



# CITY OF MILFORD

OPEN COMPETITIVE NO. 21-21

## TAX ASSESSOR – SIGN-ON INCENTIVE OFFERED

**RE-POSTING DATE:** January 15, 2021

**CLOSING DATE:** Open until filled

**NOTICE TO ALL APPLICANTS:** This opening is available to all City employees and the general public. The City of Milford is seeking a qualified candidate to serve as the Tax Assessor for this vibrant community.

**SALARY RANGE:** The position provides for a weekly salary as follows:

Step 1 .....	1,944.33
Step 2 .....	2,000.37
Step 3 .....	2,097.91

**Note:** Governing Collective Bargain Agreement expired on June 30, 2019. Wages subject to any newly-negotiated GWI increases.

**SIGN-ON INCENTIVE:** The selected qualified candidate will receive a \$12,000 sign-on bonus.

**GENEROUS BENEFITS:** The City offers the following benefits:

- o Medical & Dental insurance effective 1<sup>st</sup> day of hire
- o Traditional Pension Plan/Defined Benefit Plan (5-year vesting)
- o 457 Saving Plan
- o Free Life Insurance
- o Weekly Pay
- o Additional Compensation after 7.5 hours of work per day
- o Paid Time Off – Separate Vacation Pay, Sick Pay, Personal Business Pay, Bereavement Pay
- o Paid Holidays – 13 days per year
- o Employee Assistance Program
- o Free Access to Employee Fitness Center
- o Wellness Initiatives

**SUMMARY OF POSITION:** Under the general direction of the Finance Director, the Tax Assessor is responsible for planning, directing and supervising a program of continuing appraisal and assessment of real and personal property in the City for taxation purposes in accordance with local and state law. The individual is responsible for developing and adopting sound valuation techniques and applying them in an equitable and uniform fashion to all types of property. Work involves discovering, valuing and listing real and personal property and explaining and defending valuations. Property valuations are subject to appeal to the Board of Assessment Review.

**MINIMUM QUALIFICATIONS:** Possession of a Bachelor’s degree from an accredited college or university, preferably with a focus in courses in property appraisal or taxation; and considerable experience in property assessment involving the appraisal of land and buildings, including at least four (4) years of supervisory experience; and considerable knowledge of basic mapping skills, general assessment practices and valuation techniques; OR any equivalent combination of experience and training. Possession of Certified Connecticut Municipal Assessor (CCMA II) certification; and Possession of a valid State of Connecticut motor vehicle driver's license.

**SCOPE OF EXAMINATION:** Applications will be reviewed, and those candidates deemed most qualified will be invited to participate in the interview process. Please be advised that the successful candidate will be required to submit to a physical examination, a drug screening and a comprehensive background check prior to appointment.

**FILING REQUIREMENTS:** Applicants are required to submit a fully completed **Employment Application, Application Supplement #21-21, resume and cover letter** to the Human Resources Department, Government Complex, 70 W. River St., Milford, CT or [HRrecruit@milfordct.gov](mailto:HRrecruit@milfordct.gov). For forms and detailed application instructions, go to [www.ci.milford.ct.us/hr/pages/jobs](http://www.ci.milford.ct.us/hr/pages/jobs) then select *Tax Assessor*.

# **JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL**

## **TAX ASSESSOR**

### **GENERAL SUMMARY OF DUTIES**

Under the general direction of the Finance Director, the Tax Assessor is responsible for planning, directing and supervising a program of continuing appraisal and assessment of real and personal property in the City for taxation purposes in accordance with local and state law. The individual is responsible for developing and adopting sound valuation techniques and applying them in an equitable and uniform fashion to all types of property. Work involves discovering, valuing and listing real and personal property and explaining and defending valuations. Property valuations are subject to appeal to the Board of Assessment Review.

### **ESSENTIAL FUNCTIONS**

*(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the Position.)*

- Plans, directs, organizes, and implements **in-house revaluations**\* every five years with the assistance of the Revaluation Coordinator.
- Presents and explains valuations and related matters to taxpayers as required.
- Reviews complaints concerning assessments, makes recommendations and acts as a liaison to the Board of Assessment Appeals.
- Prepares yearly grand list of all real estate, motor vehicle and personal property
- Defends assessments in litigation for tax appeals in court appearances with the City Attorney.
- Explains assessments to taxpayers and responds to taxpayer assessment inquiries including but not limited to increases, general questions, maps, ownership, and land issues.
- Oversees and implements all city and state tax relief programs for the elderly, blind, disabled and veterans.
- Develops, prepares and manages yearly office budget for Finance Director.
- Directs the activities of the Deputy Assessors and clerical staff, and assists in the training of new personnel.
- Performs physical field inspections to update both residential and commercial properties on permits issued or general discoveries
- Maps newly created parcels, lot splits and assemblages to update City's Geographic Information System (GIS).
- Researches and stays current on new state laws and regulations concerning the Assessor's Office to comply with various state reporting requirements.
- Provides technical information and assistance to property owners, attorneys, real estate agents, bankers and town departments, boards and commissions.
- Performs related work as required.

**\*The next City-wide Revaluation is scheduled for the October 1, 2021 Grand List Year**

### **REQUIRED KNOWLEDGE, SKILLS AND ABILITIES**

- Thorough knowledge of the principles and practices of property assessment.
- Thorough knowledge of land and building values in the municipality and some knowledge of equipment and furnishings values.
- Thorough knowledge of VGSI CAMA software.
- Thorough knowledge of WALSH/GEMS administration software is preferred.
- Thorough understanding of the State General Statutes that govern Assessment and Taxation.
- Thorough knowledge of applicable laws, rules and regulations governing real and personal property assessment.
- Strong knowledge/implementation of business management theories/skills.
- Strong computer skills with emphasis on Word and Excel.

# **JOB DESCRIPTION REVISIONS PENDING UNION APPROVAL**

## **TAX ASSESSOR**

Page 2

### **KNOWLEDGE, SKILLS AND ABILITIES (cont'd)**

- Ability to effectively communicate orally and in writing to management, co-workers, vendors and the public
- Ability to prioritize, organize, and perform work independently
- Ability to analyze complex situations, decide on course of action, and execute plan of action accordingly
- Thorough knowledge of principles and practices of property valuation and assessment.
- Strong residential/commercial/industrial appraisal knowledge with the ability to analyze and interpret all submitted fee appraisals
- Ability to read and understand deed descriptions in order to plot parcels and update the City's GIS
- Working knowledge of the practices and principles of land survey work, drafting and GIS.
- Ability to direct and supervise the work of technical and clerical subordinates.
- Ability to deal tactfully, effectively, and impartially with property owners and the public.
- Ability to analyze reports and recognize the various factors affecting the assessment program.

### **MINIMUM QUALIFICATIONS REQUIRED**

- Possession of a Bachelor's degree from an accredited college or university, preferably with a focus in courses in property appraisal or taxation; and
- Considerable experience in property assessment involving the appraisal of land and buildings, including at least four (4) years of supervisory experience; and
- Considerable knowledge of basic mapping skills, general assessment practices and valuation techniques; OR
- Any equivalent combination of experience and training.
- Possession of Certified Connecticut Municipal Assessor (CCMA II) certification; and
- Possession of a valid State of Connecticut motor vehicle driver's license.

### **JOB ENVIRONMENT**

This job operates in a professional office environment. Routinely uses standard office equipment such as computer, phones, photocopiers, scanners, filing cabinets and fax machines. The incumbent is located in a busy, open area office. The incumbent is faced with constant interruptions and reporting deadlines. Makes frequent contact with the other City departments, City employees, vendors, contractors and members of the public. Contacts are in person, in writing, and by telephone.

### **PHYSICAL REQUIREMENTS**

The physical demands described herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Hand-eye coordination is necessary to operate computers and various types of tools and equipment. Specific vision abilities required by this job include close vision, prolonged visual concentration and the ability to adjust focus. While performing the duties of this job, the employee is frequently required to sit, stand, walk, talk, and hear; use of hands and fingers to handle, feel, or operate objects, tools or controls and reach with and arms. Occasionally required to bend, crouch or kneel. Occasionally must lift and/or move up to 25 pounds.

The City of Milford, CT is an equal opportunity/affirmative action employer. It is the policy of the Company to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, or veteran status.



## CITY OF MILFORD

Human Resources Department  
70 W. River Street  
Milford, CT 06460  
(203) 783-3239  
[HRrecruit@ci.milford.ct.us](mailto:HRrecruit@ci.milford.ct.us)

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### ***APPLICATION FOR EMPLOYMENT & EXAMINATION*** **INSTRUCTIONS FOR COMPLETION:**

**THIS APPLICATION FORM CONSTITUTES A PART OF THE EXAMINATION PROCESS. Every section must be completed in full, even if resume or other supporting documents are attached. You should not direct this Office to refer to a resume for information that is being asked on the application form. **You must answer all questions completely and accurately in order for your application to be given the proper consideration.****

#### **INCOMPLETE APPLICATION WILL BE REJECTED.**

- **LATE APPLICATION WILL NOT BE ACCEPTED.** Application must be **received** in the Human Resources Department by the application deadline, as stated on the job announcement. You must complete an application form in ink or typed print. You can complete an application form on-line at the City's website and print the application. **You must sign your application in ink or with digital signature.** Application closing dates are noted on each job announcement.
- **ALL APPLICANTS SHOULD READ THE JOB ANNOUNCEMENT OF THE JOB FOR WHICH YOU ARE APPLYING.** Specific job requirements will be noted under the section titled "Minimum Qualification Requirements".
- **EACH SECTION IN THE APPLICATION FORM MUST BE COMPLETED.** You can use additional sheets of papers to attach to your application if you need more space to provide complete information, especially as it pertains to your employment history. **Applications submitted without completing each section will be rejected.**
- **LICENSES AND CERTIFICATIONS** required for the position you are applying for **must be listed and you must provide a copy of any and all licenses and certifications required, as stated on the job announcement.** **Any applications submitted without providing a copy of the required licenses/certifications will be rejected.**
- **YOU MUST ATTACH A CLEAR COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION FORM, if the job for which you are applying requires a driver's license.** If you fail to provide a copy of your driver license **your application** will be rejected.
- **EMPLOYMENT HISTORY:** You must complete each section, as requested. You must complete "Describe Work Performed" completely. Do not write "see resume" in lieu of completing this information on the application form. **Application submitted without completing each line of this section will be rejected.**
- **VOLUNTARY COMPLIANCE INFORMATION:** Completing the page title "Invitation of Self-Identity" is Voluntary. This information is needed to meet Federal and State reporting requirements and is also used to evaluate the effectiveness of our recruiting and testing procedures. This sheet is not seen by anyone making the hiring decision. **Applications will not be rejected if you choose not to complete this Voluntary Information section.**



# 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 _____	<b>FROM</b>		<b>TO</b>		<b>TOTAL TIME</b>	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week    # _____					
Supervisor's Name _____ Title: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	<b>FROM</b>		<b>TO</b>		<b>TOTAL TIME</b>	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week    # _____					
Supervisor's Name _____ Title: _____						
Reason for leaving position _____						
Describe Work Performed: _____						
Number of Employees Supervised (if applicable) _____						

Employer _____	<b>FROM</b>		<b>TO</b>		<b>TOTAL TIME</b>	
Address _____	Month	Year	Month	Year	YEARS	MONTHS
Telephone Number _____						
Your job title _____	Hours per week    # _____					
Supervisor's Name _____ Title: _____						
Reason for leaving position _____						
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: _____						
Reason for leaving position _____						
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: _____						
Reason for leaving position _____						
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
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# 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**

**TAX ASSESSOR  
APPLICATION SUPPLEMENT #21-21**

---

---

NAME \_\_\_\_\_

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

For this examination, you will be filling out specific information about your education, training and experience. The information 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, 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 education, training, and experience will be scored according to how closely they relate to the various job components or factors of the position of Tax Assessor. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

This examination booklet, a completed Employment Application, a resume and a cover letter must be filed with the Human Resources Department by the last filing date noted in the job announcement, or bear a postmark no later than the last filing date: Information submitted after the last filing date will not be considered.

I. 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. Associate's Degree Yes \_\_\_\_\_ Major \_\_\_\_\_ No \_\_\_\_\_
- 3. Bachelor's Degree Yes \_\_\_\_\_ Major \_\_\_\_\_ No \_\_\_\_\_
- 4. Master's Degree 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 Public or Business Administration, Property Assessment, Real State, Property Appraisal, Legal Studies or a closely related field? If so, please specify courses.

- Yes \_\_\_\_\_ Course \_\_\_\_\_ Number of credits earned \_\_\_\_\_ No \_\_\_\_\_
- Yes \_\_\_\_\_ Course \_\_\_\_\_ Number of credits earned \_\_\_\_\_ No \_\_\_\_\_
- Yes \_\_\_\_\_ Course \_\_\_\_\_ Number of credits earned \_\_\_\_\_ No \_\_\_\_\_

II EXPERIENCE:

A. Do you have at least seven (7) years of professional work experience in property assessment involving the appraisal of buildings debt collection, financial administration or a closely related field?

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

Please indicate which of the specific areas you have experience with:

- \_\_\_\_\_ Property assessment..... Number of Years \_\_\_\_\_
- \_\_\_\_\_ Property appraisal..... Number of Years \_\_\_\_\_
- \_\_\_\_\_ Municipal tax collection..... Number of Years \_\_\_\_\_
- \_\_\_\_\_ Real estate..... Number of Years \_\_\_\_\_
- \_\_\_\_\_ Financial administration..... Number of Years \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_..... Number of Years \_\_\_\_\_

B. Do you have at least four (4) years of supervisory experience?

\_\_\_\_\_ Yes Number of Years \_\_\_\_\_ No

II SPECIALIZED TRAINING

#21-21

List all specialized training (seminars, special courses, advanced training, etc.) that you have attended/completed within the past five (5) years, relevant to property assessment, appraisal, real state, municipal tax collection/or legal studies.

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