



**CITY OF MILFORD
HUMAN RESOURCES DEPARTMENT
OPEN COMPETITIVE EXAMINATION**

TO: All
FROM: Tania R. Barnes, Director
SUBJECT: Job Opening
DATE: February 23, 2018

NOTICE TO ALL APPLICANTS:
*This opening is available to all City employees
and the general public.*

POSITION: BUILDING INSPECTOR A – Building Inspection Division, Permitting and Land Use Department

REQUIREMENT(S): Graduation from high school or trade school. Possession of a valid State of Connecticut Building Official or Assistant Building Official License issued by the Department of Construction Services. Possession of a valid State of Connecticut Motor Vehicle Driver’s License.

SCOPE OF EXAMINATION: Applicants will be ranked according to their training and experience as indicated on Application Supplement #18-06 and weighted 100%. Applicants are required to carefully complete the application form and supplement, listing all related training and/or work experience.

FILING REQUIREMENTS: Interested candidates should submit the fully completed Application for Employment and Application Supplement #18-06 to the City of Milford, Human Resources Department, 2nd Floor, 70 West River Street, Milford, Connecticut or email same to lpisacane@ci.milford.ct.us. A complete job description, application forms and Application Supplements #18-06 may be obtained at www.ci.milford.ct.us. Click on Services, then Employment Opportunities, then Building Inspector A. **This position is open until filled.**

SALARY RANGE: The position is a Grade 49 with weekly salary limits as follows:

Minimum	\$1,156.53
Step 1	1,210.46
Step 2	1,264.41
Step 3	1,318.50
Step 4	1,372.60
Maximum.....	1,426.47

The City of Milford offers a **generous benefits package** that includes: health insurance, life insurance, defined benefit plan (pension), 457 savings plan, paid time off (vacation, sick, personal business), paid holidays (13 days per year), and Employee Assistance Program.

BUILDING INSPECTOR A

GENERAL SUMMARY OF DUTIES

Under the general direction of the Building Official or his designee, performs technical work involving the examination of construction documents, inspection of building construction, including the on-site inspection of heating, plumbing and electrical installations, alterations and repairs to ensure compliance with the State Building Code and other related regulations. Duties include both field and office work related to the enforcement of electrical, building and plumbing and heating codes and must be able to efficiently utilize standard office technology including desktops, portable computers and automated software. The work requires a special knowledge of general and flood resistant building construction practices, methods, materials and knowledge of plumbing, heating and air conditioning and knowledge of electrical installations for code compliance. The work is subject to general supervision and is normally carried on with considerable independence and initiative, subject to review by a superior through the analysis of prepared plan review reports and/or inspection reports.

ILLUSTRATIVE DUTIES

Examines construction documents in paper and digital/electronic format.

Conducts field inspections of soils, footings, foundations and general construction of new residential, commercial and industrial buildings and alterations of and additions to present buildings.

Reviews applications and issues building, plumbing, electrical and mechanical permits during designated hours and via online permitting software.

Inspects and tests plumbing installations and checks on drainage problems.

Reviews installations at various stages of progress from the initial stage through to completion; examines the building construction bearing load capacities to assure that structures will not be overloaded.

Performs final inspections of heating, air conditioning and other ventilation installations, alterations, repairs and systems.

Assists and advises architects, engineers, building, plumbing, heating and electrical contractors, homeowners and others regarding building, plumbing, heating and electrical code requirements.

Reviews applications for building permits and inspects building, plumbing, heating and electrical work for compliance with the building code requirements for flood resistant construction and compliance with associated FEMA regulations.

Checks and approves all applications for permits for building, plumbing, heating and electrical work.

BUILDING INSPECTOR A

ILLUSTRATIVE DUTIES (cont'd.)

Inspects existing and new installations of electrical wiring, fixtures and other electrical systems for compliance with code regulations and standards of workmanship and safety.

Inspects air conditioning installations for proper electrical wiring and compliance with codes.

Upon completion of the required inspection(s), notifies the utility company and grants permission to connect service and/or set meters.

Investigates causes of fires in conjunction with representatives of the Fire Department for possible structural safety and equipment safety concerns.

Consults and corresponds with architects, engineers, contractors, homeowners and others relative to prospective and existing electrical installations.

Compiles reports on complaints, special assignments and inspections, reviews plans and layouts relative to permit issuance.

May act as Deputy Inspector in absence of Chief Building Inspector or Building Official.

Performs related work as required.

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES

Ability to successfully have passed the written examination by the State of Connecticut as a building official or assistant building official.

Considerable knowledge of approved methods, materials and practices and necessary safeguards relating to general building construction and structures, plumbing facilities and systems; heating, air conditioning, electrical and ventilating systems.

Ability to detect and locate non-compliant installations, alterations and repairs and to require corrective measures.

Ability to read and understand construction plans and blueprints.

Proficient in the use of office technology and software, to include but not limited to Microsoft Office (Word, Excel, Outlook, Access) and Adobe, or equivalent.

Ability to prepare written reports.

BUILDING INSPECTOR A

REQUIRED KNOWLEDGE < SKILLS & ABILITIES (cont'd.)

Ability to communicate effectively, both orally and in writing.

Ability to consult with property owners, contractors, craftsmen and the public and to establish and maintain effective, courteous and professional working relationships with them.

Ability to perform the physical exertion associated with building inspections, to include but not limited to climbing ladders, scaffolding and/or inspection of crawl spaces.

MINIMUM TRAINING AND EXPERIENCE REQUIRED

Graduation from a standard high school or trade school. Possession of a valid State of Connecticut building official or assistant building official license issued by the Department of Construction Services. Possession of a valid State of Connecticut motor vehicle driver's license.

Preferences:

- Possession of a Bachelor's degree of higher from an accredited college or university.
- Professional licensure as an Architect or Engineer.

SPECIAL REQUIREMENTS

Applicants must attach a copy of the license to the application.

Civil Service Commission
City of Milford, CT
Retyped 2-9-06
Revised: 11/2014



APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE

Q Rev. by: _____

NO _____

Educ _____

Exp _____

Not City EE _____

Other _____

Human Resources Department
 City of Milford
 70 West River Street
 Milford, CT 06460
 (203) 783-3239

Position applying for
 (use title on job announcement)

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

An Equal Opportunity Employer

PERSONAL INFORMATION

_____ 000- -
 Last Name First Name M.I. Other names by which you have been known Last 6 digits of Soc. Sec. No.

Present Address: _____ How long at this address? _____
 No. and Street City State Zip Code Years/Months

Mailing address (if different from residence address) _____
 No. and Street City State Zip Code

Home Telephone _____ Cellular _____ Email _____

In case of emergency, notify:
 Name _____ Relationship _____ Telephone Number _____

Are you legally eligible for employment in the USA? Yes No *If hired, you will be required to submit proof of eligibility to work in the USA.*

Are you 18 years of age or older? Yes No

Have you previously applied for employment with the City of Milford? If yes, when and for which position(s)? Yes No
 Year(s) applied _____ Position(s) applied for _____

Have you previously been employed by the City of Milford? Yes No If yes, complete the following information:
 Job Title/Department _____ From _____ To _____

List any relatives or members of your household who are employed by the City of Milford:
 Name(s) _____ Job Title _____ Department _____

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 copy of DD214 & other supporting documentation.*

GENERAL INFORMATION

What date are you available to begin work? _____

Do you have any commitments to another employer that might affect your employment with the City of Milford? Yes No
 If yes, specify commitment(s): _____

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION UNTIL YOU HAVE READ A COPY OF THE JOB DESCRIPTION EXPLAINING THE ESSENTIAL DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING.

Is there anything that would prevent you from performing the essential functions of the position for which you have applied?
 Yes No

PERSONAL INFORMATION

High school attended:

Name of School(s)	City/State	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Colleges/Universities attended:

Name of Educational Institution	City/State	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates attended	Degree, diploma, GED, certification or number of credits completed.
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

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 required for certain positions. If applicable, include resume with **completed application.**

Have you ever been discharged or asked to resign? Yes No
 If yes, please explain: _____

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per		_____
Reason for leaving position _____	Ending Salary		\$	per		_____
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per		_____
Reason for leaving position _____	Ending Salary		\$	per		_____
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$	per		_____
Reason for leaving position _____	Ending Salary		\$	per		_____
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

EMPLOYMENT HISTORY (continued)

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
Describe Work Performed:						
Number of Employees Supervised (if applicable)						

Employer _____	FROM		TO		TOTAL TIME	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week _____					
Supervisor's Name _____ Title: _____	Starting Salary		\$ _____	per _____		
Reason for leaving position _____	Ending Salary		\$ _____	per _____		
Describe Work Performed:						
Number of Employees Supervised (if applicable)						

*****ONLY COMPLETE THE SECTIONS BELOW IF THEY ARE RELEVANT TO THE POSITION YOU HAVE APPLIED*****

SPECIAL SKILLS/TRAINING

Typing speed: _____ words per minute

Business machines (other than computers) you are able to operate: _____

What computer experience do you have? Apple PC

Your skill level in Word can best be described as:

Your skill level in Excel can best be described as:

Your skill level in Outlook can best be described as:

Your skill level in PowerPoint can best be described as:

Your skill level in Access can best be described as:

Your skill level in Acrobat can best be described as:

Your skill level in Publisher can best be described as:

Describe any other software and level of skill or any other applicable abilities:

SPECIAL SKILLS - FIELD

Light Equipment:

What best describes your skill level operating a payloader?

What best describes your skill level operating a backhoe?

What best describes your skill level operating a small tractor?

Heavy Equipment:

What best describes your skill level operating a grader?

What best describes your skill level operating a Cat 225 excavator?

What best describes your skill level operating a bulldozer?

Snowplowing:

Describe any experience you may have had snowplowing. Include the size of the plow(s) you have driven, number of months/years of snow plowing experience and type of area(s) plowed (roads, driveways, parking lots):

OTHER TRAINING, SKILLS, AND/OR LICENSES

Please list/describe any specialized training, apprenticeship, certifications, licenses, skills, special skills and qualifications related to the job for which you are applying, such as machines you are able to operate, languages you speak and read or write well, computer skills besides those mentioned in the previous page, and any other special abilities or knowledge. Give name and location where training was given, dates attended, subject of training, total number of training hours, and other details.

List professional, trade, business or civic activities and offices held: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle:

- (1) You must possess a valid driver's license;
- (2) Any special endorsements must be current and valid;
- (3) If you are offered employment by the City of Milford, and if your driver's license is from another state, you may be required as a condition of employment to obtain a valid Connecticut Driver's License before you can begin work.

Do you have a valid driver's license: Yes No State _____
 Expiration Date _____ Classification _____ License # _____

FINALISTS MAY BE REQUIRED, UPON NOTIFICATION, TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT. Note: Driving abstracts may be obtained at any Connecticut Department of Motor Vehicles office. This fee is at the finalist's expense.

PROFESSIONAL REFERENCES

List three professional or business references who are not your relatives or employees of the City of Milford. State the nature of the relationship (i.e., co-worker, supervisor, associate, customer).

Name	Address	Phone	Relationship	Years Known

IMPORTANT: Read each of the following sections carefully and completely. If you do not understand any portion of the statements that follow, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

NOTICE TO PERSONS WITH DISABILITIES: Testing arrangements to accommodate persons with disabilities will be made upon request of the applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

PRE-EMPLOYMENT MEDICAL EXAMINATION: Applicants selected for employment may be required to pass a medical examination given by a physician designated by the City of Milford.

PROBATIONARY PERIOD: Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process or grievance procedure of any applicable collective bargaining agreement.

DRUG POLICY: It is the policy of the City of Milford to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. Employees in certain positions are subject to Federal laws requiring pre-employment, post-accident, and random drug testing.

UPON EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

PRE-EMPLOYMENT STATEMENT

AGREEMENT: I CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION ARE TRUE, ACCURATE, 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 OR WITHDRAWAL OF A JOB OFFER. FURTHER, FALSE INFORMATION PROVIDED, WHETHER WILLINGLY OR ACCIDENTALLY, MAY RESULT IN DISCIPLINE OR 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 OF MILFORD. SHOULD I BE EMPLOYED BY THE CITY, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY ALL THE RULES, POLICIES AND REGULATIONS OF THE CITY OF MILFORD, 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 MILFORD, 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 MILFORD 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 MILFORD 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. ANY OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON PASSING A DRUG TEST AND MEDICAL EXAMINATION. I AUTHORIZE MEDICAL PROVIDER(S) TO RELEASE ANY/ALL MEDICAL INFORMATION TO THE CITY PURSUANT TO ITS PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN PROCEDURES IN ACCORDANCE WITH HIPAA.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MILFORD, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE of APPLICANT		DATE
------------------------	--	------



INVITATION TO SELF-IDENTIFY

City of Milford

Position applying for
(use the title that appears on the job announcement)

SECTION 1: CANDIDATE INFORMATION

It is the policy of the City of Milford to recruit, hire, and promote qualified people in all job classifications regardless of age, race, gender, color, religion, creed, national origin, marital or veteran status, sexual orientation, gender identity or expression, disability or any other legally protected status, 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, all applicants are strongly urged to 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 Milford with the requested information by checking the appropriate box in Section 4. This information will not affect in any way your employment opportunities. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

SECTION 2: GENERAL INFORMATION

Name _____ Date _____

Social Security Number 000 (Last six digits ONLY)

SECTION 3: STATISTICAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTION:

What is your race/ethnicity? (Please mark the **ONE BOX** that describes the race/ethnicity category with which you primarily identify.)

Race/Ethnic Identification

American Indian or Alaska Native (Not Hispanic or Latino) 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 (Not Hispanic or Latino) 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 Phillipine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) 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 (Not Hispanic or Latino) 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.

Two or more races A person who primarily identifies with two or more of the above race/ethnicity categories.

Gender Male Female

SECTION 4: NON-PARTICIPATION

Please check box if applicable

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

SECTION 5: RECRUITING INFORMATION

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

<input type="checkbox"/> Milford Mirror	<input type="checkbox"/> Human Resources or Department Bulletin Board
<input type="checkbox"/> Other newspaper (give name):	<input type="checkbox"/> Community Agency (give name):
<input type="checkbox"/> City Website	<input type="checkbox"/> Professional Journal (give name):
<input type="checkbox"/> Internet (list site):	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> City Employee	



CITY OF MILFORD

BUILDING INSPECTOR A – BUILDING INSPECTION DIVISION
PERMITTING AND LAND USE DEPARTMENT

APPLICATION SUPPLEMENT #18-06

NAME _____

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

For this examination, you will be filling out specific information about your 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 training, and the duties, responsibilities and accomplishments that are associated with the jobs which helped you qualify for the position for which you are applying. Your training and experience will be scored according to how closely they relate to the various job components or factors of the position of Building Inspector A. 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 Employment must be filed with the Human Resources Department by the last filing date noted in the job announcement. Information submitted after the last filing date will not be considered.

I. EDUCATION AND LICENSURE:

PART A. – EDUCATION

EDUCATION:

A. Do you possess any of the following degrees? (If “Yes”, specify the major field of study for which the degree was conferred.)

- 1. High School Diploma Yes _____ No _____
- 2. Trade School Diploma/Certificate Yes _____ No _____
- 3. Associate’s Yes _____ (Major) _____ No _____
- 4. Bachelor’s Yes _____ (Major) _____ No _____
- 5. Master’s Yes _____ (Major) _____ No _____

B. Credits: If you do not have a college degree, but did complete college course work, list the number of credits earned. _____ Major _____

C. Did you complete any post-secondary (technical or business school) education course(s) or training in building inspection or a related field? If so, please specify number of courses.

Yes _____ Number of courses _____ No _____

PART B. – LICENSURE

Do you possess a valid State of Connecticut Driver’s License?

____ Yes
Type: _____ (Must attach a copy of license.)

____ No

Do you possess a valid State of Connecticut Building Official or Assistant Building Official License?

____ Yes
Type: _____ (Must attach a copy of license.)

____ No

II. EXPERIENCE

#18-06

Please follow column headings completely. Use whatever terms would be most indicative of the level and scope of your responsibilities. You may use additional pages, if necessary.

Describe in detail your work experience inspecting the approved methods, materials, practices and necessary safeguards relating to general building construction and structures, plumbing facilities and systems, heating and air conditioning, and electrical and ventilating systems.

Name of Employer:			Dates & No. of Hours/Week Performing This Job:	
Supervisor's Name:			Supervisor's Title:	
Your Job Title & Duties:				

Name of Employer:			Dates & No. of Hours/Week Performing This Job:	
Supervisor's Name:			Supervisor's Title:	
Your Job Title & Duties:				

II. EXPERIENCE - CONTINUED

#18-06

Describe in detail your experience detecting and locating non-compliant installations, alterations and repairs along with any corrective measures taken.

Supervisor's Name:			Supervisor's Title:	
Your Job Title & Duties:				

Are you able to read and understand construction plans and blueprints? Yes No

Years of experience: _____

Are you able to prepare written reports and otherwise communicate effectively, both orally and in writing?

Yes No Years of experience: _____

Are you able to perform the physical exertion associated with building inspections, including but not limited to climbing ladders, scaffolding and/or inspecting crawl spaces?

Yes No

III. – SPECIALIZED TRAINING

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to building inspection.

AREA OF STUDY/TITLE OF COURSE	SPONSORING ORGANIZATION	DATES ATTENDED & NO. OF HOURS