

**DEPARTMENT OF LABOR  
EMPLOYMENT OPPORTUNITIES  
Accounting Careers Trainee (AR 15)  
Target class: Revenue Examiner 1 (AR 23)**

**PLEASE FOLLOW THE SPECIFIC APPLICATION FILING INSTRUCTIONS AT THE BOTTOM OF THIS PAGE!**

**Open To:** The Public  
**Location:** 200 Folly Brook Boulevard, Wethersfield  
**Job Posting No:** 526  
**Hours:** 8:00 a.m. to 4:30 p.m.  
**Salary:** SCHEDULE OF STARTING SALARIES FOR ACCOUNTING CAREERS TRAINEE

Minimum Requirements	Hiring Rate	Completion of 1 Year of Training
Bachelor's degree with 15 semester hours in accounting	Step 3	Step 5
Bachelor's degree with 30 semester hours in accounting	Step 5	Step 7
Master's degree in a related field and 15 credits in accounting	Step 5	Step 7
Master's degree in a related field and 30 semester hours in accounting	Step 6	Step 7

**Closing Date:** April 11, 2013

**Eligibility Requirement:** Possession of a Bachelor's degree in accounting or in a closely related business field with at least 15 semester hours in accounting.

**Special Requirement:**

1. Incumbents in this class will be required to travel.
2. Incumbents in this class will be required to use their own personal vehicle, with reimbursement.

**EXAMPLES OF DUTIES:** Receives training in the following job functions; prepares for audits by reviewing tax returns, prior audit reports and other available data preliminary to the audit; in conducting a field audit, meets with taxpayers to discuss audit procedures, answers questions and obtains necessary information and records, then examines and verifies business and financial records; in conducting an office audit, reviews tax returns and supporting documents filed by taxpayers; prepares papers supporting all adjustments; computes assessments; reviews and discusses audit findings with taxpayer and/or representative to illustrate how tax laws and rulings apply to taxpayer's specific operations and support audit results; prepares statistical and narrative reports explaining and supporting audit results; answers taxpayers inquiries such as how to fill out a tax return and what records must be maintained; may participate in hearings of disputed cases; conducts or assists in conducting taxpayer examinations to ensure accurate contributions to the Unemployment Compensation Trust Fund, performs related duties as required.

**PREFERRED SKILLS:** Preference may be given to candidates with experience in accounting and/or to individuals with an accounting degree.

**CAREER PROGRESSION:** After completion of two (2) years of successful and satisfactory performance as an Accounting Careers Trainee in the same agency, an incumbent will be moved to the Revenue Examiner 1 classification.

**Note:** The filling of this position will be in accordance with reemployment, SEBAC, transfer, promotion and merit employment rules.

**Application Instructions:** Interested and qualified candidates who meet the above requirements should submit a current State of Connecticut Application for Examination or Employment (CT-HR-12) and the Connecticut Department of Labor Pre-Authorization and Release form (immediately follows this job announcement) which includes a statement regarding the Guide to the Code of Ethics for Public Officials and State Employees. Current state employees are required to submit their last two service ratings. All applicants must include a copy of your official transcript which identifies your degree status and the required credits in accounting. If you are selected for the position we will need an official transcript, you cannot be considered for appointment until we have received the official documentation. If your degree is from outside of the United States, you must submit certification from an accreditation services agency. The accreditation services agency must certify that your degree equates to a bachelor's or master's degree from an accredited American school or university. The CT-HR\_12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. Please reference the **Job Posting No.** on the application. Application packages that are late or incomplete will not be considered. Application material must be received or postmarked by the closing date. Submit via mail to:

**Department of Labor  
Human Resources Office  
200 Folly Brook Boulevard  
Wethersfield, CT 06109**

Please note: **Due to the large number of expected applicants we cannot confirm receipt of application materials.**

**AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

The State of Connecticut is an equal opportunity/affirmative action employer and strongly encourages the applications of women, minorities, and persons with disabilities.

CONNECTICUT DEPARTMENT OF LABOR  
Pre-Employment Screening – Authorization and Release

Completion of this form is voluntary; however, if consent to obtain this information is not given, it may have an adverse effect on your employment opportunities with the Connecticut State Department of Labor.

Applicant's Name (Last, First, Middle): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: (    ) \_\_\_\_\_

I, the undersigned, recognize and understand that this constitutes my consent and authorization to disclose or furnish any relevant and necessary information or records to the Department of Labor concerning my character, employment, or military service as may be necessary for a determination of my suitability for employment with the Connecticut State Department of Labor.

This authorization is executed with the full knowledge and understanding that the Labor Department will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the official business of the Department.

I hereby RELEASE any respondent from any and all liability for damages resulting from a decision by the Department not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve (12) months from the date of my signature.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

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As a candidate being considered for employment at the Department of Labor, I have reviewed a copy of the Guide to the Code of Ethics for Public Officials and State Employees.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Applicant

A copy of the Guide to the Code of Ethics for Public Officials and State Employees may be obtained at the following link:

[http://www.ct.gov/ethics/lib/ethics/guides/public\\_officials\\_guide\\_10.pdf](http://www.ct.gov/ethics/lib/ethics/guides/public_officials_guide_10.pdf)

**\*\*Important note: Altered forms will NOT be accepted.**