



AN 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
THIS IS AN ONGOING POSTING
PUBLIC HEALTH NURSE I
Salary Range: \$37.5227– \$51.0641 per hour

DUTIES: Under the general direction of the Director of Nursing Services or other supervisor, performs public health nursing activities in schools or in assigned areas of the City; assists physicians in conducting public health programs in schools, homes or institutions; does other related work as directed.

MINIMUM QUALIFICATION REQUIREMENTS: Graduation from an accredited school of nursing and one (1) year of full-time nursing experience.

Note: Graduation from an accredited college or university with a Bachelors’ or Masters’ Degree in Nursing may substitute for the one (1) year of full time nursing experience.

SPECIAL REQUIREMENT: At time of appointment, licensed as a Registered Nurse in the State of Connecticut and be CPR/ AED Certified. **Applicants must attach legible copy of license to their application.**

SCOPE OF EXAMINATION: There will not be a written examination. Applicants will be ranked according to their education, training, and experience. Applicants are advised to fully complete the application form and supplement, listing all related degrees, training, and work experience. Incomplete applications or supplements will be rejected.

FILING REQUIREMENTS: Interested candidates should submit an Employment Application and Application Supplement. Applications can be obtained at the City of Stamford, Human Resources Division, 9th Floor, and 888 Washington Boulevard, Stamford, Connecticut or at www.stamfordct.gov.

Please note: Only properly completed and submitted applications and application supplements will be considered. Applications of candidates who do not meet the stated position requirements will not be considered. A resume is not a substitute for a fully completed application.

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.

Re-Issued: 08/21/2023

<p>EMPLOYMENT BENEFITS:</p> <ul style="list-style-type: none"> • Health Plan and Hospitalization • Paid Vacations and Holidays • Retirement Plan • Group Life Insurance • Sick Leave <hr/> <p>VETERAN'S PREFERENCE: Preferential Points may be given to Eligible Veterans. Check with the Department of Human Resources.</p>	<p>Applications are obtained from and submitted to DEPARTMENT OF HUMAN RESOURCES CITY OF STAMFORD 888 WASHINGTON BOULEVARD STAMFORD, CONNECTICUT 06904 TELEPHONE (203) 977-4070 www.stamfordct.gov</p> <hr/> <p>General Conditions for Job Announcements and Civil Service Information can be viewed at www.stamfordct.gov</p>	<p>CHANGE OF ADDRESS: It is your responsibility to notify the Department of Human Resources of any Change of Address on your application</p> <hr/> <p>PERSONNEL COMMISSION</p> <p>Marc Teichman Lynn Arnow Elizabeth Main Jaclyn Williams Stuart Adelberg</p>
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Department: Health
FLSA: Non-Exempt
Classified: Nurses
Salary Grade: M01/O01
Reports to: Director of Nursing Services

City of Stamford

CLASS SPECIFICATION

Job Title: PUBLIC HEALTH NURSE I

Job Summary: Under the general direction of the Director of Nursing Services or other supervisor, performs public health nursing activities in schools or in assigned areas of the City, assists physicians in conducting public health programs in schools, homes, or institutions; does related work as required.

Supervision Received: Under the general direction of the Director of Nursing Services or other supervisor.

Supervision Exercised: May be required to supervise non-professional aides or assistants in housekeeping, filing or related non-nursing duties.

Examples of Duties:

- Performs related duties as required.
- Makes home visits to arrange for or demonstrate necessary care for the sick and complete family supervision, studying those environmental, social and family relationships having a bearing on the health status of each member of the family.
- Conducts health screening and education programs with school children.
- Counsels parents on preventive measures and participates in health education programs involving health in general and such areas as nutrition, communicable diseases, smoking, alcohol and chronic diseases:(heart disease, cancer, high blood pressure and stroke).
- Provides information and explanations regarding treatment of simple problems such as lice, scabies, impetigo, when necessary.
- Assists in enforcement of quarantine procedures and re-entry to school at the discretion and direction of the Director of Health and School Medical Advisor.
- Arranges for and assists physicians in conducting different types of clinics.
- Sets up equipment and assists with examinations.
- Assists and conducts immunization clinics, keeps records of clinic activities, accidents and screening programs as directed.
- Develops instructive materials and conducts formal instruction periods and conducts programs of health education with school children, parents and teachers.

- Notifies parents of any physical defects found in physical examination at schools and advises of and arranges for corrective measures.
- Administers first aid and refers for treatment by physician when necessary; may provide emergency transportation to home, clinic or hospital or where so directed.
- Interprets the public health nursing service and programs to community groups and participates in general health education and promotion activities conducted by the Health Department or the schools, when necessary.
- Participates in staff education conferences, in-service education, training programs, and attends related professional meetings, conferences and institutions, as assigned.
- Maintains extensive health records, tallies statistics, and works in close harmony with planning and placement team and other health and welfare professionals in the community, schools and institutions.
- Provides assessment and management of minor intercurrent illness and accidents, as directed by the School Medical Advisor.
- Carries out programs of screening, such as, but not limited to, scoliosis screening, blood pressure screening and others.
- Coordinates and provides such health instruction programs as Breast Self-Examination, Testicular Self-examination, and similar programs where assigned.
- Participates in the full spectrum of public health prevention, promotion, and maintenance activities in the school work place and community health setting.
- May be required to supervise non-professional aides or assistants in housekeeping, filing or related non nursing duties.

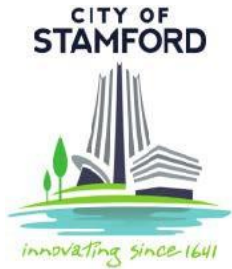
Knowledge, Skills and Abilities:

- Ability to work with individuals from diverse backgrounds.
- Thorough knowledge of the principles, practices and techniques of public health and school nursing.
- Thorough knowledge of the causes, methods of transmission, and control of the various types of communicable diseases, chronic diseases and measures taken for their prevention, mitigation, control and treatment.
- Ability to adopt fundamental principles of nursing and teaching techniques to meet the needs and interests of various individuals and groups.
- Ability to work harmoniously and effectively with local professional and community groups and fellow employees.
- Ability to deal effectively with children, the aged and other groups throughout the life cycle with special reference to crisis periods such as infancy, adolescence, puberty and pregnancy.
- Ability to respond promptly and effectively to emergency situations.

Minimum Qualifications: Graduation from an accredited school of nursing and one (1) year of full-time nursing experience.

NOTE: Graduation from an accredited college or university with a Bachelor’s or Master’s degree in Nursing may substitute for the one (1) year of full-time nursing experience.

SPECIAL REQUIREMENT: At time of appointment, licensed as a Registered Nurse in the State of Connecticut.



APPLICATION FOR EXAMINATION OR EMPLOYMENT

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

Position applying for
Use Title on Job Announcement

Exam Number

DO NOT WRITE IN THIS SPACE

- Q _____
- NQ _____
- Educ Reviewer
- Exp _____
- Not City EE _____
- Other _____

PLEASE TYPE OR PRINT CLEARLY

All blanks must be completed in order for application to be considered

Please note that the information you provide on this application/examination will be used to determine if you are qualified for further consideration in the position in which you are applying. Failure to provide adequate or detailed information necessary to determine your qualifications may result in you being disqualified for a position. There may also be a supplement to this application for the position for which you are applying. Please make sure you submit ALL required materials.

GENERAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street/apt #) (City) (State) (Zip Code)

Home Telephone _____ Work Telephone _____
(Area Code) (Area Code)

Cell Phone _____ Email Address _____
(Area Code)

Social Security Number (Last 6 digits) XXX _____

Do you claim 5 points preference based on active duty in the US Armed Forces? Yes No

Do you claim 10 points preference based on veteran's disability? Yes No

Are you you related to anyone currently employed by the City of Stamford? Yes No

If yes, name, and job title or department

Name _____

Job Title or Dept. _____

RECORD OF EDUCATION

<i>TYPE OF SCHOOL</i>	<i>NAME OF SCHOOL AND CITY/STATE</i>	<i>DATES ATTENDED</i>	<i>COURSE OF STUDY (Major/Minor)</i>	<i>GRADUATED (Yes/No)</i>	<i>DEGREE, DIPLOMA, G.E.D., AND CERTIFICATE OR CREDITS COMPLETED</i>
<i>HIGH SCHOOL</i>					
<i>COLLEGE OR UNIVERSITY</i>					
<i>COLLEGE OR UNIVERSITY</i>					
<i>COLLEGE OR UNIVERSITY</i>					

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 to training, number of hours weekly and other details.

Summarize any other Special skills or Abilities relating to the job you are applying for, such as licenses, machines you operate, languages you speak, read and write well, computer skills and any other special abilities or knowledge.

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.**

Name of Employer _____ Dates of Employment _____

From/To

Employer Address _____ #of hour per week _____

Your most recent position (Title) _____

Supervisor's Name _____ Reason for leaving _____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying). _____

Name of Employer _____ Dates of Employment _____

From/To

Employer Address _____ #of hour per week _____

Your most recent position (Title) _____

Supervisor's Name _____ Reason for leaving _____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying). _____

Name of Employer _____ Dates of Employment _____
From/To

Employer Address _____ #of hour per week _____

Your most recent position (Title) _____

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Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying). _____

Name of Employer _____ Dates of Employment _____
From/To

Employer Address _____ #of hour per week _____

Your most recent position (Title) _____

Supervisor's Name _____ Reason for leaving _____

Describe your duties: (please provide detail sufficient for the examiner to determine if you meet the requirements of the job for which you are applying). _____

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

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

Applicant's Signature _____

COMMENTS

ADA ACCOMMODATIONS IN TESTING: The City of Stamford provides reasonable accommodations for individuals with a disability during the application, examination, interview, and employment. If you need reasonable accommodation, check the box below and attach a written description of the accommodation sought. Medical documentation may be required.

I require accommodation as outlined in the attachment.

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the box below and submit attach an Accommodation request by the Last Date to File.

I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

I require special accommodation to take this examination.

* Documentation may be requested to support accommodation requests*

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

Applicant's Signature _____

APPLICANT DISCLOSURE FORM

CANDIDATE INFORMATION

It is the policy of the City of Stamford to recruit, hire and promote qualified people in all job classification 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 report 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 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.

GENERAL INFORMATION

Your Name _____ Date _____

Social Security Number (Last 6 digits) XXX _____

STATISTICAL INFORMATION

Race/Ethnic Identification (Please check one)	
American Indian or Alaska Native <input type="checkbox"/>	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 <input type="checkbox"/>	All persons having origins in any of the original peoples of 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 <input type="checkbox"/>	(Not Hispanic or Latino origin). All persons having origins in any of the black racial groups of Africa.
Hispanic or Latino <input type="checkbox"/>	<input type="checkbox"/> 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 <input type="checkbox"/>	All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.
White <input type="checkbox"/>	(Not Hispanic or Latino origin). All persons having origins in any of the original peoples of Europe, the Middle East or North America.
Other <input type="checkbox"/>	Please Specify: _____

Job Classification

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

Gender	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

NON-PARTICIPATION

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

(Please check box if applicable)

RECRUITING INFORMATION

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

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

MAYOR
Caroline Simmons



DIRECTOR OF LEGAL AFFAIRS
&
CORPORATION COUNSEL
THOMAS M. CASSONE

DIRECTOR OF HUMAN RESOURCES
Alfred C. Cava, SHRM-SCP, SPHR

CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS
HUMAN RESOURCES DIVISION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152
Tel. (203) 977-4070
Fax: (203)977-4075

PUBLIC HEALTH NURSE I

APPLICATION SUPPLEMENT

EXPERIENCE AND TRAINING EXAMINATION

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 which 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 which 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 *Public Health Nurse I*. Your score will be based only on what you include in this examination. Incomplete or illegible applications/supplements will be rejected.

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

AN EOE/AA EMPLOYER

PART I. PRELIMINARY REVIEW OF EDUCATION AND EXPERIENCE

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

A. EXPERIENCE

Do you have at least one (1) year of full-time nursing experience? (Number of years must be based on a full time equivalent, based on a 35 hour per week position being considered full time. For example, if you worked only 20 hours per week for one year, the number of years of experience would actually be only .57 year.)

Yes _____ No _____ No. of years _____

B. EDUCATION

Do you possess any of the following degrees?

- 1. Bachelor's in Nursing Yes _____ No _____
- 2. Master's in Nursing Yes _____ No _____

C. LICENSURE

Do you possess a valid and current license as a Registered Nurse from the State of Connecticut?
You must attach a legible copy of your license to the application.

Yes _____ No _____

PART II. INTEREST AND AVAILABILITY

A. Since the eligible list for the position of *Public Health Nurse I* will be used to fill positions in both the Health Department and in the School Health Programs, please indicate your preference below. You will not be considered for a position for which you have indicated no interest.

I am interested in working in

- _____ the Health Department only.
- _____ a School Health Program only.
- _____ either one of the above.

B. The eligible list will be used to fill full time and part-time positions. (Full time employees are eligible for benefits. Part-time employees work 19 hours or less per week and are not benefits eligible.) Please indicate your availability below.

I am available for

- _____ full time work only.
- _____ part-time work only.
- _____ full time or part-time work.

PART III.

EDUCATION: List all degrees earned at an accredited college or university, including dates and major area of study.

<u>DATES ATTENDED</u>	<u>COLLEGE OR UNIVERSITY</u>	<u>COURSE OF STUDY</u>	<u>DEGREE AWARDED</u>

PART IV.

TRAINING: List any related training or in-service education you received through institutes, conferences, seminars, workshops, or professional associations relating to public, community, school or maternal-child health nursing, or pediatric or emergency room nursing.

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

PART V.

EXPERIENCE: Describe your professional nursing experience, including area(s) of specialty. Beginning and ending dates of employment must be listed by month/year (e.g. 4/2020). If the work was part time, indicate the average number of hours per week you worked. You must list all your professional nursing experience. (Attach additional sheets if necessary.)

DATES	NO. OF HRS. PER WEEK	NAME AND DESCRIPTION OF EMPLOYER	NURSING SPECIALTY & DUTIES