



Memo

To: Interested applicants for Administration Position
From: Sandy Riffle, Deputy City Clerk
Date: June 21, 2021
Re: Application for Employment

Thank you for your interest in employment with the city of Edgewood. Along with this memo is a job description, an outline of Edgewood's employment benefits and an applicant for employment. Applications will be accepted as follows:

- Email to sriffle@edgewood-fl.gov
- U.S. Mail to City of Edgewood, 405 Bagshaw Way, Edgewood, FL 32809
- Hand delivery to Edgewood City Hall, 405 Bagshaw Way, Edgewood, FL 32809 (address formerly 405 Larue Avenue)



Position: Full-Time Administrative Assistant

Status/Pay Grade

Non-Exempt Status

\$29,000 - \$31,200 (DOQ)

Benefits

This is a highly responsible paraprofessional administrative position which assists the City Clerk and Deputy City Clerk in various phases of the City Clerk's Office, and the operations of City Hall. The incumbent performs professional, administrative and supervisory work assisting and participating in all aspects of the City Clerk's Office and operations of City Hall. Incumbent performs complex and detailed duties and maintains good relations with City Council, City employees and the general public. All work is performed under the general direction of the City Clerk but incumbent exercises final responsibility for major administrative functions requiring a considerable amount of independent judgment.

Typical Duties (illustrative only):

- Serves as an information resource for City employees and general public on routine matters.
- Receives and processes payments and accounts receivables.
- Greets, assists and refers visitors to the appropriate staff.
- Routes telephone calls and takes messages.
- Opens, sorts and distributes the mail.
- Performs clerical duties such as filing, faxing, and photocopying
- Typing duties include completion of routine correspondence and memoranda.
- Signs for and distributes UPS/Fed Ex/Airborne packages.
- Researches, prices and purchases office supplies.
- Proofreads and edits documents
- Assists with permitting and Business Tax Receipts (BTR)
- Performs other related duties as assigned.

Knowledge, Abilities and Skills:

Incumbent must possess excellent writing skills and a knowledge of business English. Knowledge of the organization and activities of city functions. Must have a mastery of personal computers and software applications, including Microsoft Office Professional and worldwide web browsers with particular emphasis on word processing proficiency, financial management, and presentation software. Proficiency with Microsoft Publisher preferred, but

not required. Ability to conduct complex studies from beginning to project completion and present recommendations from research results. Must possess exceptional organization skills and be able to handle multiple priorities.

Ability to establish and maintain effective working relationships with City employees and the public. Ability to work independently with a minimum of supervision.

Special Requirements:

Must possess a valid Florida Operator's driver's license.

Ability to obtain Notary Public Certificate within six months of employment.

During occasions of local emergencies this position may be required to report to perform emergency tasks, which may result in extended work hours as well as extended periods of time away from family members. The Incident Commander and the employee's department Head will make the determination as to who will be required to work.

Minimum Qualifications

H.S. Diploma required however, will consider in lieu of an industry certification or accreditation, i.e., CAP (Certified Administrative Professional) or CPS (Certified Professional Secretary). Excellent communication skills, the ability to adapt to ever-changing requirements. Efficient and accurate detail oriented knowledge of basic office tasks is essential, with proficiency in Word, Excel & Outlook.

Physical Demands:

Must be able to sit for long periods. Frequent bending, squatting, reaching and possibly lifting boxes up to 30 pounds or less. Able to work extended periods on a computer inputting data and creating reports.

Disclosure:

No one job description, for any one position, can possibly encompass all responsibilities, which may be assigned. This job description is a summary of some of the major responsibilities for the position. The purpose of this position is to provide the services and support for our Town.

By signing below, I, _____, understand the attached job description has been explained to me including but not limited to skills and responsibilities and additionally acknowledge that I will be held accountable for said items throughout my time within this role. Furthermore, I understand that my performance is based upon the items described in this Job Description and will reflect on my performance reviews.

Employee

Date

FISCAL YEAR 2020/2021 EMPLOYEE BENEFITS

1. United Health Care (50% Dependent Coverage)
 - Health
 - Dental
 - Vision
 - Life Insurance (\$50,000)
2. Florida State Retirement System
3. HRA TASC Card (Annual \$2000 limit)
4. Employee Cafeteria Plans/Optional Retirement Plans (Administered by the City-Employee Payroll Deduction)
 - AFLAC
 - Liberty National
 - Nationwide Retirement Solutions
 - Colonial Life
 - Pre-Paid Legal

PTO ACCRUAL

Civilian Employees	Per Pay
Date of hire-2nd Anniversary	5 Hours
Over 2 years to 7th Anniversary	6 Hours
Over seven years to 17th Anniversary	8 Hours
Over seventeen years	9 Hours

LONGEVITY PAYMENT SCHEDULE

YEARS OF SERVICE (Civilian)	AMOUNT
1 < 3 years	\$200
3 < 5 years	\$400
5 years < 7	\$800
7 years < 9	\$1,000
9 years < 10	\$1,200
10 years < 12	\$1,400
12 years < 14	\$1,600
14 > years	\$1,800



**CITY OF EDGEWOOD
Administrative Assistant**

**405 BAGSHAW WAY EDGEWOOD,
FLORIDA 32809 (407) 851-2920**

EQUAL OPPORTUNITY EMPLOYER

The City of Edgewood does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. Veteran's Preference form is located within application

Name: _____	Phone #: () _____ - _____
Address: _____	_____
Street	City State Zip Code
Date of Birth: _____	Sex: _____ Race: _____ (For Statistical and Criminal History Purposes only)
Driver's License Number: _____	State: _____
Position Sought: _____	Full Time () Part Time ()
Cell Phone: _____	Email Address: _____



Today's Date: _____

**CITY OF EDGEWOOD
APPLICATION FOR EMPLOYMENT**
Applications are Public Record

City of Edgewood
405 Bagshaw Way
Edgewood FL 32809

(407) 851-2920 Office
(407) 851-7361 Facsimile
www.edgewood-fl.gov

If you require accommodations in order to complete this application, please contact City Hall.

FOR OFFICE USE ONLY

Dept: _____ Rate: _____ Position: _____ Date: _____

Check the type of work you are interested in: Full-Time Part-Time Temporary

For Which Position(s) Are You Applying? _____

HOW DO WE CONTACT YOU?

Last Name				First Name				Middle Initial			
Mailing Address											
City			County			State			Zip		
Home Phone				Alternate Phone				Email Address			

ARE YOU UNDER 18 YEARS OF AGE? YES NO

DO YOU HAVE A FLORIDA DRIVER'S LICENSE: Yes No

TYPE OF LICENSE: Driver's Chauffeur's CDL – Class: _____ State: _____

Is your license now or has it ever been suspended or revoked? Yes No If yes, what year? _____

In what state? _____ Why? _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes No If yes, complete the following:

Branch of Service	Enlistment Date	Discharge Date	Type of discharge

DO YOU CLAIM VETERAN'S PREFERENCE? (ATTACH PROOF OF ELIGIBILITY WITH EACH APPLICATION) Yes No If yes, please specify:

- As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). **You must attach a DD-214.**
- As a veteran with a compensable service connected disability. **You must attach proof of disability from Division ff Veteran's affairs or Department of Defense.**
- As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.
- As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power.

If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (813) 898-4443, within 21 days from the date you received notification that a non-preference applicant was appointed.

Your qualifications for employment are based on the rating of your knowledge, abilities, and skills for the position(s) you apply for; and, if you qualify, your name is placed on an application register. Applications remain active for six (6) months. Your availability is your responsibility. Notify us if you change your name, address, or phone number. Your name will be removed from the register if you cannot be contacted for an interview three times or if you are interviewed three times, without a job offer. Applications may also be rejected for the following reasons: (1) Failure to complete application; (2) Failure to provide required documents when requested; or (3) Not fully meeting all job requirements. Applicants failing the drug/alcohol screen are ineligible for consideration of employment for one year. A new application must be submitted to regain active status.

Have you filed an application with the City of Edgewood within the last six months? Yes No

Have you ever worked for the City of Edgewood? Yes No If yes, date(s) _____

Position Title: _____

Check status: Citizen of the United States
 Legal Alien (Alien Number _____)

(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

LAW VIOLATION RECORD: Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? Yes No. Show all convictions; including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

EDUCATION: Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE
		Semester	Quarter	

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS:

Typing Speed _____ WPM Office machines you operate efficiently: Printer/Scanner Computer
 Business Phone System Other: _____

What type of Computer/Software do you have experience operating? For example: Excel, PowerPoint

LICENSURE, REGISTRATION, SPECIAL CERTIFICATIONS: Notary Public, Certified Municipal Clerk, etc.

License, Registration or Certification	Number	Date Received	Expiration Date	State licensing Agency

RELATIVES EMPLOYED BY THE CITY OF EDGEWOOD: Do you have any relatives by blood or marriage including elected officials, working for the City of Edgewood? Yes No If yes, complete the following:

FULL NAME OF RELATIVE (S)	DEPARTMENT	RELATIONSHIP

REFERENCES: List three (3) references who are not relatives:

NAME	COMPLETE ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's background. Use the space below to provide any additional information necessary to describe your full qualifications for the position(s) applied for.

1. Are you currently employed? Yes No. If yes, may we contact your current employer? Yes No.
2. Have you ever been discharged or asked to resign from any position? Yes No. If yes, give details. _____
3. List below all jobs for the last ten (10) years; include prior experience, if relevant. Lists paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.

**USE ADDITIONAL SHEETS OF PAPER AS NECESSARY. A RESUME MAY BE USED TO SUPPLEMENT BUT NOT
SUBSTITUTE APPLICATION INFORMATION**

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

CURRENT OR LAST EMPLOYER:		From: (mo.)	(yr.)
Address:		To: (mo.)	(yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties:		Starting salary: \$	
		Ending salary: \$	
		Department:	
		Supervisor:	
Reason for leaving:		Phone Number:	

APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING: I hereby certify that each answer to the questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Edgewood, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment **may** depend upon satisfactory completion of a criminal background check, consumer credit check report, driver’s license verification, and a post-offer employment physical examination, including a drug/alcohol screen per F.S. 112.0455.

Date: _____ Signature of Applicant: _____