



Administrative Assistant

The City of Stockbridge in Henry County is seeking a full-time **Administrative Assistant**. Stockbridge is a diverse city of approximately 26,071 residents located just 15 minutes south of Hartsfield-Jackson Atlanta International Airport. The city operates with a staff of approximately 70 full-time employees and a combined operating and capital budget of \$22 million. The City serves an area of 13.31 square miles. The City is financially healthy, has no city property taxes and is funded primarily through local option sales tax revenues and other tax revenues and fees.

The Administrative Assistant reports to the City Clerk. Responsibilities include performing a wide variety of complex, responsible and confidential clerical, administrative and statutory duties for the City Clerk's office and providing assistance to other City departments as requested.

The minimum job requirements are: Associate's degree or two (2) years of college or technical coursework required supplemented by three (3) years of experience performing administrative support and clerical duties preferably for public officials; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job; ability to accurately type a minimum of 45 words per minute; valid State of Georgia Driver's License; Notary Public preferred.

Salary range is \$30,430.40 to \$44,948.80 depending upon qualifications and experience. The City offers an excellent benefits package, including 100% paid employee health benefits, 100% paid pension and no social security taxes. Residency in the City of Stockbridge is not required.

To apply, send a cover letter along with a completed City of Stockbridge employment application to Human Resources, ATTN: Administrative Assistant Posting, 4640 North Henry Boulevard, Stockbridge, GA 30281. Position open until May 1, 2015, 5:00pm.

Additional information including employment application and job description is available on the Stockbridge website at <http://cityofstockbridge.com/employment.aspx>

Job Title: Administrative Assistant

Job Summary: This is skilled administrative and clerical work responsible for administrative support to the City Clerk's Office.

Class Characteristics: This is the full-performance classification level.

Major Duties:

- Assists in meeting planning, scheduling and preparation; makes appointments; travel arrangements; community meetings; public hearings of Mayor and Council.
- Communicates with other departmental staff on requests from the City Clerk's Office.
- Compiles data for daily, monthly and annual reports; responds to information requests and prepares reports for distribution to Mayor and Council;
- Coordinates services with outside vendors, contractors and staffing agencies;
- Files and retrieves materials and data from department computerized and manual filing systems; maintains the department's filing system;
- Maintains maintenance schedule and records for department vehicles and equipment;
- Manages supplies and equipment use through departmental check-out system; issues supplies and equipment keys to general staff;
- Processes external mail as well as inter-departmental City correspondence;
- Receives and responds to public inquiries on the telephone and in-person; provides information and refers inquiries to other City employees when required;
- Requests purchase orders;
- Performs other duties as assigned.

Knowledge Required by the Position:

- Ability to compile data and write clear, concise reports;
- Ability to establish and maintain effective working relationships with City officials, employees and the public;
- Ability to maintain an organized office environment;
- Excellent written and verbal communication skills; Proficient mathematical skills;
- General knowledge of municipal government;

Job Title: Administrative Assistant (continued)

- Knowledge of City ordinances, policies and procedures;
- Knowledge of modern office procedures and equipment;
- Knowledge of the operation of a variety of tools and equipment;
- Skill in using a variety of computer programs Microsoft Word; Excel, PowerPoint, Outlook for administrative functions.

Supervisory Controls: The work of this position is performed under the general supervision of the City Clerk.

Guidelines: Guidelines include City and departmental manuals, policies and procedures.

Complexity: The work consists of administrative and clerical duties.

Personal Contacts: Contacts are typically with co-workers, vendors and the general public.

Purpose of Contacts: Contacts typically occur in order to give and exchange information and provide services.

Physical Demands: This work is performed indoors in an office setting and involves occasional moderate lifting and occasional use of equipment requiring a high degree of dexterity.

Work Environment: This work is performed indoors in an office setting.

Supervisory and Management Responsibility: None.

Minimum Qualifications: High school diploma or equivalent required; Associate's degree or two (2) years of college or technical coursework preferred; one (1) year administrative work experience preferred; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job; valid State of Georgia Driver's License.



City of Stockbridge
4640 North Henry Boulevard
Stockbridge, Georgia 30281
Telephone: 770-389-7900
Web address: www.cityofstockbridge.com
Date application received:

APPLICATION FOR EMPLOYMENT

PLEASE RETURN COMPLETED APPLICATION TO THE HUMAN RESOURCES DEPARTMENT AT 4640 NORTH HENRY BLVD, STOCKBRIDGE, GA 30281

Position Applied For: _____

Date available for employment: _____ **Desired Salary:** _____

All information provided on this application **MUST BE COMPLETE** so that all applications can be given equitable consideration. All qualified applicants will receive consideration for employment regardless of race, color, sex, sexual orientation, gender identity, religion, national origin, citizenship, age, disability or pregnancy. The City of Stockbridge will hire only authorized workers, regardless of national origin. This application must be typed or printed. Please complete one application for each position for which you are applying. You **MUST** sign and date your application in ink. Resumes **ARE NOT** accepted in lieu of a completed application. **INCOMPLETE APPLICATIONS MAY BE REJECTED.**

PERSONAL DATA

Last Name First (given) Middle

Address: Street Apt # City State Zip Code

E-mail Address: _____

Telephone: _____
Home Work Cell

Other name(s) under which you have been employed: _____

How did you hear of this opening? Advertisement Walk-in Other _____

Will you accept: (check all that apply) Full-Time Part-Time

Are you over 18 years old? Yes No If no, proof of eligibility to work will be required.

Are you eligible to work in the United States either because you are a U.S. Citizen or have U. S. government permission to do so? Yes No

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Name _____

Have you ever filed an application with us before? Yes No If so, when? _____

Have you ever been employed with us before? Yes No If so, when and where? _____

Give name, relationship & department of any relatives/friends who are or have been employed with the City in the past 5 years.

DRIVER'S HISTORY INFORMATION

Do you have a valid Georgia Driver's License? Yes No

License # _____ Class _____ If other than Georgia, state issued _____

Have you received any traffic violations in the past 3 years? Yes No If yes, list type of offenses and dates:

CRIMINAL HISTORY INFORMATION

Since the age of 18, have you been convicted of, pled guilty or nolo contendere to a misdemeanor? (Ex: DUI, Bad checks, etc)
Yes No If yes, describe the circumstances – date, place, charges, and disposition. Use additional sheets if necessary. Omit non-moving violations/parking tickets and any offense adjudicated in juvenile court.

Since the age of 18, have you ever been convicted of, pled guilty or nolo contendere to a felony? Yes No
If yes, describe the circumstances- date, place, charges, disposition. Use additional sheets if necessary.

Have you ever been suspended, demoted, dismissed or asked to resign from any job? Yes No

If yes, explain in detail: _____

Name _____

EDUCATION

High School

Name of School _____

Address _____

Highest grade completed: 7 8 9 10 11 12 Graduated? Yes No

If not a high school graduate, do you have a GED? Yes No

Colleges/Universities

Please complete the following section for post-secondary education (technical schools, universities, and colleges):

Name of School	City	State	If no degree, specify hours earned (quarter/semester)	Major	Type of Degree	Year Degree Earned

REFERENCES

Give the name, address and phone number of three references that ARE NOT related to you and ARE NOT previous employers.

1. _____
Name _____ Phone # _____

Address: Street _____ Apt # _____ City _____ State _____ Zip Code _____

2. _____
Name _____ Phone # _____

Address: Street _____ Apt # _____ City _____ State _____ Zip Code _____

3. _____
Name _____ Phone # _____

Address: Street _____ Apt # _____ City _____ State _____ Zip Code _____

Name _____

WORK HISTORY

Describe your work history beginning with your current or most recent job. Include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached ONLY as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.

1. Name of Organization or Firm: _____ Telephone _____

Address _____
Street City State Zip Code

Dates Employed: From month/year _____ To month/ year _____

Total Time Employed _____ Pay Start _____ End _____

Official Job Title _____ Supervisor _____

Describe Your Specific Job Duties _____

Specific Reason for Leaving _____

2. Name of Organization or Firm: _____ Telephone _____

Address _____
Street City State Zip Code

Dates Employed: From month/year _____ To month/ year _____

Total Time Employed _____ Pay Start _____ End _____

Official Job Title _____ Supervisor _____

Describe Your Specific Job Duties _____

Specific Reason for Leaving _____

3. Name of Organization or Firm: _____ Telephone _____

Address _____
Street City State Zip Code

Dates Employed: From month/year _____ To month/ year _____

Total Time Employed _____ Pay Start _____ End _____

Official Job Title _____ Supervisor _____

Describe Your Specific Job Duties _____

Specific Reason for Leaving _____

Name _____

WORK HISTORY CONT'D

4. Name of Organization or Firm: _____ Telephone _____

Address _____
Street City State Zip Code

Dates Employed: From month/year _____ To month/ year _____

Total Time Employed _____ Pay Start _____ End _____

Official Job Title _____ Supervisor _____

Describe Your Specific Job Duties _____

Specific Reason for Leaving _____

5. Name of Organization or Firm: _____ Telephone _____

Address _____
Street City State Zip Code

Dates Employed: From month/year _____ To month/ year _____

Total Time Employed _____ Pay Start _____ End _____

Official Job Title _____ Supervisor _____

Describe Your Specific Job Duties _____

Specific Reason for Leaving _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Describe any additional training, skills or extra-curricular activities: _____

Computer Skills: WPM _____ Spreadsheets Word Processing

Additional skills: _____

List machinery and equipment, certifications or other qualifications that relate to the type of work for which you are applying:

If you have read the job description, are you able to perform all duties listed? Yes No If no, please explain what can be done to provide you with reasonable accommodation? _____

Name _____

Authorization to Release Information & Conditions of Employment

I have made application for employment with The City of Stockbridge. I authorize any persons or organizations to give The City any and all information concerning my previous employment, education or any other information, personal or otherwise, with regard to any of the subjects covered by this application. I release all parties from liability for any damage whatsoever for issuing same. Furthermore, I acknowledge that if I become employed by The City, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required, for the position which I am applying, I consent to undergo a physical examination and/or psychological examination after I have received a conditional offer of employment, as deemed necessary. Before any applicant can be employed with The City they must successfully pass all required examinations.

You must sign this "Authorization to Release Information & Conditions of Employment", even though we may not contact your present employer.

Date _____ Signature _____

Applicant's Certification & Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I am aware that the falsification of this application or the omission of complete information will result in disqualification, or upon discovery, termination of employment. The City of Stockbridge is hereby authorized to make any investigation of my prior educational and work history. Finally, I agree that all records submitted (i.e: resumes, letters of reference) or generated for purposes of employment are property of and shall remain the property of The City. The information provided on the application is subject to public disclosure under the Georgia Open Records Act.

Date _____ Signature _____

Alcohol & Controlled Substance Testing

As a condition of employment with The City of Stockbridge, you will be required to submit to an alcohol and controlled substance test. Employees must, as a condition of employment, abide by The City's policies regarding the effects of drug use and the unlawful possession of controlled substances. Employees are expected to report for work without the effects of illegal drugs and alcohol in their bodily systems. Employees must report any conviction under a criminal drug statute for such violations. In order to be employed by The City, you must successfully pass the aforementioned testing and will be required to undergo random drug testing for the duration of employment.

By signing this form, I acknowledge the above and consent to such an examination and test.

Date _____ Signature _____

Authorization to Obtain Motor Vehicle Record - (This section to be completed only after position if offered.)

As a condition of employment with The City of Stockbridge, you will be required to grant permission to The City to obtain your Motor Vehicle Record. All positions with The City require a valid Georgia Driver's License. I hereby authorize The City of Stockbridge to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of The City of Stockbridge Human Resources Department for purposes of employment.

Name (as it appears on driver's license) _____

Driver's License # _____ DOB: ____/____/_____

Date _____ Signature _____

City of Stockbridge
4640 North Henry Boulevard
Stockbridge, Georgia 30281

Georgia Bureau of Investigation - Georgia Crime Information Center Consent Form

I hereby give my consent for the **Stockbridge Municipal Court/City of Stockbridge** to perform periodic criminal history background checks for the duration of my employment and authorize the City to receive any Georgia or Interstate Identification Index criminal history record information pertaining to me.

Full Name (print)

Address

Sex

Race

DOB

Social Security Number

Signature

Date

Authorization to Receive Motor Vehicle Record

I, _____, authorize the City of Stockbridge to contact Georgia Department of Driver Services to verify my Motor Vehicle Record and that I have a valid State of Georgia Driver's License. I understand that the City may conduct these checks on a regular basis for the duration of my employment.

Name as it appears on driver's license _____

Driver's License # _____

DOB _____/_____/_____

Signature

Date

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the Federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history, which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39208, 1-800-880-0366. An investigation into your worker's compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its (a "client" is defined as a business, company or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include by phone, fax, U.S. Mail and electronic mail of an applicant's previous employers, education officials and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources and individuals, including previous employers.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures (a "client" is defined as a business company, or organization, which contracts with LABORCHEX to provide employment screening services to them). LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. This information will be provided by the company, business or organization at which you applied for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals. **PRIVACY NOTE:** LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources utilizes, such as those listed above.

Date: _____ Print Name: _____

Applicant Signature _____ SSN _____

Address: _____

Date of Birth (for criminal and driving record checks) _____ DL# _____ State: _____

FOR COMPANY USE ONLY

Company Name: _____ Date: _____

Applicants Name: _____ SSN: _____

CHECK SCREENING REQUIRED FOR THIS APPLICANT

- | | |
|---|---|
| <input type="checkbox"/> Previous Employment Verification | <input type="checkbox"/> Driving Record Check |
| <input type="checkbox"/> Education Verification | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> DOT (special screening for commercial drivers) | <input type="checkbox"/> Employment Credit Report |
| <input type="checkbox"/> Professional/Personal References | <input type="checkbox"/> National Address Search & SSN Validation |
| <input type="checkbox"/> Official Education Transcripts | |
| <input type="checkbox"/> Criminal Record Check | |

List jurisdictions here:

Nationwide Federal Violations Criminal Record Check

Signature of Official Authorizing Investigation _____ Date _____