

## VACANCY FOR MUNICIPAL ADMINISTRATION ANALYST

**Posting Date: June 30, 2015**

**Salary: \$45,000-50,000/year**

The Town of Fishkill, located in Dutchess County, is seeking a full-time Municipal Administrative Analyst. Examples of work assignments may include: surplus management, including the inventorying of such property and equipment and the coordination of surplus redistribution; coordinating purchasing and service orders; water and sewer administration, including the maintenance of contracts and agreements for user services, coordinating the RFP process for water meter replacement project, and providing analysis regarding user rates; grant administration; coordinating and overseeing the Town's electronic records management initiative; coordinating systems reporting by Department for purposes of analyzing government efficiency; overseeing Town communications and media, as well as website maintenance. Please see the attached job description for a complete list of duties, responsibilities and qualifications.

This is a full-time, competitive class position. In order to apply, applicants must meet the Dutchess County Civil Service requirements set forth in the attached job description to be appointed or to transfer to this position. To be considered, please submit a Letter of Interest, Dutchess County Employment Application and Resume to the Town of Fishkill Office of Human Resources, 807 Route 52, Fishkill, NY 12524. You may also submit this material via e-mail ([gmulligan@fishkill-ny.gov](mailto:gmulligan@fishkill-ny.gov)). Employment applications can be obtained from the Office of Human Resources or you may download an application from the link below. There are no residency requirements to participate in the application process, but preference in appointment may be given to qualified candidates that have been Town of Fishkill residents for at least thirty (30) days prior to the effective date of appointment.

The Town of Fishkill is an Equal Opportunity Employer.

**Application Deadline: Open Until Filled**

## MUNICIPAL ADMINISTRATIVE ANALYST

### DISTINGUISHING FEATURES OF THE CLASS:

The work involves responsibility to analyze and devise solutions to administrative and managerial problems to improve the effectiveness and efficiency of programs and operations. Under the general supervision of the Town Supervisor and Town Board, an employee in this class plans, develops, analyzes, evaluates, and advises on, and improves such management concerns as organization structures, work methods and procedures, program and policy evaluation, and management control systems. The analytic process typically identifies problems inhibiting meeting committee/agency goals; developing a plan to eliminate problems; collecting and analyzing data; developing and recommending solutions; and leading, assisting in, or participating in implementation and evaluation of recommendations. The nature of the work requires analytical ability and judgment in the areas of methods development, problem identification, and recommendations. Employees in this class may provide supervision to lower level titles.

### TYPICAL WORK ACTIVITIES:

1. Analyzes various procedures and internal operating methods to determine efficiency and cost effectiveness; recommends changes if needed;
2. Represents town at various countywide symposiums, area meetings, etc.; summarizes, prepares report to administrator and makes recommendations on action required;
3. Gathers additional background information on assigned issues through a review of related reports and documents and interviews with town officials, contractors, and the general public;
4. Prepares factual written reports to inform supervisor of status of projects to make recommendations, and to elicit guidance on changes in approach when warranted;
5. Analyzes data pertaining to the problem to be solved in order to develop appropriate findings;
6. Prepares pertinent analyses when appropriate, such as cost/benefit analysis, system alternatives or alternative problem solutions analysis;
7. Meets with individuals, citizen groups, developers, town-appointed committees and boards, municipal and county agencies, local elected officials, and the general public to explain and promote Town policies and programs;
8. Drafts reports of studies, including findings and recommendations along with supporting charts and documents, for review by supervisor;
9. May make oral presentations to local elected officials and other concerned parties to describe research findings, the benefits to be obtained, and to answer questions concerning projects and programs and its implementation to ensure all concerned have an accurate and uniform understanding and to foster their cooperation and support;
10. May coordinate the efforts of subordinate employees in compiling portions of specific studies, surveys, projects and special documentation;
11. Does related work as required.

**MUNICIPAL ADMINISTRATIVE ANALYST (Cont'd)**

**FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES:**

Working knowledge of effective organization and management principles and practices;  
Working knowledge of the techniques and methods used in administrative analysis;  
Working knowledge of the organizational structure, goals and objectives of the municipality, as well as specific programs and operations;  
Working knowledge of pertinent laws, rules, regulations, and procedures governing the operation of the agency and of specific programs;  
Working knowledge of various software packages;  
Ability to gather and organize pertinent data;  
Ability to effectively utilize the techniques of administrative analysis;  
Ability to identify, recognize and develop solutions to management and organizational problems;  
Ability to prepare detailed written reports and procedures;  
Ability to support recommendations both orally and in writing to supervisory and affected program staff;  
Personal characteristics necessary to perform the duties of the position;  
Physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS:**

Graduation from high school and:

- Either:           (A)    Graduation from a regionally accredited or New York State registered college or university with a Bachelor's degree and six years of professional level work experience in public or private business administration, or administrative analysis, at least two years of which must have been in a supervisory capacity;
- OR:               (B)    Ten years of professional level work experience in public or private business administration, or administrative analysis, at least two years of which must have been in a supervisory capacity;
- OR:               (C)    An equivalent combination of training and experience within the limits of "A" or "B" above.

AM9111  
ADOPTED: 06/25/04

**MAIL OR DELIVER TO:**

Dutchess County Department of Human Resources  
County Office Building  
22 Market Street  
Poughkeepsie, NY 12601

**County of Dutchess**

*www.dutchessny.gov*

**APPLICATION FOR  
EXAMINATION OR EMPLOYMENT**

The New York State Human Rights Law protects individuals from discrimination based on their age, creed, race, color, sex, sexual orientation, national origin, marital status, disability, military status, domestic violence victim status, arrest record, conviction record, and predisposing genetic characteristics. Accordingly nothing in this application should be viewed as expressing, either directly or indirectly, any limitation, specification, or discrimination as to the aforementioned items in connection with employment in the municipal service of the County of Dutchess.

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**DUTCHESS COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

**GENERAL INFORMATION**

This application is used for both recruitments and as part of the Civil Service examination process. Some important requirements:

- Carefully read the appropriate examination or recruitment announcement before completing this application. It will inform you of the required minimum qualifications for the position and provide you with other important information.
- Application must be **completed in full and printed in ink or typed**. Incomplete information or illegibility will result in your application being disapproved.
- An examination processing fee is currently being charged for each exam. It is **not refundable**. Please see the exam announcement for more information.

**ADMISSION TO EXAMINATION**

Depending upon time available, applicants may be admitted to the exam without verification of statements and information contained in their application. When such information must be reviewed after the date of examination, candidates may subsequently be disqualified and the results of the examination voided.

If you have not received notice informing you of whether or not you are to be admitted to the exam by three (3) days prior to the exam date, call the examinations unit immediately at 486-2169.

**SPECIFIC INSTRUCTIONS**

**AFFIRMATIVE ACTION QUESTIONNAIRE** - The information requested on the reverse of this page is for internal monitoring only. This information is kept separate from the general application. Refusal to complete the form will not in any way affect the hiring process or otherwise subject the candidate to adverse treatment.

**ITEM 1** - Enter position title and examination number, if applicable. The same application may be used for both open competitive and promotional exams of the same title, but must have both exam numbers to be processed. Be sure to check the exam announcement to see if you qualify for the promotional exam.

**ITEM 3** - Immediate written notice should be given of any change of address, name or phone number. Be sure to include the position title, social security number, and the effective date of the change. A form for such notification is available from the office.

**ITEM 7** - Checking "yes" to any of the confidential questions is NOT an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.

**ITEM 8** - Individuals appointed to positions will be required to provide verification of authorization for employment, pursuant to law.

**ITEM 9** - Veteran's Credit - In addition to answering the questions on this application, disabled and non-disabled veterans who are eligible for additional examination credit must submit an Application for Veterans Credit form. This form is available at the Department of Human Resources or the examination site, and must be completed and returned before the establishment of the eligible list.

**ITEM 14** - Exempt Volunteer Firefighters may be entitled to certain additional rights under Civil Service Law. Generally, an Exempt Volunteer Firefighter is anyone who, after attaining the age of 18, serves for at least 5 years as an active member of an authorized volunteer fire company. A certificate will be issued by the fire company to anyone who meets the standards established under General Municipal Law. Should you be appointed to a Civil Service position and subsequently obtain such certification, this office and your employer should be so notified.

**ITEM 18** - Education - Be as specific as possible when completing this section. Copies of transcripts, diplomas or professional licenses must be submitted with this application if specified on the recruitment or exam announcement.

**ITEM 19** - Work Experience - Be specific in describing work experience which relates to the position you are applying for. Indicate a percentage of time spent on each type of duty. Begin with your most recent employment, and be sure your description is clear and accurate. **Omissions or vagueness will NOT be resolved in your favor.** Dates of employment should be as specific as possible. Omission of the number of hours worked will result in no credit for that work experience.

Include *military service experience* when appropriate. Relevant *volunteer experience* will be considered only if allowed in the announced minimum qualifications and is verified and fully documented by the applicant. *Part-time work experience* will be prorated unless otherwise stated on the specific announcement. *Cooperative education positions or internships* will not be counted if they also formed part of required education or degree.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please complete this questionnaire. This form will be removed from the general application and kept in a confidential location.

**Your cooperation is voluntary  
and is much appreciated!**

# AFFIRMATIVE ACTION QUESTIONNAIRE

www.dutchessny.gov

Complete for County Employment Only

Name \_\_\_\_\_ Male / Female (circle one)

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

How did you learn of this position? (check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> EEO Office           | <input type="checkbox"/> NYS Job Service           | <input type="checkbox"/> Org. for the Handicapped |
| <input type="checkbox"/> Examination Hotline  | <input type="checkbox"/> Ethnic Organization       | <input type="checkbox"/> Veteran's Organization   |
| <input type="checkbox"/> Employee Newsletter  | <input type="checkbox"/> Relative or Friend        | <input type="checkbox"/> Employment Agency        |
| <input type="checkbox"/> Newspaper Ad         | <input type="checkbox"/> County Employee           | <input type="checkbox"/> Posted Announcement      |
| <input type="checkbox"/> Women's Organization | <input type="checkbox"/> Professional Organization | <input type="checkbox"/> College Placement Office |
| <input type="checkbox"/> Internet Listing     | <input type="checkbox"/> Other (specify): _____    |   |

Please check the one which best describes your Race / Ethnicity.

If Hispanic ...

- A. Mexican  
 B. Puerto Rican  
 C. Cuban  
 D. Any other Spanish /  
Hispanic

If not Hispanic ...

- E. White  
 F. African American  
 G. Filipino  
 H. American Indian (specify  
tribe) \_\_\_\_\_  
 I. Japanese  
 J. Chinese  
 K. Korean
- L. Guamanian / Chamorro  
 M. Vietnamese  
 N. Asian Indian  
 O. Eskimo  
 P. Aleut  
 Q. Hawaiian  
 R. Samoan  
 X. Other (specify) \_\_\_\_\_

Check any of the following that are applicable.

- Vietnam Era Veteran (December 22, 1961 to May 7, 1975)  
 Disabled Veteran  
 Handicapped

It is the policy of *Dutchess County* to provide equal opportunity to all employees and applicants for employment without regard to race, color, creed, national origin, age, sex, marital status or domestic violence victim status, religion, sexual orientation, medical condition, or physical or mental disability, citizenship, HIV status, handicap, predisposing genetic characteristics, arrest record, conviction record, military or veteran status. In addition, Dutchess County has an Affirmative Action Program which creates equal opportunity for all personnel to be chosen by merit and fitness, in accordance with New York State Civil Service Law.

# Dutchess County General Application (see page 1 for specific instructions)

1. Title of Position \_\_\_\_\_

Exam Number(s) (if applicable) \_\_\_\_\_

www.dutchessny.gov

For Office Use Only

Approved \_\_\_\_\_  
 Conditional \_\_\_\_\_  
 Disapproved \_\_\_\_\_

Fee Paid \_\_\_\_\_ Waiver \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

4. State your permanent legal residence for each of the geographic areas below, indicating the length of continuous residence to date. Village of Wappingers Falls residents should also include town.

Area \_\_\_\_\_ Yrs/Mos \_\_\_\_\_

School District \_\_\_\_\_

Village/Town/City \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

5. If you are under 18 years of age, can you provide proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_

6. If the position you are applying for has minimum or maximum age limits (see announcement), please enter your date of birth:  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

7. Check the appropriate line to the right of each question.

	Yes	No
A. Have you ever been dismissed from work for other than lack of work or funds?	_____	_____
B. Have you ever been convicted of any crime (felony or misdemeanor)?	_____	_____
C. If you served in the Armed Forces of the United States, did you receive a dishonorable discharge?	_____	_____
D. Have you surrendered a professional license or had it revoked?	_____	_____
E. If you answered "Yes" to any of the above, have you filed specifics with this office within the last 4 calendar years?	_____	_____
F. If you answered "Yes" to E above, do you have any new dismissals or convictions that were not reported to us?	_____	_____

If you answered "No" to question 7E or "Yes" to 7F, a Confidential Investigative Questionnaire must be submitted.

8. Are you currently a U.S. citizen?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", give alien registration number: \_\_\_\_\_

9. Have you ever served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", omit questions 10 through 13. If "Yes", refer to Veterans Credits instruction sheet, available upon request.

10. Did you serve in the Armed Forces of the United States during any of the following periods? Yes \_\_\_\_\_ No \_\_\_\_\_

- A. December 7, 1941 to December 31, 1946
- B. June 27, 1950 to January 31, 1955
- C. February 28, 1961 to May 7, 1975
- D. August 2, 1990 to "end of such hostilities"
- E. U.S. Public Health Service: July 29, 1945 to December 31, 1946, or June 27, 1950 to July 3, 1952

11. Did you receive an expeditionary medal for any of the following conflicts? Yes \_\_\_\_\_ No \_\_\_\_\_

- F. Lebanon - June 1, 1983 to December 1, 1987
- G. Grenada - October 23, 1983 to November 21, 1983
- H. Panama - December 20, 1989 to January 31, 1990

12. Are you classified as: (Check appropriate)  
 A non-disabled war veteran \_\_\_\_\_  
 A disabled war veteran \_\_\_\_\_

13. Since January 1, 1951, have you used additional credits as a veteran for appointment to any position in the public employment of New York State or any of its civil divisions?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

14. Do you possess certification as an Exempt Volunteer Firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

15. If you have been employed by the County of Dutchess or by any civil division therein (city, town, village, school district or special district), please state location(s) and dates:

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

16. For examination purposes only:  
 Indicate if you desire accommodation because you ...

\_\_\_\_\_ ... cannot be tested on the announced exam date due to a conflict with a religious observance or practice.

\_\_\_\_\_ ... are a handicapped individual and require the following assistance or accommodations:

\_\_\_\_\_

## Dutchess County General Application

### Exam Fee Waiver Request

All examinations offered by Dutchess County currently require a non-refundable processing fee. This fee will be waived in accordance with Civil Service Law Section 50.5(b) for candidates who certify they are unemployed *and* primarily responsible for the support of a household, *or* who are receiving public assistance.

Yes

No

\_\_\_\_\_ I am unemployed, primarily responsible for the support of a household, and cannot be claimed as a dependant on another person's tax return.

\_\_\_\_\_ I am currently receiving Supplemental Security Income (SSI) payments.

\_\_\_\_\_ I am currently on Medicaid.

\_\_\_\_\_ I am currently receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance). Case number: \_\_\_\_\_ (must be entered)

\_\_\_\_\_ I am currently certified for Job Training Partnership Act /Workforce Investment Act programs.

I affirm that the information I have provided is true under the possible penalties of disqualification and perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dutchess County General Application** (Complete in full – attaching a resume is *not* sufficient)

Name \_\_\_\_\_ Position / Exam \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (day) \_\_\_\_\_  
 \_\_\_\_\_ Phone (evening) \_\_\_\_\_

**17. LICENSES**

Title / Issuing Agency \_\_\_\_\_ License Number \_\_\_\_\_ Original Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Trade / Professional \_\_\_\_\_

Driver Do you have a valid license to operate a motor vehicle in New York? Yes \_\_\_\_\_ (Class \_\_\_\_\_) No \_\_\_\_\_

**18. EDUCATION AND SKILLS**

Name / Location	Dates Attended	F/T or P/T	# Yrs	Major / Type of Course	# of Crds	Degree Earned / Date Awarded
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College, Trade or Technical School / Special Courses / Continuing Education

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

High School Name of School / Issuing Agency \_\_\_\_\_  
 Address \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ Indicate Equivalency Diploma Number if Applicable \_\_\_\_\_  
 No \_\_\_\_\_ Indicate Last Grade Completed \_\_\_\_\_

Keyboarding Indicate typing / keyboarding experience and whether from work, training or both: \_\_\_\_\_

Computers Indicate program experience in the following types of software and whether from work or training:  
 word processing \_\_\_\_\_  
 spread sheet \_\_\_\_\_  
 database management \_\_\_\_\_  
 other \_\_\_\_\_

Languages Indicate languages other than English and general level of ability in speaking, reading and writing: \_\_\_\_\_

**19. WORK EXPERIENCE**

List most recent experience first. Attach additional sheets if necessary. A resume is not sufficient.  
 \_\_\_\_\_ Check to indicate you do not wish your present employer to be contacted at this time.

Length of Employment Mo/Yr To Mo/Yr	Firm Name	Address
From _____ To _____	_____	_____
Hours per Week	Duties (indicate % of time for each) _____	
Earnings	_____	
Title	_____	
Type of Business	_____	
Supervisor	_____	
Supervisor's Title	_____	

## Dutchess County General Application

### 19. WORK EXPERIENCE (Cont'd)

(Attach additional sheets if necessary, following this format. A resume is not sufficient. You must indicate months and hours worked per week to receive credit for work experience.)

Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____
Length of Employment Mo/Yr      Mo/Yr From:      To:	Firm Name: _____ Address: _____
Hours per Week: _____ Earnings: _____ Title: _____ Type of Business: _____ Supervisor: _____ Supervisor's Title: _____	Duties (indicate % of time for each) _____ _____ _____ _____ _____