

The Miami County Board of Elections is accepting applications for the position of Deputy Director. For a complete job description and requirements go to: electionsonthe.net. A completed application and resume must be submitted to: Miami County Board of Elections, 215 W. Main St., Troy, OH 45373 or emailed to: miami@ohiosecretaryofstate.gov. Applications will be accepted until the position is filled.

Miami County is an Equal Opportunity Employer and is
Accessible to the Disabled.

Miami County Board of Elections Deputy Director

Qualifications:

Required:

- Currently registered to vote
- Currently registered as a Democrat
- High school diploma or equivalent
- Ability to pass a criminal background check
- Ability to pass a drug screening
- Ability to reside in Miami County within 30 days of employment and remain in residence in Miami County while in this position

Desired:

- Experience working in a Board of Elections
- Experience successfully managing/supervising employees
- Proficient in Microsoft Word, Excel and Powerpoint, Google Docs, and other data management software

Duties of the Deputy Director

The deputy director serves at the pleasure of the board for a term of two years, commencing in early March in each even-numbered year. The deputy director had dual function, serving as the board's chief administrator, as well as election official. In these capacities, the deputy director performs or oversees a variety of duties, including, but not limited to, the following:

- Keeping a full and true record of board proceedings and of all moneys received and expended;
- Filing and preserving in the board office all orders, records and reports pertaining to the administration of voter registrations and elections;
- Receiving and having custody of all books, papers, and property belonging to the board;
- Performing such other duties in connections with the office of deputy director and the proper conduct of elections as the board determines;
- Reviewing all directives, advisories, memoranda, correspondence and materials issued by the Secretary of State;
- Disseminating to board members and staff the information, instructions and/or materials provided by the Secretary of State; and take action as required by those communications;
- Assisting the board in drafting and implementing personnel policies and procedures;
- Supervising and instructing board employees; assign work; coordinate activities; make recommendations concerning the hiring, responsibilities, compensation, discipline, and discharge of board employees;
- Preparing for and conducting all primary, general and special elections held in the county;
- Processing, evaluating, and reporting elections results;
- Recruiting, hiring, and training precinct election officials;
- Supervising the processing of voter records;
- Developing an annual budget and monitor the board's budget and payroll;
- Preparing the written agenda and minutes of board meetings; Ohio Election Official Manual Ohio Secretary of State;
- Auditing campaign finance reports;
- Calculating chargeback to political subdivisions;
- Assisting local liquor option petitioners; and
- Maintaining and submitting an annual report of consumable inventory.

**MIAMI COUNTY
PERSONNEL POLICY MANUAL**

APPLICATION FOR EMPLOYMENT

**FORM 3
PAGE 1 OF 7**

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE
ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____

HOME ADDRESS: _____ COUNTY: _____

CITY / STATE / ZIP: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

ARE YOU OF LEGAL AGE TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT HISTORY

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____
(ENTER "NONE" IF UNEMPLOYED)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: NO:

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC:

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WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC. _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC. _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

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PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC. _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC. _____

WHY DID YOU LEAVE? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

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EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate skills, knowledge, and abilities to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC: _____

GRADUATE SCHOOL (S) ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? _____ DEGREE: _____

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Please use the following space to provide any further information on training, education, skills, abilities, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. _____

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?

YES: NO:

DO YOU POSSESS A VALID DRIVER'S LICENSE:

YES: NO:

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT

YES: NO:

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?

YES: NO:

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE COUNTY?

YES: NO:

If yes, list the employee's name and relationship: _____

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

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Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions for each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.
Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. I certify that I am able to meet the attendance requirements of the department.
Initials: _____

3. I understand and accept that if any information required is found to be falsified or intentionally excluded on my application or during the interview and selection process, my application may be disqualified from further consideration. I further understand and accept that if I am employed, by the employer, I may be subject to disciplinary action, including termination, if any information supplied in this application or during the interview and selection process has been falsified or intentionally excluded.
Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.
Initials: _____

5. I hereby authorize the employers, schools and personal references names in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.
Initials: _____

6. If I am hired, I understand that this application will become part of my official employment record.
Initials: _____

7. I understand and accept that if I am hired it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.
Initials: _____

8. I understand that discrimination and harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited discrimination or harassing behavior.
Initials: _____

9. I understand that, if my job is considered safety-sensitive or requires a CDL, I may be sent for a drug or alcohol test at any time.
Initials: _____

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10. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission.

Initials: _____

READ CAREFULLY BEFORE SIGNING

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED IN THIS APPLICATION OR DURING THE INTERVIEW AND SELECTION PROCESS MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH MIAMI COUNTY MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

(Applicant's Signature)

(Date)