**Deputy City Clerk 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**: \_\_\_\_\_\_\_

DEPUTY CITY Clerk

**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 at least two years of office support experience?

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

If yes, please explain your experience:

Organization Describe Office Support Duties Performed Duration

3. Do you possess an Associate’s degree in Accounting, Business, Marketing or a related field?  *(choose one*) **YES NO**

If yes, please describe below:

Organization Degree

1. Do you have any paid experience in utility billing?

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

If yes, please detail below your utility billing experience.

Organization Duties Performed 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. Quick Books 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, elections, utility billing, and/or planning and zoning?

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

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

Course work or training Completed when?

1. Do you possess any Municipal Clerk designations?

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

If yes, please list your certification(s):

Organization Certification

1. Do you have paid experience working with elections?  
   *(choose one*) **YES NO**If yes, please explain your election experience:  
   Organization Describe Election Duties Performed Duration
2. (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. Do you have any zoning or planning work 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 experience in records management and Data Practices?

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

If yes, please detail below your records management and data practices experience and software used.

Organization Duties Performed Duration

12. *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: \_\_\_\_\_\_\_