

TOWN OF HAVERHILL  
DEPUTY TOWN CLERK

The Town of Haverhill is recruiting for the position of Deputy Town Clerk. This is a highly responsible legal and administrative position. The Deputy Town Clerk will be responsible for attending, recording and preparing official minutes of the Town Council (and other committee) meetings as required. The Deputy Town Clerk will provide administrative support for Town Administrator; coordinate the Town calendar and serve as front desk receptionist. The Deputy Town Clerk will provide support for the Building Department, accept applications, issue building permits and schedule inspections. The Deputy Town Clerk will oversee the Business Tax Receipt program and will accept all zoning and land use applications and research same for compliance. The Deputy Town Clerk will assist with planning and will participate in all Town sponsored special events. The Deputy Town Clerk will assist with the development and coordination of the Town's newsletter and other special mailings. The Deputy Town Clerk will assist with financial matters and will provide administrative support for Code Enforcement/Special Magistrate hearings. The Deputy Town Clerk will maintain various databases and perform other duties as assigned. This position requires the exercise of sound, mature judgment and a thorough knowledge of Town Ordinances, Building Codes and the organization and activities of municipal government. The Deputy Town Clerk will report to the Town Administrator.

Minimum requirements:

High School diploma (or GED); Associates or Bachelors' Degree in Business Management, Public Administration or related field, Municipal Clerk experience required with 4 years of administrative and/or office related experience; Florida Municipal Clerk certification preferred or the ability to obtain certification within 2 years. A satisfactory combination of education and experience will be considered. Applicant must have excellent verbal and communication skills. Must be familiar with Microsoft, Outlook and must be proficient in Excel. Must have valid Florida's driving license (or ability to obtain within 6 months) with a clean driving record; must pass background check and drug test in compliance with the Town of Haverhill's Drug Free Workplace policy.

This is a full time position. Salary is commensurate with experience. Excellent benefits including Florida Retirement System. The Town of Haverhill is an equal opportunity employer and a drug free work place. Resume's must be accompanied by completed Town of Haverhill Employment application ( [www.townofhaverhill-fl.gov](http://www.townofhaverhill-fl.gov) ). No phone calls. Please deliver completed employment package, including salary requirements to Janice C. Rutan, Town Administrator; Town of Haverhill, 4585 Charlotte Street, Haverhill, FL 33417 or [jrutan@townofhaverhill-fl.gov](mailto:jrutan@townofhaverhill-fl.gov). Application deadline: 5:00 p.m. February 24, 2010.



# Town of Haverhill

## APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

4585 Charlotte Street  
Haverhill FL, 33417-5911

**INSTRUCTIONS:** Submit the original application only. Please type or print the application in **BLACK** ink. **ANSWER ALL QUESTIONS.** If a question does not apply, write “**Not Applicable**” or “**N/A.**” You may include a resume or other job-related documentation as a supplement to this application. However, you must provide all information requested in the application. If additional space is needed, please use a blank sheet of paper of the same size as this application, and include your name and Social Security Number.

Position Applied For:		Social Security No.:	
Last Name:	First Name:	MI:	
Mailing Address:		Apt. No.:	
City:	State:	Zip Code:	
E-Mail:	Home Phone:	Other Phone:	

### EDUCATION

NAME OF INSTITUTION ATTENDED AND LOCATION	MAJOR/COURSE OF STUDY	DEGREE RECEIVED	DID YOU GRADUATE?
HIGH SCHOOL:			Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/> Equivalency G.E.D. Yes <input type="checkbox"/> No <input type="checkbox"/>
COLLEGE/UNIVERSITY:			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER EDUCATION/TRAINING:			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

### BACKGROUND INFORMATION:

Are you a citizen of the U.S.? Yes  No . If “No”, do you possess one of the following: An I-151 card, and I-551 card, and I-94 card stamped “Employment Authorized” or any other proof of employment authorization from the Immigration and Naturalization Service? Yes  No . If yes, please attach copy of documents.

Have you ever been convicted of a felony or first-degree misdemeanor, pled “Nolo Contendere,” or, pled guilty to a crime, which is a felony or a first-degree misdemeanor, or, have you ever had the adjudication of guilt withheld to a crime, which is a felony or a first-degree misdemeanor? Yes  No . If yes, please give dates, city and state, charges, and disposition of the case:

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**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**DRIVER'S LICENSE**

State of Issuance: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver's License Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check one:  A  B  C  D  E      Endorsement(s) Check if applicable: N  P  H  X  E

**MILITARY VETERANS' PREFERENCE**

Are you now or have you ever been a member of any branch of the military service, Reserves or National Guard? Yes  No  (If Yes, complete the remainder of this section. If No, Please skip to the next section).

Branch:	Dates of Service (Month/Year From:                      To:	Type of Discharge:
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Were you ever the subject of disciplinary action? Yes  No . If yes, provide the date, details of the offense and type of disciplinary action:

\_\_\_\_\_  
\_\_\_\_\_

Are you claiming Veterans' Preference for the position in which you are applying? Yes  No . If yes, check the appropriate information below AND provide a clear copy of your DD-214 to substantiate your claim. The DD-214 must be furnished at the time of application.

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense, or
- 2. The spouse of veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war\*, who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service connected disability.

HAVE YOU CLAIMED AND BEEN EMPLOYED THROUGH VETERANS' PREFERENCE SINCE OCTOBER 1, 1987?

YES  NO . IF YES, NAME OF EMPLOYER: \_\_\_\_\_

\*AS DEFINED BY FLORIDA LAW

NOTE: Under Florida Law, preference in appointment shall be given for covered Town positions, first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days from the date the applicant received notice that a hiring decision was made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

**LAW ENFORCEMENT FLAG/PUBLIC RECORDS**

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former public safety personnel including police and certified fire fighters, code inspectors and code enforcement officers and their families.

Do you and/or your spouse fall into one of the aforementioned categories? YES  NO . If yes, please state:

Last Date of Employment: \_\_\_\_\_ Last Department Employed: \_\_\_\_\_

Do you have any relative(s), either by blood or by marriage, who is/are employed by the Town of Haverhill? YES  NO .  
 Relatives include: Father, Mother, Son, Daughter, Brother, Sister, Uncle, Aunt, First Cousin, Nephew, Niece, Husband, Wife, Father-In-Law, Mother-In-Law, Son-In-Law, Daughter-In-Law, Brother-In-Law, Sister-In-Law, Stepfather, Stepmother, Stepson, Stepdaughter, Stepbrother, Stepsister, Half Brother, or Half Sister. If so, please list below:

NAME	RELATIONSHIP	DEPARTMENT

**EMPLOYMENT HISTORY:**

Please list all full and part-time paid work experience. Start with the most recent position and work back. Major changes in duties or job titles with the same employer should be listed as separate positions. Describe job duties in sufficient detail to show that you meet the minimum requirements of our position. If necessary, use additional sheets in the same format. **Resumes may not substitute for any information requested on this application, but may be submitted in addition to a completed application.**

**Present or Most Recent Job**

Name of Present or Last Employer: _____	Phone: _____
Address: _____	City/State: _____
Your Job Title: _____	Supervisor: _____
From: _____ To: _____	Starting Salary: _____ Current/Final Salary: _____
JOB DUTIES: _____	
_____	
Reason For Leaving: _____	
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Previous Job**

Name of Present or Last Employer: _____	Phone: _____
Address: _____	City/State: _____
Your Job Title: _____	Supervisor: _____
From: _____ To: _____	Starting Salary: _____ Current/Final Salary: _____
JOB DUTIES: _____	
_____	
Reason For Leaving: _____	
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Previous Job**

Name of Present or Last Employer: _____	Phone: _____
Address: _____	City/State: _____
Your Job Title: _____	Supervisor: _____
From: _____ To: _____	Starting Salary: _____ Current/Final Salary: _____
JOB DUTIES: _____	
_____	
Reason For Leaving: _____	
May We contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*Attach additional sheets as necessary**

**List All Periods of Unemployment and Any Relevant Volunteer Work in the Past 10 Years**

From		To		Description of Activities and/or Volunteer Work
Month	Year	Month	Year	

**PERSONAL REFERENCES:**

List three personal acquaintances that can give a reference of your character, ability, etc. Please give complete addresses and phone numbers (including City, State, Zip Code, and Area Code). **Do not include relatives or former employers.**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Occupation: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Occupation: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that the Town of Haverhill is an Equal Opportunity Employer and does not discriminate in employment or in any Personnel action, and that no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by law.

I understand that the Town of Haverhill, is in no way obligated to provide employment, nor am I obligated to accept employment.

I understand that this application will remain in the Town's active file for six (6) months, and that I am responsible for updating my application, including any changes in my address, phone number, employment history, etc.

I agree to voluntarily consent to any lawfully administered post-offer physical examination, drug and alcohol screening, and, for safety-sensitive positions, post-offer polygraph and psychological evaluation.

I understand that should I become an employee, that upon termination of employment, I will return all Town-owned property issued to me by the Town of Haverhill.

APPLICANT CERTIFICATION: I have read and understand all the instructions and certify that all answers and statements on this application are true to the best of my knowledge. I understand that falsification of information on this application, related employment papers, and during all interviews may result in rejection of my application and if employed, may result in disciplinary action up to and including termination of my employment.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

It is the policy and practice of the Town of Haverhill to treat all employees with dignity and respect and to provide equal employment to all persons with regard to race, color, religion, sex, pregnancy, national origin, citizenship, age, disability, marital status, familial status, or sexual orientation, military status or any other category protected by law.



# Town of Haverhill

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

**The following information is requested for Equal Employment Opportunity record keeping and statistical reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, and amended by the Equal Employment Opportunity Act of 1972, Section 709(c).**

**THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION AND WILL BE REMOVED AND MAINTAINED IN A SEPARATE FILE.**

Application Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Sex: Male  Female  Date of Birth: \_\_\_\_\_

National Origin: (Please check only one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native