
Name

Address

INSTRUCTIONS TO APPLICANTS
for
Deputy Treasurer Position

1. Please fill out the enclosed application form
2. Applications will be screened down to approximately six (6) who will be contacted for an interview. Please do not continue to contact this office as those who will be interviewed will be determined on the basis of the application and resume. Those interviewed may be required to demonstrate their proficiency at needed skills;
3. All applications must be returned to the County Treasurer's Office by 4:00 p.m. on Friday, November 5th, 2021. Applications received after said date may not be considered, and;
4. Please type or neatly print your name and address on the spaces provided on this sheet, then staple this sheet and the remainder of this packet in the front right hand corner of your application and resume. Behind the application and waiver, please include a cover letter and resume and any additional documentation which you may wish to have considered with your application. Lastly, place all documents in an envelope labeled: Mason Co. Treasurer Deputy Position.

EMPLOYMENT OPPORTUNITY

Deputy Treasurer's Position for the Mason County Treasurer

The Mason County Treasurer is seeking a qualified, self-motivated, and personable individual for a full-time clerical position. Persons applying for this position must possess computer skills and understand bookkeeping procedures, property descriptions, and general record keeping. This position will require a detail-oriented individual who can interpret property tax law for a variety of tax assessment issues. Must be able to demonstrate an understanding of general accounting processes, problem solving and customer service skills, and the ability to work under pressure. Only those applications which are contained in the job application packet and returned no later than Friday, November 5th, 2021 by 4:00pm will be considered. The County of Mason is an Equal Opportunity Employer.

DEPUTY TREASURER'S POSITION

I. JOB DESCRIPTION

The successful applicant will be responsible to the Treasurer for assisting in the delivery of the following constituent service functions within the Treasurer's Office:

- A. Assist in the preparation of all documents and information necessary for the property tax foreclosure cycle;
- B. Assist in the vouchering of payables.
- C. Assist in the issuing of dog licenses;
- D. Assist with annual tax settlements with local township, village and city treasurers;
- E. Assist in the collection of delinquent and certain current real property taxes and the issuing of receipts for same;
- F. Assist in the preparation of tax histories, tax certifications, and various State mandated reports;
- G. Assist in the preparation of supplemental tax notices or refunds for tax roll changes ordered by local boards of review, local assessing

officers, State tax tribunal or State treasury department;

- K. Assist in the preparation and mailing of delinquent tax notices;
- L. Assist in the ordering of office supplies and maintaining accounts receivable, and;
- M. Perform other duties as may be assigned by the Treasurer.

II. JOB QUALIFICATIONS and PREREQUISITES

The successful applicant for this position should possess, at minimum, the following:

- A. Personal initiative and the ability to effectively plan and organize work;
- B. Ability to work independently as well as with others in a positive manner;
- C. Ability to deal with the general public in a helpful and pleasant manner;
- D. Proficient computer skills;
- F. An associate's degree in a business related field from an accredited institution or a minimum of two (2) years' experience in a related field. Educational and/or work related experience is highly desirable in the following areas: property descriptions, property tax administration, accounting, bookkeeping and/or computers.
- G. Ability to operate and utilize the following equipment: telephone system; calculator; computer system including, but not limited to, word processing, spreadsheet and database programs; photocopier; and; document binder, and;
- H. Ability to pass the standard County physical examination. This examination will be a condition of employment.

III. JOB COMPENSATION and BENEFITS

This Deputy Treasurer position is an at-will county position subject to the County Personnel Policy and other rules governing temporary and full-time employees adopted by the Mason County Board of Commissioners and the Mason County Treasurer. There will be a six (6) month orientation (probationary) period. At present, hours, compensation and benefits include, but are not limited to, the following:

A. Hours of work are Monday thru Friday, 8:00 a.m. to 5:00 p.m. with a one (1) hour lunch period, except for holidays;

B. Current compensation schedule for 2021 is:

Start	\$16.61 per hour
Satisfaction plus 6 months service.....	\$16.84 per hour
Satisfaction plus 1 year service	\$17.15 per hour
Satisfaction plus 2 years' service.....	\$17.77 per hour
Satisfaction plus 3 years' service.....	\$18.85 per hour
Satisfaction plus 4 years' service.....	\$20.15 per hour

Longevity pays in varying increments thereafter to a maximum of \$2,500.00.

C. Present benefits include, but are not limited to, employer paid vacation, holidays, sick days, retirement, health insurance with premium co-pay, life insurance, and dental/optical/hearing reimbursement.

Health insurance premium co-pay is subject to the State caps for Health insurance.

Dental/optical/hearing reimbursement is \$1,200.00 and is subject to a maximum accrual of \$2,000.00

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last seven (7) years? ☐ Yes ☐ No

Conviction does not necessarily disqualify an applicant from employment.

If Yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Middle School			High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location															
Years Completed	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree															
Describe Course of Study															
Describe any specialized training, apprenticeship, skills and extra-curricular activities															
Describe any honors you have received															
State any additional information you feel may be helpful to us in considering your application															

Indicate any foreign languages you can speak, read and/or write						
	FLUENT		GOOD		FAIR	
SPEAK						
READ						
WRITE						

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?

☐ Yes

☐ No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes

☐ No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

NOTES _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times requires periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

V	Complete Only The Sections Below That Have Been Checked
	Current Job
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birthdate

FOR POST HIRE USE ONLY

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	
<hr/>	
<hr/>	
Date <hr/>	

NOTES:

MASON COUNTY ADMINISTRATOR'S OFFICE

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Mason County Administrator's Office bearing this Authorization to obtain information from your files or other sources pertaining to my personal background, including, but not limited to, the histories/records checked below:

- EMPLOYMENT HISTORY
- CRIMINAL HISTORY
- FINANCIAL/CREDIT
- ACADEMIC RECORDS
- ATHLETIC RECORDS
- ACHIEVEMENTS
- ATTENDANCE RECORDS
- PERSONAL HISTORY
- DISCIPLINARY ACTIONS
- MORTGAGE RECORDS &
PAYMENTS SCHEDULES
- UTILITY BILLS
- DRIVING RECORD
- MEDICAL RECORDS
(MENTAL/PHYSICAL, INCLUDING
DIAGNOSIS AND PROGNOSIS, IF ANY)

I hereby authorize you to release such information upon the release of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Mason County Administrator's Office.

I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the Authorization for Release of Information, or any attempt to comply with it. Should there be any questions as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photostatic copy of the Authorization shall have the same force as the original.

FULL NAME: (Typed or Printed)	SOCIAL SECURITY NO.	DATE OF BIRTH
CURRENT ADDRESS: (No., Street, City, State, Zip)		TELEPHONE NO.
DRIVER LICENSE NO:		STATE ISSUING:
SIGNATURE:		TODAY'S DATE

THIS INFORMATION IS CONFIDENTIAL. DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1935 PA 59
COMPLIANCE: VOLUNTARY