



## 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. 14-19

### DIRECTOR OF FOOD SERVICES

#### SMITH HOUSE NURSING AND REHABILITATION CENTER

Annual Salary Range: \$70,507 - \$90,855

**DUTIES:** Under the general direction of the Executive Director is responsible for assisting the Dietician in planning, organization, developing and directing the overall operations of the Food Services Department in accordance with current Federal, State, and Local Standards, guidelines and regulations governing Smith House Nursing and Rehabilitation Center. Assures that quality nutritional services are provided on a daily basis and that the Food Services Department is maintained in a clean, safe and sanitary manner; does other related work as required.

**MINIMUM EDUCATION AND EXPERIENCE QUALIFICATION REQUIREMENTS:**

Graduation from an accredited college or university with a Degree in Food Service Administration, Foods and Nutrition or a closely related field; and five (5) years of experience in a supervisory capacity in a hospital, nursing care facility, or other related medical facility. Must have training in cost control, food management and diet therapy.

**SPECIAL NECESSARY REQUIREMENTS:** Must be certified by the Food Protection Certification Program within 6 months of appointment date. Must be free from communicable diseases.

**SCOPE OF EXAMINATION:** Qualified applicants will be evaluated, scored and ranked on their level and quality of related experience, education and training documented on the application and application supplement. Incomplete applications and/or supplements will be rejected.

**FILING REQUIREMENTS:** A fully completed City of Stamford Employment Application and Supplement No. 14-19 must be submitted. **This posting is open until filled.** Applications and Supplements 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.stamfordct.gov](http://www.stamfordct.gov).

**PLEASE NOTE:** *Only properly completed and submitted applications and 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) and the Americans with Disabilities Act Amendment Act (ADAAA). If you need an accommodation in the application or testing process, please contact the Human Resources Division.

Issued: 06/26/2014  
re-issued: 07/24/2014

**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 _____<br># of hours _____<br>per week _____ | To _____<br>_____<br>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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

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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)

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



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<br>(City/State) | SENTENCE |
|--------------------|---------|----------------|---------------------------------|----------|
|                    |         |                |                                 |          |
|                    |         |                |                                 |          |
|                    |         |                |                                 |          |
|                    |         |                |                                 |          |
|                    |         |                |                                 |          |



**PRELIMINARY REVIEW OF QUALIFICATIONS**

**DIRECTOR OF FOOD SERVICES FOR SMITH HOUSE #14-19**

Note: Applicants who do not meet the minimum qualifications for *the position of Director of Food Services for Smith House* will be disqualified. Applicants are urged to carefully review the requirements before filing an application.

**I. EDUCATION AND EXPERIENCE**

- A. Do you have a Bachelors' Degree in Food Service Administration, Foods and Nutrition or a closely related field?

Yes\_\_\_\_\_

No\_\_\_\_\_

Major: \_\_\_\_\_

- B. Do you have five (5) years of full-time experience in a supervisory capacity in a hospital, nursing care center or other related medical center and/or facility?

Yes\_\_\_\_\_

No\_\_\_\_\_

**YOU MUST SATISFY ALL OF THE ABOVE  
TO BE CONSIDERED FOR THIS POSITION.**

**PART I. EXPERIENCE #14-19**

A. Describe your Food Service Administration work experience in a hospital, long term care facility, or other medical care facility in which you worked in a **SUPERVISORY CAPACITY**. Use whatever terms would be most indicative of the level and scope of your work and responsibility. Specify the title(s) and number(s) of employees you supervised and the title to which you had a direct report. Attach additional sheets if necessary.

| DATES AND NO. HOURS PER WEEK | NAME & DESCRIPTION OF EMPLOYER (INCLUDING TYPE OF FACILITY) | YOUR JOB TITLE & DUTIES |
|------------------------------|---|-------------------------|
|                              |   |                         |

**PART I. EXPERIENCE (cont'd) #14-19**

B. Describe your Food Service Administration work experience in a hospital, long term care facility, or other medical care facility, other than what you listed in Part I-A. Use whatever terms would be most indicative of the level and scope of your work and responsibility. Attach additional sheets if necessary.

| DATES AND<br>NO. HOURS<br>PER WEEK | NAME & DESCRIPTION OF<br>EMPLOYER (INCLUDING<br>TYPE OF FACILITY) | YOUR JOB TITLE & DUTIES |
|------------------------------------|---|-------------------------|
|                                    |   |                         |

**PART I. EXPERIENCE (cont'd) #14-19**

C. Describe your Food Service Administration work as it pertains to cost control procedures and/or processes and budget administration experience in a hospital, long term care facility, or other medical care facility. Use whatever terms would be most indicative of the level and scope of your work and responsibility. If supervisory, specify the title(s) and number(s) of employees you supervised and the title to which you had a direct report. Attach additional sheets if necessary.

| DATES AND<br>NO. HOURS<br>PER WEEK | NAME & DESCRIPTION OF<br>EMPLOYER (INCLUDING<br>TYPE OF FACILITY) | YOUR JOB TITLE & DUTIES |
|------------------------------------|---|-------------------------|
|                                    |   |                         |

**PART I. EDUCATION AND TRAINING #14-19**

D. Describe your Food Service Administration work as it pertains to food management and safety experience in a hospital, long term care facility, or other medical care facility. Use whatever terms would be most indicative of the level and scope of your work and responsibility. If supervisory, specify the title(s) and number(s) of employees you supervised and the title to which you had a direct report. Attach additional sheets if necessary.

| DATES AND NO. HOURS PER WEEK | NAME & DESCRIPTION OF EMPLOYER (INCLUDING TYPE OF FACILITY) | YOUR JOB TITLE & DUTIES |
|------------------------------|---|-------------------------|
|                              |   |                         |

**PART II. EDUCATION AND TRAINING (cont'd)**

**#14-19**

- A. TRAINING: List any educational or training initiatives you received through continuing education, institutes, conferences, seminars, workshops or professional associations relating to food services administration.

| AREA OF STUDY/<br>TITLE OF TRAINING COURSE | ORGANIZATION | DATE(S) | NO. OF<br>HRS. OR<br>CREDITS |
|--|--------------|---------|------------------------------|
|  |              |         |                              |

- B. LICENSURES AND CERTIFICATIONS - List below any licenses or certifications you possess related to Food Services Safety and Administration.