



**RISK MANAGER**

**TOWN OF EAST HARTFORD**

Plans, organizes and administers a comprehensive Risk Management Program for the Town and the Board of Education which includes the areas of liability (property/casualty), Workers' Compensation, loss control, health benefits financing, safety awareness programs, claims administration/review and financing alternatives. Reviews and recommends plans for financing risk including self-insurance funding and operations. Salary Range is \$74,306 - \$90,313 with benefits.

This posting will remain open until sufficient applications are received.

**PLEASE DO NOT FAX APPLICATION**

## TOWN OF EAST HARTFORD

**TITLE:** Risk Manager **GRADE:** 15  
**DEPARTMENT:** Finance **DATE:** 2/06/01

### **POSITION DEFINITION:**

Works under the general direction of Finance Director. Plans, organizes and administers a comprehensive Risk Management Program for the Town and the Board of Education which includes the areas of liability (property/casualty), Workers' Compensation, loss control, health benefits financing, safety awareness programs, claims administration/review and financing alternatives. Reviews and recommends plans for financing risk including self-insurance funding and operations.

### **ESSENTIAL JOB FUNCTIONS:**

- Develops optimum mix for protection of Town assets and employees through insurance purchase programs including self-insurance funding operations.
- Develop and maintain a claims reporting and processing system.
- Implements and maintains loss control programs to minimize liability, Workers' Compensation and other claims.
- Evaluates loss exposures based on severity and frequency and recommends and implements risk reductions methods.
- Facilitates the functions of the Town Insurance Commission.
- Assesses year-end loss reserves and makes appropriate recommendations.
- Coordinates compliance with Federal, State and Local regulations that applies to the protection of the Town's assets.
- Plans procedures and activities of part-time Administrative Clerk II.
- Investigates, audits and processes claims.
- Negotiates with insurance carriers and administrators in areas of claims, premiums, reserve and fees.

### **ADDITIONAL JOB FUNCTIONS:**

- Chairperson of the Employee Assistance Program.
- Administers Wellness Program.
- Member of Americans with Disabilities Act (ADA) Committee .

### **KNOWLEDGE, SKILLS, AND ABILITIES:**

- Ability to give, understand and follow clear, concise written and oral instructions and work effectively with Town personnel, the general public and the business community.
- Ability to apply State and Federal laws, Town Ordinances, departmental policies, procedures, rules and regulations to determine necessary action.
- Ability to interact with administrators from Town and Board of Education on complex risk management issues.

### **PHYSICAL AND MENTAL EFFORT, AND ENVIRONMENTAL CONDITIONS:**

- Works in office setting subject to continuous interruptions and background noise.
- Includes exposure to video display terminals on a daily basis.
- Must be able to access and process information contained in file records and computer databases.
- Must be able to work with minimum supervision and under stress from demanding deadlines and changing priorities and conditions.

### **JOB QUALIFICATIONS:**

- Bachelor's Degree in Insurance, Business Administration, Accounting, Public Administration or some closely related field and three years of extensive management and supervisory experience in administrating loss control or risk management programs including health benefits and general liability.
- Relevant work experience may be substituted for college training on a year for year basis.

### **LICENSING REQUIREMENTS:**

- Valid Connecticut Motor Vehicle Operator's License.
- Insurance Institute of America A.R.M. designation is desirable.

**NOTE: The above tasks and responsibilities are illustrative only. The description does not include every task or responsibility.**



# TOWN OF EAST HARTFORD

740 Main Street  
 East Hartford, Connecticut 06108  
 www.easthartfordct.gov

Phone  
 (860) 291-7220

## APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST, MIDDLE)					
STREET ADDRESS		CITY/TOWN	STATE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)			TELEPHONE NUMBER		
			Work ( ) _____	Cell ( ) _____	
POSITION APPLIED FOR		Risk Manager			
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
AVAILABILITY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			DATE AVAILABLE FOR WORK		

### EDUCATION

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", highest grade completed: _____		
Name of high school: _____	Do you have a high school equivalency Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address: _____	Place HS equivalency was granted: _____		
List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:			
<b>School</b>	<b>Address</b>	<b>Course/Major</b>	<b>Degree/Certificate</b>
List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number.			
List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).			
List any office equipment or machinery you can operate that is relevant to the position for which you are applying.			

<b>RECRUITING INFORMATION</b> How did you hear about this job? (Please check one)	<input type="checkbox"/> Newspaper Name of Newspaper: _____	<input type="checkbox"/> Community Agency Please give name: _____
	<input type="checkbox"/> Town Employee Name _____	<input type="checkbox"/> Internet name of website: _____
	<input type="checkbox"/> Referral Service Please give name: _____	<input type="checkbox"/> Other _____

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

02/08

**YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME**

**IMPORTANT: May we contact your present employer?**     YES     NO

Name of Employer		Job Title	
Address		City	State      Zip Code
<b>Dates of Employment:</b> From _____ / _____ month            year To     _____ / _____ month            year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments: _____ _____ _____		
<b>Salary:</b> Starting \$ _____ per _____ Ending \$ _____ per _____		_____ _____ _____	
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address		City	State      Zip Code
<b>Dates of Employment:</b> From _____ / _____ month            year To     _____ / _____ month            year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments: _____ _____ _____		
<b>Salary:</b> Starting \$ _____ per _____ Ending \$ _____ per _____		_____ _____ _____	
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address		City	State      Zip Code
<b>Dates of Employment:</b> From _____ / _____ month            year To     _____ / _____ month            year	Name and Title of Supervisor		Telephone Number
	Description of duties, responsibilities, and significant accomplishments: _____ _____ _____		
<b>Salary:</b> Starting \$ _____ per _____ Ending \$ _____ per _____		_____ _____ _____	
# Hrs. Worked Weekly	Reason For Leaving		

Have you ever been discharged from a place of employment for cause? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe _____
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## **CERTIFICATION (READ CAREFULLY)**

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is not an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed \_\_\_\_\_

Date \_\_\_\_\_



Name: \_\_\_\_\_ Position Applied For \_\_\_\_\_

**References:** List below three individuals who can describe your qualifications for this position, preferably supervisors, professors, colleagues, etc.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Work Place: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Work Place: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Work Place: \_\_\_\_\_  
Phone: \_\_\_\_\_

## TOWN OF EAST HARTFORD CRIMINAL CONVICTION INFORMATION

You are required to list any criminal conviction, regardless of the nature, date or location of the conviction, except for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

**The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or “nolled”; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.**

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

Date of Conviction	Offense	Location of Conviction (City and State)	Sentence	Date Sentence Completed

The information provided above is subject to all of the terms and conditions set forth in the certification on page 3 of the employment application form.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Position You Are Seeking

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# AUTHORIZATION & RELEASE

## (GENERAL EMPLOYMENT)

**TOWN OF EAST HARTFORD  
DEPARTMENT OF HUMAN RESOURCES  
740 MAIN STREET  
EAST HARTFORD, CT 06108  
(860) 291-7220**

### DISCLOSURE NOTICE TO JOB APPLICANTS

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

**\*This form must be notarized or witnessed by EHHRD in order to be considered for employment\***

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Subscribed and Sworn to before me, a Notary Public, in and for County of \_\_\_\_\_,  
and State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public /or**

\_\_\_\_\_  
**My Commission Expires:**

\_\_\_\_\_  
**Witness -East Hartford Human Resource Dept.**

**Revised 02/08**