



**DEPARTMENT OF HUMAN RESOURCES
CITY OF NEW HAVEN
CIVIL SERVICE DIVISION**

200 Orange Street, New Haven, CT 06510
(203) 946-8252 telephone (203) 946-7166 fax
www.cityofnewhaven.com



December 8, 2016

Dear Applicant:

Testing for the position of Deputy Fire Chief will take place on February 2, 2017. For personal planning purposes, it is important for all potential applicants to know that testing is planned to occur on this date. This will be a 1-day test process. If you plan to apply, please arrange your schedule accordingly so that you will not have a conflict.

My office will send an examination notice to all eligible applicants sometime after the application period closes. The notice will confirm the test date and will also contain information such as test time, location and instructions on how to confirm participation in the examination process. Please be immediately aware that eligible applicants will be required to contact my office by a prescribed deadline date to confirm participation in the examination process. This is a necessary step in planning the logistics behind this endeavor. That deadline date and further instructions on who to contact will be contained in the examination notice.

In order to expedite communication with all applicants, I will be using email solely and/or in conjunction with regular postal mail to contact applicants. Please be sure to supply an email address that you check regularly on your application.

In the meantime, it is advisable for you to prepare for the examination process. The established Reading List is enclosed. Please take note of all relevant instructions on the Reading List concerning where and how to obtain study material.

The test consultant will be conducting a candidate orientation on a future date before the examination occurs. The goal of this orientation is to inform you of what to expect in the examination process. As soon as the date for the orientation is confirmed, I will be communicating that information to all eligible applicants.

If you have any questions or concerns in the interim, please feel free to email me directly at Nmarcano@newhavenct.gov

Sincerely,

Noelia Marcano,
Personnel Director

Enclosures: Reading List; Job Posting & Job Description
ADA Accommodation Request Form; Employment Application

2016/2017 DEPUTY FIRE CHIEF EXAMINATION READING LIST

This list is divided into two parts: 1) internal sources relevant to the promotional position; and 2) external sources, such as books relevant to the promotional position.

I. SELECT STANDARD OPERATING GUIDELINES AND AVAILABILITY

AVAILABILITY: The following internal sources are contained in the Standard Operating Guidelines CD (Version 002; 06/01/15; including recently revised Fire 006) issued to all NHRD members previously. If you have not received the CDs, please contact the Chief's Office at (203) 946-6220 to arrange for pick up.

1) Section #1-General and Safety Operating Guidelines:

READ & STUDY: *all of the following guidelines listed*

• 001	• 004	• 012
• 002	• 005	• 013
• 003	• 011	

2) Section #2-Firefighting Operations:

READ & STUDY: *all of the following guidelines listed*

• 001	• 016	• 025
• 002	• 017	• 026
• 004	• 018	• 027
• 006 (Rev)	• 019	• 028
• 008	• 020	• 029
• 010	• 021	
• 013	• 022	
• 014	• 023	
• 015	• 024	

3) Section #3-EMS Operations:

READ & STUDY: *all of the following guidelines listed*

• 001	• 003	• 008
• 002	• 006	• 009

4) Section#4-Rescue Operations:

READ & STUDY: *all of the following guidelines listed*

• 001	• 005
• 002	• 006
• 003	

II. BOOKS: AVAILABILITY, COSTS AND AREAS OF STUDY

AVAILABILITY: You may Google the ISBN provided below for options to purchase or rent the book.

- 1) Flaherty Poché, Michelle (Edited by): *Effective Supervisory Practices: Better Results Through Teamwork*, (5th Edition, ISBN: 978-0-87326-774-8, Published: ICMA Press 2013

READ & STUDY: *Chapters 2, 3, 5, 7, 8, 10, 12, 13, 14, 15, and 16*

**CITY OF NEW HAVEN DEPARTMENT OF
HUMAN RESOURCES
200 ORANGE STREET, NEW HAVEN. CT 06510
www.cityofnewhaven.com**

**POSTED: DECEMBER 8, 2016
REMOVAL DATE: DECEMBER 22, 2016**

PROMOTIONAL ONLY

(Only open to members of Local 825 who satisfy minimum requirements)

**POSITION: DEPUTY FIRE CHIEF (TESTED)
DEPARTMENT: FIRE SERVICES
SALARY: \$106,123 ANNUAL
HOURS: 42 HOURS PER WEEK
FUNDING: GENERAL FUNDS**

***INTERESTED APPLICANTS PLEASE STOP AT THE HUMAN RESOURCES RECEPTION DESK FOR A SPECIAL APPLICATION PACKET or download from <http://www.cityofnewhaven.com/HumanResources/CityJobPostings.asp>
Click on the City Job Postings link and scroll down to Deputy Fire Chief of Operations posting for link to packet.***

NATURE OF WORK:

This is responsible supervisory and professional Firefighting work on a citywide basis. Work involves direct command of all Firefighting forces on an assigned shift. Work is performed under the general supervision of an Assistant Fire Chief and is reviewed through reports, conferences and observation of results.

MINIMUM REQUIREMENTS:

Graduation from high school, and 1 year in Civil Service rank of Battalion Chief in the New Haven Fire Department along with the knowledge, abilities and skills as stated in the job description.

This position is included in a collective bargaining agreement with Local 825, International Association of Fire Fighters.

Application Packet may be picked up at the Department of Human Resources Office at 200 Orange St., 1st Floor, Monday through Friday, 9AM to 5PM, or obtained through the Job Postings stated above. Applications must be received by the Department of Human Resources No Later than 5 PM on Removal Date.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Immigration Reform and Control Act of 1986 requires the hiring of only American citizens and aliens who are authorized to work in the United States. Please post this announcement in a conspicuous area on the Department Bulletin Board.

DEPUTY FIRE CHIEF

NATURE OF WORK

This is responsible supervisory and professional Firefighting work on a citywide basis. Work involves direct command of all Firefighting forces on an assigned shift. Work is performed under the general supervision of an Assistant Fire Chief and is reviewed through reports, conferences and observation of results.

ILLUSTRATIVE EXAMPLES OF WORK

Directs, through Battalion Chief, all Firefighting personnel and equipment on a shift; inspects all personnel and quarters on each shift; dispatches all apparatus on non-fire emergencies and non-emergency moves.

Responds to all fire alarms in high value or high risk areas; responds to all second alarms; responds to third alarms when off duty; is in full command at the scene of a fire until relieved by an assistant Chief of the Fire Chief.

Hires back employees when manpower quota drops below normal or during multiple alarm fires or non-fire emergencies; assigns vacations, by seniority, to the entire (shift) staff.

Investigates petroleum, chemical, and other hazardous substance spills; participates in the testing of sprinkler and standpipe systems, and of the foam systems at tank farms.

Arranges for company inspection of homes for fire prevention; arranges for the testing of hydrants.

Maintains diary and card files, and prepares weekly reports.

Performs related work as required.

REQUIREMENTS OF WORK

Graduation from high school, and 1 year in Civil Service rank of Battalion Chief in the New Haven Fire Department. Must also possess the following:

Considerable knowledge of the rules and regulations of the New Haven Fire Department and of fire prevention laws and ordinances.

Considerable knowledge of modern developments in the field of Firefighting and related activities.

Knowledge of modern Firefighting methods and equipment, of fire department hydraulics, and of fire prevention methods.

Ability to plan, assign and direct the work of subordinates.

Ability to establish and maintain effective working relationships with other departmental staff and with the public.

Ability to direct, effectively and with good judgment, the operations of personnel and equipment under emergency conditions.

Ability to communicate effectively, orally and in writing.



**DEPARTMENT OF SERVICES FOR
PERSONS WITH DISABILITIES**

CITY OF NEW HAVEN
165 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 946-8122 - VOICE (203) 946-8582 - TTY/TT
(203) 946-6934 - FAX



Applicant ADA Accommodation Request Form (2013)

Accommodation Requests Must Be Filed with the Department of Services for Persons with Disabilities Within 15 Business Days of the Job Posting Removal Date

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

TEST DATE: _____

POSITION: _____

The Americans with Disabilities Act (ADA) enables qualified applicants with substantial impairments that effects one or more major life activities the opportunity to request a reasonable modification to the City's policies, practices and procedures to enable them to apply and/or test for a position with the City. We will need from the applicant information related to his or her disability to determine what accommodation may be best for the applicant.

What you need to know about the accommodation process:

1. All information provided to the Department of Services for Persons with Disabilities is confidential and will only be used to provide an appropriate accommodation to applicants with disabilities whom have requested an accommodation.
2. Most applicants who request an accommodation will be asked to submit medical documentation to verify that they are a person with a disability as defined in the ADA.
3. Individuals requesting an accommodation for a learning disability will need to provide documentation from a health care provider describing the type of learning disability.
4. All information and documentation submitted from a health care provider must be written within the previous twelve (12) months to the date of application to insure that the accommodation meets the current needs of the applicant.
5. Any health care provider used to support this application must be willing and able to speak knowledgeably about the disability and willing to work with our staff in determining the best accommodation for the applicant.
6. All supporting documentation must be presented no later than 15 days after the job posting "REMOVAL DATE."

To process your request for an accommodation we need the following information:

DESCRIBE YOUR HEALTH ISSUE, DIAGNOSIS OR IMPAIRMENT: _____

DESCRIBE HOW YOUR HEALTH ISSUE OR IMPAIRMENT AFFECTS YOUR LIFE: _____

DESCRIBE WHAT ACTIVITIES IN YOUR DAILY LIFE ARE RESTRICTED BY YOUR HEALTH ISSUE OR IMPAIRMENT: _____

WHAT ACCOMMODATIONS DO YOU FEEL WILL ENABLE YOU TO APPLY FOR AND/OR TEST FOR THIS POSITION WITH THE CITY.

PLEASE DESCRIBE IN DETAIL. _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF YOUR CURRENT TREATING HEALTH CARE PROVIDER THAT CAN SPEAK TO YOUR CURRENT LIMITATIONS. BE SURE TO CONTACT YOUR HEALTH CARE PROVIDER TO SIGN THE NECESSARY RELEASES OF INFORMATION SO THAT THIS DEPARTMENT MAY DISCUSS WITH THEM YOUR CONDITION AND WHAT ACCOMMODATIONS WILL WORK BEST. ALL MEDICAL INFORMATION PROVIDED TO THE DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED IN EVALUATING THIS ACCOMMODATION REQUEST.

HEALTH CARE PROVIDER'S NAME: _____

PHONE: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST IS A TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE: _____

Please Direct ALL Questions and Return this Form to:

Michelle Duprey, Director
(203) 946-7651
TTY 946-8582
FAX 946-6934
Department of Services for Persons with Disabilities
165 Church Street, New Haven, CT 06510



CITY OF NEW HAVEN An Equal
Opportunity Employer **APPLICATION**
FOR EMPLOYMENT

COMPLIES WITH ALL FEDERAL AND STATE ANTIDISCRIMINATION LAWS
Department of Human Resources, 200 Orange Street
New Haven, Connecticut 06510 Phone: (203) 946-8252

1. Job Applying For (one title per application):			
2. Your Name: (Print)			
Last Name: _____		First Name: _____	Middle: _____
3. Address:		4. Contact Telephone Number:	
Number and Street: _____		_____	
City: _____		State: _____	Zip: _____
Email Address: _____			
5a. Are you <u>currently</u> employed by the City of New Haven, including the Board of Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5b. Were you, at any time, <u>previously</u> employed by the City Of New Haven, including the Board of Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," to 5b, list Department, Title(s) and dates of employment: _____			
6. Social Security Number: (Optional)		7. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EDUCATION / TRAINING:			
a. List last high school or trade school you attended:			
NAME OF SCHOOL	LOCATION	CIRCLE LAST GRADE COMPLETED	DIPLOMA / GED RECEIVED?
		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. List any colleges, graduate schools, business schools or technical schools attended:			
NAME OF SCHOOL	LOCATION	MAJOR	TYPE OF DEGREE / CERTIFICATE
c. Do you have a current Driver's License?		Do you have a current Commercial Driver's License?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate issuing State: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate issuing State: _____	
Exp Date: _____ Endorsements, if any: _____		Exp Date: _____ Class: _____	
d. Specialized training and skills: List any other trade licenses or certifications, skills and training you have related to the job for which you are applying. Include machines you can operate, computer skills, and additional languages you are fluent in. _____ _____			
9. Work Experience: Start with your present or most recent employment experience, and working backward, list all paid or unpaid, full or part-time work, military service, summer jobs, and volunteer work performed during the last 10 years. List all pertinent information related to the job for which you are applying. (If more space is required, attach additional sheets or your resume).			
1 Starting Date:	Ending Date:	Name and Address of Employer:	
Month _____ Year _____	Month _____ Year _____		
Hours per Week:	Name and Title of Immediate Supervisor:		
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?: _____			
Reason for Leaving:		Your Present or Last Job Title:	
Your Duties: _____			
2 Starting Date:	Ending Date:	Name and Address of Employer:	
Month _____ Year _____	Month _____ Year _____		
Hours per Week:	Name and Title of Immediate Supervisor:		
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?: _____			
Reason for Leaving:		Your Job Title:	
Your Duties: _____			
3 Starting Date:	Ending Date:	Name and Address of Employer:	
Month _____ Year _____	Month _____ Year _____		
Hours per Week:	Name and Title of Immediate Supervisor:		
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?: _____			
Reason for Leaving:		Your Job Title:	
Your Duties: _____			
10. CERTIFICATION: 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, and are made in good faith. I understand that incomplete, false or inaccurate information, regardless of when it is discovered, may result in the rejection of this application or my dismissal if employed.			
Date: _____		Signature Of Applicant: _____	

Section I: Mandatory-For Civil Service Exams, all applicants must complete this section.

A. VETERAN'S PREFERENCE POINTS may be given to applicants who are veterans and who:

(A) served on active duty in the armed forces during a war, in a campaign or expedition for which a campaign badge has been authorized, or during the period beginning April 28, 1952, and ending July 1, 1955; **or**

(B) served on active duty as defined by section 101 (21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976; not including service under section 12103 (d) of title 10 pursuant to an enlistment in the Army National Guard or as a Reserve for service in the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve; **or**

(C) served on active duty as defined by section 101 (21) of title 28 in the armed forces during the period beginning on August 2, 1990, and ending on January 2, 1992; **or**

(D) served on active duty as defined by section 101 (21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, an ending on the date prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom;

and who has been discharged or released from active duty in the armed forces under a condition other than dishonorable.

Will you claim Veteran's Preference (5 Points)? If yes, check below:

AS A VETERAN (As specified in category A, B, C, or D above)

Will you claim Disabled Veteran's Preference (10 Points)? If yes, check below:

AS A CURRENT DISABLED VETERAN

IMPORTANT: Proof of right to Veteran's Preference will be required at the time of taking a Civil Service Exam. A copy of Form DD-214 will be required.

Note: Veteran's points are only added after a candidate passes an open competitive exam. Highest score for any exam is 100%. Either 5 or 10 points will be added. Veteran's points are not added for promotional exams.

B. RESIDENCY POINTS:
A person domiciled in the City of New Haven may have 5 points added to their passing score on an open competitive examination.

Indicate in the box below whether you are a New Haven resident:

YES NO

IMPORTANT: Proper application and proof of Residency will be required at the time of taking the Civil Service Exam.

Note: Residency points are only added after a candidate passes an open competitive exam. Highest score for any exam is 100%. Residency preference points are not added to promotional exams.

TESTING ACCOMMODATIONS Qualified

individuals with a disability may request special testing accommodations under provisions of the American with Disabilities Act (ADA) by contacting the Department of Human Resources.

Section II: Voluntary In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

A. RACE / ETHNIC DATA:

1 **BLACK (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.

2 **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

3 **WHITE (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

4 **AMERICAN INDIAN OR ALASKAN NATIVE (not of Hispanic origin):** All persons having origins in any of the original peoples of North or South America (including Central America) who maintains tribal affiliation or community recognition.

5 **ASIAN or PACIFIC ISLANDER (not of Hispanic origin):** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, Hawaii, Guam, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Samoa, Thailand and Vietnam.

B. GENDER: FEMALE MALE

C. PRIMARY SOURCE OF JOB INFORMATION: Where did you learn about this examination or employment opportunity: Check the appropriate box(es):

1 An examination announcement

2 The Department of Human Resources

3 A job service office _____

4 Community organization. Please specify: _____

5 Ad placed in professional journal or newspaper. Please specify: _____

6 Radio or TV announcement. What station? _____

7 A present City employee.

8 Other. Please specify: _____