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. 14-17

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

SMITH HOUSE NURSING AND REHABILITATION CENTER

Annual Salary: $88,626.79

DUTIES: Under the direction of the Director of Nursing or designee, conducts and coordinates the development and completion of the patient/ resident assessment/ Minimum Data Set in accordance with the requirements of the State of Connecticut, Federal Regulations and the policies and goals of the Smith House Nursing and Rehabilitation Center; does related work as directed.

MINIMUM QUALIFICATION REQUIREMENTS: Graduation from an accredited college or university with a Degree in Nursing; and at least two (2) years of experience in a supervisory capacity in a hospital, nursing care center or other related health care center; a minimum of six (6) months training experience in rehabilitative and restorative nursing practices.

At time of application, must *possess a current, unencumbered, active State of Connecticut Registered Nurse License, and be CPR/AED Certified.*

At time of appointment, must be certified as an *American Association of Nurse Assessment Coordinator* by the American Nurses Credentialing Center's Commission on Accreditation.

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 will be rejected.

FILING REQUIREMENTS: A fully completed City of Stamford Employment Application and Supplement No. 14-17 must be submitted to the City of Stamford, Human Resources Division, 9th Floor, and 888 Washington Boulevard, Stamford, Connecticut or at www.stamfordct.gov. **This posting is open until filled; however, the first round of application reviews will be the week of July 7, 2014.**

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: 06/27/2014

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

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

☐ **Q** Rev. by: _____
☐ **NQ**
☐ **Educ**
☐ **Exp**
☐ **Not City EE**
☐ **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 _____ *(Area Code)*

Work Telephone _____ *(Area Code)*

Cellular Telephone _____ *(Area Code)*

E-mail Address _____

Social Security Number 000 _____ _____
(Last six digits ONLY)

Best daytime contact: ☐ Home ☐ Work ☐ Cell

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

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.

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): _____

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, nolled 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.

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.

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 _____ (Month Year) To _____ (Month Year)

_____ # of hours per week _____ 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 _____ (Month Year) To _____ (Month Year)

_____ # 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 _____ (Month Year) To _____ (Month Year)

_____ # 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 _____ (Month Year) To _____ (Month Year)

_____ # 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 _____ (Month Year) To _____ (Month Year)

_____ # 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?

(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

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

_____

Applicant's Signature

COMMENTS

_____

_____

_____

_____

_____

_____

MILITARY INFORMATION

Veteran of U.S. Armed Forces	Service Branch	Date Discharged	Type of Discharge	Final Rank
☐ Yes ☐ 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 _____

Applicant Disclosure Form

Section A

City of Stamford

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

Please check box if applicable

I have read the above statement and have chosen not to complete this form. ☐

5. RECRUITING INFORMATION

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

- ☐ Stamford Advocate
- ☐ Other newspaper. Please give name: _____
- ☐ City Website
- ☐ Internet Please give site: _____
- ☐ City Employee
- ☐ Human Resources Division Bulletin Board
- ☐ Community Agency Please give name: _____
- ☐ Professional journal Please give name: _____
- ☐ Other. Please specify: _____

Applicant Disclosure Form

City of Stamford

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

Section B

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/Sate)*	*SENTENCE*

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

SMITH HOUSE NURSING AND REHABILITATION CENTER

APPLICATION SUPPLEMENT #14-17

EXPERIENCE AND TRAINING EXAMINATION

NAME_____

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

For this examination you will be filing out 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 this examination booklet completely in order to take part in this examination. **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 position of Assessment 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. **This posting is open until filled. However, the first round of application and supplement reviews will be the week of July 7, 2014.**

AN EOE/AA EMPLOYER

PRELIMINARY REVIEW OF QUALIFICATIONS

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

Note: Applicants who do not meet the minimum qualifications for **RN/Patient/Resident/MDS Assessment Coordinator** will be disqualified. Applicants are urged to carefully review the requirements before filing an application.

I. EXPERIENCE

Do you have a minimum of two (2) years of experience as a supervisor in a hospital, nursing care center, or other related health care center?

Yes _____ No _____

Do you have, a minimum of six (6) months training experience in rehabilitative and restorative nursing practices?

Yes _____ No _____

II. LICENSURE

Do you possess a current, unencumbered, active license to practice as a Registered Nurse in CT, and are you CPR/AED Certified?

Yes _____ No _____

(YOU MUST ATTACH A LEGIBLE COPY OF YOUR LICENSE TO YOUR APPLICATION)

Are you **certified** as an American Association of Nurse Assessment Coordinator by the American Nurses Credentialing Center's Commission on Accreditation?

Yes _____ No _____

(YOU MUST ATTACH A LEGIBLE COPY OF YOUR LICENSE TO YOUR APPLICATION)

III. Education & Training

Do you possess as a minimum a Nursing Degree from an accredited college or university?

Yes _____ No _____

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

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART I. EXPERIENCE (cont'd)

A. Describe your nursing work experience in a nursing care center, in which you worked in an **MDS ASSESSMENT COORDINATOR 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 # OF HOURS PER WEEK	NAME & DESCRIPTION OF EMPLOYER (INCLUDING TYPE OF FACILITY)	YOUR JOB TITLE & DUTIES

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART I. EXPERIENCE (cont'd)

B. Describe your nursing work experience as a supervisor in a hospital, nursing care center or other related care center, 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. 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 # OF HOURS PER WEEK	NAME & DESCRIPTION OF EMPLOYER (INCLUDING TYPE OF FACILITY)	YOUR JOB TITLE & DUTIES

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART I. EXPERIENCE (cont'd)

C. Describe your nursing work experience, other than what you listed in Parts I A and B that demonstrates the knowledge you acquired in nursing and medical practices and procedures as well as laws, regulations and guidelines that pertain to nursing care centers. 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 direct report. Attach additional sheets if necessary.

DATES AND # OF HOURS PER WEEK	NAME & DESCRIPTION OF EMPLOYER (INCLUDING TYPE OF FACILITY)	YOUR JOB TITLE & DUTIES

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART II **EDUCATION AND TRAINING**

A. **Education**: Do you possess any of the following degrees or Certifications? (If "Yes, specify the major field of study for which the degree/certification was conferred.)

A. Associate's	Yes ____	(Major) _____	No ____
B. Bachelor's	Yes ____	(Major) _____	No ____
C. Master's	Yes ____	(Major)_____	No ____
D. PhD.	Yes ____	(Major) _____	No ____
E. MDS Certificate	Yes ____		No ____

B. If you did not obtain a degree, but have successfully completed college courses relating to geriatric nursing; laws, rules and regulations pertaining to skilled nursing care facilities; or administration, supervision and management, list them below.

AREA OF STUDY/ TITLE OF TRAINING COURSE	ORGANIZATION	DATE(S)	NO. OF HRS. OR CREDITS

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART II EDUCATION AND TRAINING (cont'd)

C. **TRAINING:** List any training you received through institutes, conferences, seminars, workshops or professional associations relating to geriatric nursing; laws, rules and regulations pertaining to skilled nursing care facilities; or administration, supervision and management.

AREA OF STUDY/ TITLE OF TRAINING COURSE	ORGANIZATION	DATE(S)	NO. OF HRS. OR CREDITS

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART II EDUCATION AND TRAINING (cont'd)

D. **LICENSURES AND CERTIFICATIONS** – List below any license or certifications you possess related to nursing other than your Connecticut R.N. License

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART III KNOWLEDGE, SKILLS AND ABILITIES

On the following pages are a variety of statements which 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 or experience (list your job duties that apply, name of employer, and dates of work).

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART III KNOWLEDGE, SKILLS AND ABILITIES (cont'd)

1. Knowledge of the principles, practices and procedures of assessment of geriatric patients/residents.

Circle the appropriate letter
A B C

Employer/School _____

_____

Dates: _____

Details: _____

_____

_____

_____

_____

2. Knowledge of local, state and federal rules and regulations pertaining to skilled nursing care facilities.

Circle the appropriate letter
A B C

Employer/School _____

_____

Dates: _____

Details: _____

_____

_____

_____

_____

RN/PATIENT/RESIDENT/MDS ASSESSMENT COORDINATOR

Smith House Nursing and Rehabilitation Center

PART III KNOWLEDGE, SKILLS AND ABILITIES (cont'd)

3. Knowledge of the administration and management of a nursing staff, including but not limited to supervision, scheduling, training development and discipline.

Circle the appropriate letter
A B C

Employer/School _____

_____

Dates: _____

Details: _____

_____

_____

_____

_____

4. Knowledge of the Minimum Data Set forms and computer software applications used to complete.

Circle the appropriate letter
A B C

Employer/School _____

_____

Dates: _____

Details: _____

_____

_____

_____