hours _____ per week _____	To _____ _____ Ending Salary _____
Supervisor Name, Title, Telephone _____		
Your Title _____		
Describe your duties: _____		
_____		
Reason for leaving _____		

## EMPLOYMENT HISTORY (Continued)

2. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Last Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

3. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

5. Name and Address of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
# of hours \_\_\_\_\_  
per week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Supervisor Name, Title, Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_  
Describe your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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

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

(A) Your former employer?  Yes  No

(B) Your present employer?  Yes  No

If answer is "Yes" to either (A) or (B) explain under comments section

\_\_\_\_\_  
Applicant's Signature

## COMMENTS

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## MILITARY INFORMATION

Veteran of U.S. Armed Forces	Service Branch	Date Discharged	Type of Discharge	Final Rank
<input type="checkbox"/> Yes				
<input type="checkbox"/> No				

## 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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



City of Stamford

# Applicant Disclosure Form

# Section A

## 1. CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire, and promote qualified people in all job classifications 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 reporting 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 they 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. This form will be removed from the application.

## 2. GENERAL INFORMATION

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ 000 \_\_\_\_\_ (Last six digits ONLY)

## 3. 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 the 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 of 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 of Hispanic or Latino origin) All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other  Please specify \_\_\_\_\_

**Job Classification**

\_\_\_\_\_

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

**Gender**

Female

Male

## 4. NON-PARTICIPATION

I have read the above statement and have chosen not to complete this form.  Please check box if applicable

## 5. RECRUITING INFORMATION

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

Stamford Advocate  Human Resources Division Bulletin Board

Other newspaper. Please give name: \_\_\_\_\_  Community Agency Please give name: \_\_\_\_\_

City Website  Professional journal Please give name: \_\_\_\_\_

Internet Please give site: \_\_\_\_\_  Other. Please specify: \_\_\_\_\_

City Employee



City of Stamford

# Applicant Disclosure Form

## Section B

NOTE:  
THIS INFORMATION WILL BE REVIEWED ONLY BY  
MEMBERS OF THE HUMAN RESOURCES DIVISION AND  
HIRING MANAGERS.

### CRIMINAL CONVICTION INFORMATION

Applicants are required to disclose the existence of *any* criminal conviction, regardless of the nature, date or location thereof, with the exception of minor traffic violations or an arrest, criminal charge, or conviction that has been erased. The types of records subject to erasure under Connecticut law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

The information provided below is subject to the terms of the "Pre-Employment Statement" on Page 4 of this application. A criminal conviction will not necessarily result in the rejection of this application, but will be considered as it relates to the nature of the position sought, and in light of any applicable state and federal law.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title of Position Sought

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

DATE OF CONVICTION	OFFENSE	DATE OF ARREST	PLACE OF ARREST (City/State)	SENTENCE

**Laboratory Technician**

**Health Department**

**APPLICATION SUPPLEMENT #13-01**

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER **000** - - \_\_\_\_\_  
(Last six digits only)

This supplement has been designed to solicit specific information about your education, training and experience. The information that you give will be used to find out how well your background qualifies you for this position. You **MUST** fill out completely in order to be considered further for this position. **THIS BOOKLET IS AN EXAMINATION.**

On the pages that follow, you will be asked to supply factual 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 *Laboratory Technician* Position. 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 February 8, 2013. Information submitted after that date will not be considered.

**AN EOE/AA EMPLOYER**

**PART I. MINIMUM QUALIFICATIONS**

**#13-01**

Please note that applicants who do not meet the minimum qualifications for *Laboratory Technician* will be disqualified. Applicants are urged to carefully review the requirements before filing an application.

**I. EDUCATION**

A. Do you possess any of the following degrees?

1. Associate's Yes \_\_\_ (Major) \_\_\_\_\_ No \_\_\_
2. Bachelor's Yes \_\_\_ (Major) \_\_\_\_\_ No \_\_\_
3. Master's Yes \_\_\_ (Major) \_\_\_\_\_ No \_\_\_

B. How many credits do you have of completed college coursework in chemistry and biology?

1. Chemistry Credits: \_\_\_\_\_
2. Biology Credits: \_\_\_\_\_

**II. EXPERIENCE**

A. Do you have any experience working in a laboratory?

No \_\_\_\_\_ Yes \_\_\_\_\_ No. of Years \_\_\_\_\_

*(Number of years must be based on a full time equivalent, based on a 35 hours per week full time position. For example, if you worked only 20 hour per week for one year, the number of years of experience would actually be only .57 years.)*

**YOU MUST SATISFY BOTH I AND II TO BE CONSIDERED FOR THIS POSITION.**

**IF YOU DO NOT, YOUR APPLICATION WILL NOT BE CONSIDERED.**

**PART I. EDUCATION**

**#13-01**

**(cont'd)**

EDUCATION: List all college courses for which you received credit, but did not obtain a degree, in the areas of Biology, Microbiology, Chemistry or another physical science.

COLLEGE/UNIVERSITY	TITLE OF COURSE	DATES ATTENDED	CREDITS EARNED

**PART I. EDUCATION**

**#13-01**

**(cont'd)**

SPECIALIZED TRAINING: List all specialized training (seminars, special courses, advanced training, etc.) that you have successfully completed within the past five years regarding Biology, Microbiology, Chemistry, Medical Technology or another physical science?

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

**PART II. EXPERIENCE**

**#13-01**

**(cont'd)**

For Part III, please follow column headings completely. Use whatever terms would be most indicative of the level and scope of your responsibilities. You may make copies of this page if more than one page is necessary to describe your work experience. You may list the same job(s) in one or more sections, if applicable.

A. Describe your work experience in a laboratory setting?

<b>DATES &amp; NO. HRS. PER WEEK</b>	<b>NAME OF EMPLOYER</b>	<b>NAME &amp; TITLE OF IMMEDIATE SUPERVISOR</b>	<b>YOUR JOB TITLE &amp; DUTIES</b>

**PART II. EXPERIENCE**

**#13-01**

**(cont'd)**

B. Describe your work experience as it relates to the use of analytical instruments including; Gas Liquid Chromatograph, Visible Ultraviolet Spectrophotometer, Intra-red Spectrophotometer, and Atomic Absorption/Graphic Furnace Spectroscopy?

<b>DATES &amp; NO. HRS. PER WEEK</b>	<b>NAME OF EMPLOYER</b>	<b>NAME &amp; TITLE OF IMMEDIATE SUPERVISOR</b>	<b>YOUR JOB TITLE &amp; DUTIES</b>

| | |

**PART III. KNOWLEDGE, SKILLS AND ABILITIES #13-01**

On the following pages are a variety of statements that are related to this position. For each of those statements, circle the letter for the level described below which best reflects your experience, education or training as it relates to that item.

- A - I have applied this Knowledge, Skill or Ability in an actual setting while performing a job.
- B - I have education or training relevant to this Knowledge, Skill or Ability, but have not applied it in an actual job.
- C - I have little or no experience, education or training relevant to this Knowledge, Skill or Ability.

For each A or B answer, give evidence, in detail, in the space provided of how you acquired the Knowledge, Skill or Ability listed. Evidence may be stated in terms of education/training (list courses and schools) or in terms of experience (list your job duties that apply, name of employer, and dates of work).

**PART III. KNOWLEDGE, SKILLS AND ABILITIES #13-01 (cont'd)**

1. Knowledge of clinical and environmental laboratory procedures and analysis.

Circle the Appropriate Letter

A                  B                  C

Employer/School: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Knowledge in directing others on sampling and testing.

Circle the Appropriate Letter

A                  B                  C

Employer/School: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III. KNOWLEDGE, SKILLS AND ABILITIES #13-01 (cont'd)**

3. Knowledge of Environmental Testing.

Circle the Appropriate Letter

A B C

Employer/School: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Ability to conduct quality control surveys.

Circle the Appropriate Letter

A B C

Employer/School: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III. KNOWLEDGE, SKILLS AND ABILITIES #13-01 (cont'd)**

5. Ability to record and maintain accurate data/ records.

Circle the Appropriate Letter

A                      B                      C

Employer/School:

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Dates:

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Details:

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