POSTING OF UNION POSITION

Office: Supervisor of Assessments

Position:Deputy AssessorFull-time AFSCME union position (35 hours per week) with excellent health insurance
Starting Salary Current Union Employee: \$15.45/hour
Starting Salary New Hire: \$15.25/hour

Hours: Monday through Friday, 8:00 a.m. – 4:00 p.m. with a one hour lunch

Job Summary:

• Assist the office of the supervisor of assessments in maintaining property database (various data entry) and answer question pertaining to property assessments, exemptions and other property inventory inquires.

Requirements:

- The applicant must have education, experience and/or the necessary training in typing, filing, computer skills (Microsoft Word, Excel, and email).
- The applicant must possess good communication and interpersonal skills, have the ability to work well with others, as well as work independently, and have the desire to serve the public.
- Regular and predictable attendance & punctuality is required to ensure the efficient operation of the office.
- Will be expected to obtain a CIAO designation (Certified Illinois Assessment Officer) and maintain the designation through continued education.
- High School diploma or GED, computer knowledge and must pass a drug screening. Employee must abide by dress code set forth by county policy on contractual agreement. A valid driver's license and insurance may be required for field assessment work.

Duties:

- Answer public questions pertaining to exemptions, assessed valuations, property characteristics, appeal process, and approximate property boundaries.
- Data entry into various inventory software.
- Employee may need to assist in physically measuring of properties and take pictures for the office records.
- Employee also assists township assessors by providing property record cards, maps and parcel data sheet for all properties to be assessed by the township assessors of 17 townships.

Applications:

- Can be picked up in the Supervisor of Assessments office, second floor of the courthouse as well as on the county website <u>www.christiancountyil.com</u>
- Must be submitted to the Supervisor of Assessments Office, or county board chair office.

Interviews:

• Will be scheduled for chosen applicants.

Dated as posted – August 9th, 2024

Christian County Application for Employment (An Equal Opportunity Employer)

Name:	Date:
Current Address:	Phone #
	Alternate #
Position desired:	
Please complete all q	questions for employment consideration
 Have you applied for employment y If yes, date and result If referred by a current employee, p 	with the County before?yesno blease provide their name a us before?yesno
 Are you currently employed? May we contact your present employed? Are you over 16? Are you available to work: Full T Part T Part T Temp Date available to start: 	yesno yesno yesno Cimeyesno yesno porary/seasonalyesno
·····	er work while in our employ, please explain
Has a former employer ever discipli yes, please explain:	ility to work in the United States?yesno ined you for tardiness or absenteeism?yesno If
• To the best of your knowledge, after perform all the essential functions o	r learning of the job duties, would you be able to f this position?yesno
	ike a drug test at the County's expense and contingent upon my test results being drug free.
Signature	Dated

HISTORY OF EMPLOYMENT		
Start with your present or last job. Include		if applicable
Employer:	Dates Employed From To	Work Performed/Duties
Address:	· · · · · · · · · · · · · · · · · · ·	
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? []yes []no
Other:		
		•
*********	****	*****
Employer:	Dates Employed From To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	•
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? [] yes [] no
Other:	·	
***************************************	****	******

Employer:	Dates Employed From To	Work Performed/Duties
Address:		
Phone numbers:	Hourly rate or Annual salary	
Starting/present job title:	Starting	
Supervisor:	Final	
Reason for leaving:		May we contact this employer? []yes []no
Other:		
		Request a supplemental page if needed

If you were employed under a different name in any of these positions, note your name under "other".

Comments: Include any gaps in employment

Describe any specialized training, apprenticeship, skills and extra-curricular activities as applicable to position.

Describe any job-related training received in the United States military.

EDUCATIONAL BACKGROUND

SCHOOL	Name and Address of School	Course of study/ Honors	Dates attended	Date of completion and Diploma/Degree
High School			NZA	N/A date of graduation Completedyesno
College or University				
Business or Trade				
Other (Specify)				

OFFICE	
Personal Computer Windows DOS	Network Computer List programs:
Note by degree of knowledge: (0=none to 5=extensive training) Word Processing Publisher Power Point	KeyboardWPM TypewriterWPM Calculator
Excel Excel HEAVY EQUIPMENT Do you have a CDL Front End Loader Flagger Trainin	License? [] yes [] no
Backhoe/ExcavatorSurveying Motor GraderProject Manage Other	

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or	past supervisors.		
Name and address	Phone number/s	Best time to call	Occupation
1.			4
]		
2.			
3.			
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This application will remain active for 90 days. Reapplication is necessary after that time period.

<u>ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT</u> Please read thoroughly before signing

It is understood that this application is not an obligation of employment.

I hereby authorize the company to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I agree to take a drug test at the company's expense and realize that the offer of employment is contingent upon my test results being drug-free.

I will provide proof of my eligibility to work within three (3) business days as required by "The Immigration Reform and Control Act of 1986".

I understand that the company can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the County reserves the right to transfer me, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment may not be governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the County, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law unless modified by a collective bargaining agreement.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the County is a party that once I am covered by the agreement its terms may supersede some of the statements in this acknowledgement of understanding.

Signature		Date	
	RITE BELOW THIS I	LINE – FOR EMPLOYER USE	
Management Ap	oproval		
Start Date	Exempt/Rate	Non-Exempt/Rate	. <u> </u>
Full-Time	Part-Time AN EQUAL OPI	Position PORTUNITY EMPLOYER	
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