



## **City Clerk City of Villa Hills**

The City of Villa Hills, Kentucky is accepting applications to establish an eligibility list for the position of City Clerk

The City Clerk is a classified position, and is an Officer of the City. The candidate must pass a background check and must be eligible to be bonded.

The position requires a minimum of a High School degree or G.E.D. The position also requires a strong financial background, knowledge and use of Microsoft Word, Excel, PowerPoint and QuickBooks. A college degree will be considered a plus. In addition the position also requires strong communication skills and the ability to work with the public.

All candidates must submit an application, resume, participate in an examination process and interview process. Applications and resumes shall be submitted to the City of Villa Hills Civil Service Commission at the City Building at the above address before the deadline of 12/05/11 at 4:00 PM.

A non-refundable application and testing fee of \$25.00 will be collected at the time of submission of the application and resume. The City of Villa Hills is an Equal Opportunity Employer.

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**§ 31.21 CITY CLERK.**

- (A) There is established the office of full-time City Clerk.
- (B) The City Clerk shall be an officer of the city and his or her duties shall include:
  - (1) Attendance at all City Council meetings and taking and recording the minutes thereof;
  - (2) Preparation and handling of the official correspondence of the city as requested by Council;
  - (3) Preparation of annual property tax bills;
  - (4) Administration and collection of occupational taxes and license fees;
  - (5) Preservation and safekeeping of the city's public records, including minute books, ordinances, contracts, and other public archives;
  - (6) Perform the duties required of the official custodian pursuant to the Open Records Law;
  - (7) Publication of all ordinances when enacted;
  - (8) Preparation and advertising of bids required by Council;
  - (9) Supervising the use of the municipal building and maintaining regular office hours at that building; and
  - (10) Performing all duties required by KRS 83A.085 and other applicable statutes, and other necessary and customary duties as the Mayor and Council may direct from time to time.
- (C) The compensation, hours, and vacation of the City Clerk shall be set by the City Council by ordinance.
- (D) The City Clerk shall take the constitutional oath of office within thirty (30) days of receiving the notice of appointment.

**KRS 83A.085. Office of city clerk required, except in city of first class -- Duties -- Combination with other nonelected city office -- Information on city and officials to Department for Local Government.**

**(1)** Each city, except a city of the first class, shall establish the office of city clerk.

**(2)** The office of city clerk may be combined with any other nonelected city office by inclusion of the title and duties of the office in the ordinance establishing the office of city clerk.

**(3)** The duties and responsibilities of the clerk shall include but not be limited to the following:

**(a)** Maintenance and safekeeping of the permanent records of the city;

**(b)** Performance of the duties required of the "official custodian" or "custodian" in accordance with KRS 61.870 to 61.882;

**(c)** Possession of the seal of the city if used;

**(d)** No later than January 31 of each year, mail to the Department for Local Government a list containing current city information including but not limited to the following:

**1.** The correct name of the mayor, legislative body members, and the following appointed officials who are serving as of January 1 of each year:

**a.** City clerk;

**b.** City treasurer;

**c.** City manager;

**d.** City attorney;

**e.** Finance director;

**f.** Police chief;

**g.** Fire chief; and

**h.** Public works director;

**2.** The correct name of the city, mailing address for city hall, and telephone number of city hall; and

**3.** The name and telephone number of either an elected or appointed official to serve as a contact person that may be reached during normal business hours of 8 a.m. to 4:30 p.m.;

**(e)** Performance of all other duties and responsibilities required of the city clerk by statute or ordinance; and

**(f)** The Department for Local Government shall immediately forward one (1) copy of the information received from each city clerk to the Legislative Research Commission.

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or other legally protected status.

Please read acknowledgments (page 3, section I), then complete application using typewriter or ink.

<b>Personal Information</b>	<b>A 1</b>	NAME - Last                      First                      Middle			Social Security #:
	<b>2</b>	PRESENT ADDRESS: Street                      City                      State                      Zip Code	PHONE #: (    )		
	<b>3</b>	PERMANENT ADDRESS: Street                      City                      State                      Zip Code	PHONE #: (    )		
	<b>4</b>	EMERGENCY PHONE # (    )	<b>5</b>	AGE: (If under 18)	
	<b>6</b>	Have you applied for employment or been employed here before?                      If yes, give position(s) & date(s): YES                      NO			
	<b>Employment Interest</b>	<b>B 1</b>	TYPE OF EMPLOYMENT DESIRED: FULL-TIME                      PART-TIME                      TEMPORARY/SEASONAL		<b>2</b>
<b>3</b>		WHAT POSITION ARE YOU SEEKING?	<b>4</b>	MINIMUM SALARY REQUIREMENT:	
<b>5</b>		CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions) YES                      NO		<b>6</b>	Are you on layoff or subject to recall? YES                      NO
<b>7</b>		DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? If yes, List Name(s), Relationship(s), and Department YES                      NO			
<b>Educational Record</b>	<b>C</b>	<b>EDUCATION:</b>	<b>High School</b>	<b>College/University</b>	<b>Graduate/Professional</b>
	<b>1</b>	NAME AND LOCATION OF SCHOOL			
	<b>2</b>	YEARS COMPLETED (Please Circle Last Year)	9    10    11    12	1    2    3    4	1    2    3    4
	<b>3</b>	DIPLOMA/DEGREE YEAR RECEIVED			
	<b>4</b>	MAJOR FIELD OF STUDY			
	<b>5</b>	AREA(S) OF SPECIALIZED TRAINING:			
	<b>6</b>	TITLE OF THESIS AND SPECIAL RESEARCH PROJECT(S):			
	<b>7</b>	HONORS RECEIVED:			
	<b>8</b>	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:			
	<b>9</b>	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:			
<b>10</b>	TYPING: YES    NO    WPM:	COMPUTER EXPERIENCE: (Please Circle) Windows 98/XP    Word    Excel			

AN EQUAL OPPORTUNITY EMPLOYER

"A SPECIAL PLACE TO LIVE"

<b>Employment Experience</b>	<b>D</b>	PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences. If any additional space is needed, please use an extra sheet of paper.			
		<b>1</b> Current Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED
				FROM	TO
	ADDRESS:				
	JOB TITLE:		SUPERVISOR:	HOURLY RATES/SALARY	
			STARTING	FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:				
	<b>2</b> Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED	
				FROM	TO
		ADDRESS:			
		JOB TITLE:	SUPERVISOR:	HOURLY RATES/SALARY	
			STARTING	FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:				
	<b>3</b> Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED	
				FROM	TO
		ADDRESS:			
		JOB TITLE:	SUPERVISOR:	HOURLY RATES/SALARY	
			STARTING	FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:				
	<b>4</b> Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED	
			FROM	TO	
ADDRESS:					
JOB TITLE:		SUPERVISOR:	HOURLY RATES/SALARY		
		STARTING	FINAL		
REASON FOR LEAVING OR WANTING TO LEAVE:					
<b>5</b>	MAY WE CALL YOUR PRESENT EMPLOYER NOW? If not, when may we call? YES    NO    PHONE: (    )				
<b>ITI</b> Special Considerations	<b>1</b>	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:			
		<u>Driver's License Number:</u>		<u>Name of Trade or Profession License Number:</u>	
	<b>2</b>	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:			

References	GIVE THE NAME OF THREE REFERENCES. PLEASE DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.				
	1	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
Activities	G 1 LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN:				
	2	CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION:			
H	1 Branch of U.S. Military Service from (month/year) to (month/year):			2 Highest Rank Attained:	
	3 Military Occupation Specialty and/or Major Duties:				
Additional Information	This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.				
	4 Are you a Vietnam Era Veteran? If yes, please list month and year active duty completed: YES NO				
	5 ADDITIONAL COMMENTS:				
<b>Please read before completing application.</b>					
Acknowledgements	1 I certify that the answers given herein are true and complete to the best of my knowledge.				
	2 I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.				
	3 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.				
	4 I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.				
	5 I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the relationship at any time, with or without cause or advance notice.				
	6 I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment.				
	7 Signature (Please sign - Do not type or print)			8 Date	

NOTE: A Resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position applied for is OPEN:      YES                  NO		Position(s) considered for:	
Application reviewed by:			Date:
Remarks:			
Arrange Interview:	YES	NO	If yes, Date:                  Time:
Interviewed by (List Participants):			
Employed:                                  YES                  NO		Date of employment:	
Position Title:		Department:	Starting Salary: