

CITY OF ST. BERNARD

EMPLOYMENT OPPORTUNITY

DEPUTY TAX COMMISSIONER

The City of St. Bernard is currently accepting applications for the full time position of Deputy Tax Commissioner. Duties include assisting the Tax Commissioner with all functions and operations of the St. Bernard Tax Department in the enforcement of the municipal income tax code. (Normal Working Hours: Monday – Friday 9:00 a.m. – 5:00 p.m.).

Experience and Qualifications: Must have at least five years relevant tax/finance experience. Extensive computer skills, strong math skills, and a very strong attention to detail required. Accuracy, data entry skills and ability to work in a confidential environment a must. High school diploma or equivalent required. Proven ability to work with the general public. Experience with the enforcement of municipal income tax a plus.

Starting Salary: \$40,000 Annually. Excellent Benefits.

Applications are available online at www.cityofstbernard.org or from the St. Bernard Tax Department. Interested candidates are required to submit application or resume by 1/31/2010 to tax@cityofstbernard.org or by mail to:

**City of St. Bernard
Tax Department
110 Washington Avenue
St. Bernard, Ohio 45217**

EQUAL OPPORTUNITY EMPLOYER

CITY OF ST. BERNARD

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status. This application will not be considered for Employment with the City of St. Bernard, unless fully completed.

PERSONAL INFORMATION (please print)

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s) (Home; Work; Cell)		Social Security Number - -

When are you available for Work? _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you a citizen of the United States? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Have you been convicted of a felony? YES NO

If yes, please describe in full _____

Note: Disclosure of convictions does not automatically disqualify you from employment consideration.

Have you ever been employed by another public agency? YES NO

If yes, please list and describe the Position(s) _____

Have you ever been employed by another tax department? YES NO

If yes, please list and describe the Position(s) _____

EDUCATION

	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (Specify)				

Honors Received: _____

List professional, trade, business or civic activities and offices held.

MILITARY (COMPLETE IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year) From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

EMPLOYMENT EXPERIENCE

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

___ MITS	___ Tax Software (list): _____	
___ Microsoft Access	___ Microsoft Excel	___ Microsoft Word
___ Windows Explorer	___ Calculator	___ Microsoft Outlook
___ Other Skills _____	_____	

State any additional information you feel may be helpful to us in considering your application:

REFERENCES

1.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	
2.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	
3.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	

The facts set fourth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Date

Signature

CITY OF ST. BERNARD

APPLICANT RELEASE FORM

I, _____, presently residing at

have applied for employment with the City of St. Bernard. I have been advised and am fully aware that a representative of the City of St. Bernard will be conducting a thorough investigation of my background to assist in determining my suitability for this employment/membership. I realize that, in conducting this background investigation, representatives will be making inquiries of: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Motor Vehicle Record (MVR) investigation for current and future driving records; Credit Bureaus and/or firms who may have information regarding my credit history and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Department deems necessary.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the entity. I further consent that the entity official or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to City of St. Bernard or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances. If accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the City of St. Bernard and understand that the taking of such tests is a condition of my continued employment.

I also recognize the right of the entity to periodically perform additional checks of my criminal, medical, motor vehicle, or financial records as a condition of my continued employment.

Signature of Applicant

Date

Authorized By: _____

Title: _____