**Administrative Assistant Supplemental Application, LMC Model Form**

*Helpful background information on this model may be found in the Information Memo* [“Veterans Preference in Hiring”.](https://www.lmc.org/resources/veterans-preference-in-hiring/)

**Required Supplemental Application Form**

**Applicant Name**: \_\_\_\_\_\_\_

# Administrative Assistant

**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.  
Please note:**   
This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you have a high school diploma or equivalent?  *(choose one*) **YES NO**

2. Do you have three years of administrative support with extensive public interaction?

*(choose one*) **YES NO**

If yes, please explain your administrative support experience:

Organization Describe admin support duties Duration

1. (a)What do you think is the key to providing quality customer service?

(b) Describe how you have demonstrated this in your past work history.

Organization Describe customer service duties Duration

1. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1being lowest proficiency to 5 being highest proficiency.
   1. Word Proficiency \_\_\_\_\_\_\_
   2. Excel Proficiency \_\_\_\_\_\_\_
   3. Access Proficiency \_\_\_\_\_\_\_
   4. List other software in which you are proficient: Proficiency \_\_\_\_\_\_\_
2. Have you taken any specialized course work or training in general office/admin support, accounting, election, payroll or budgeting?

*(choose one*) **YES NO**

If yes, please detail below your course work or training.

Course work or training Date Completed

1. Do you have any experience working with elections?

*(choose one*) **YES NO**

If yes, please detail below your experience working with elections.

Organization Duties Performed Duration

1. Do you have any accounting experience?

*(choose one*) **YES NO**

If yes, please detail below your accounting experience and software used.

Organization Duties Performed & software used Duration

1. Do you have any payroll processing experience?

*(choose one*) **YES NO**

If yes, please detail below your payroll processing experience and software used.

Organization Duties Performed & Software Used Duration

9. Do you have any experience assisting in the preparation of budgets?

*(choose one*) **YES NO**

If yes, please detail below your budget experience and software used.

Organization Duties Performed & Software Used Duration

10. *Other qualifications:*

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

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I hereby certify that all answers contained in this application are true and I agree and understand any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant’s signature: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_