

**DEPARTMENT OF LABOR
JOB OPPORTUNITY
RESEARCH ANALYST
PERFORMANCE AND ACCOUNTABILITY**

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

Open To: Candidates on a current examination list.
Location: 200 Folly Brook Boulevard, Wethersfield
Job Posting No: 675
Hours: Full-time
Salary: *\$61,373 - \$79,424
Closing Date: August 25, 2014

Eligibility Requirement: Candidates must have applied for and passed the Research Analyst exam and be on the current certification list promulgated by the Department of Administrative Services for this classification. State employees who achieved permanent status in this class may apply.

Duties: Develops and implements formal research projects and assists in these activities on more comprehensive and complex research assignments; analyzes, interprets and prepares data in a variety of ways; prepares narrative and statistical reports; develops computerized databases and analyzes and interprets computer generated reports; performs related duties as required.

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

Application Instructions: Interested and qualified candidates who meet the above requirements should submit a cover letter, 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 and attendance record since September 2012. Current Department of Labor employees are not required to submit their attendance record and the Pre-Authorization and Release form. The CT-HR-12 can be downloaded from the DAS website at <http://www.das.state.ct.us/cr1.aspx?page=13>. Applications will not be considered if incomplete, missing materials, or not received or postmarked by the above closing. Submit via mail to:

**DEPARTMENT OF LABOR – HUMAN RESOURCES
200 Folly Brook Boulevard
Wethersfield, CT 06109
FAX NUMBER (860) 263-6699**

Please note: If you are choosing to fax your application, it is not necessary to also send an original copy. Due to the large number of expected applicants we cannot confirm receipt of application materials. Not all individuals who apply will be granted an interview.

* New hires to the State of Connecticut start at the minimum of the range.

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 _____

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 _____

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

http://www.ct.gov/ethics/lib/ethics/guides/2012/public_officials_and_state_employees_guide_december_2012_rev.pdf

