



Mount
Vernon
IOWA

**Police Administrative Assistant
Part-Time (possibility for Full-Time in future)**

The City of Mount Vernon, Iowa is accepting applications for the positions of Police Administrative Assistant until 3 p.m. August 31st, 2020. Starting wage ranges from \$19.82/hr.-\$23.67 depending on experience.

To obtain an application, and minimum hiring standards contact the Mount Vernon Police Department by sending a resume to:

Chief Doug Shannon
Mount Vernon Police Department
380 Old Lincoln Hwy
Mount Vernon, Iowa 52314

Full Job description and application packets may be downloaded from the City Website:
www.cityofmtvernon-ia.gov.

All application packets must be signed by a Notary and submitted by 3 p.m. August 31st, 2020.

JOB DESCRIPTION



Mount Vernon Police Department
380 Old Lincoln Highway
Mount Vernon, Iowa 52314

JOB INFORMATION			
<i>Job Title:</i>	Administrative Assistant-Part Time	<i>Civil Service:</i>	No
<i>Department:</i>	Police Department	<i>Bargaining Unit:</i>	Non-Bargaining
<i>Reports to Position:</i>	Chief of Police	<i>Pay Grade:</i>	N/A
<i>Location:</i>	Police Department	<i>Overtime Status:</i>	1.5 pay rate after 40 hours
<i>Effect. Date:</i>	July 1, 2020	<i>FLSA Status:</i>	Non-exempt

JOB SUMMARY

This employee provides a high level of secretarial and administrative support to the Police Department. This employee maintains records, answers telephones, processes mail, provides customer assistance, and research information. Additionally, this employee provides information to the public; assists with payroll, department records and various department accounting functions.

The nature of this position is such that the employee has considerable independence in performing routine work. The Chief of Police provides minimal supervision and review unless the nature of the assignment dictates otherwise. An important function of this employee is that he or she can relieve the Police Staff of a wide variety of requests not requiring their personal attention.

ESSENTIAL JOB DUTIES/WORK PERFORMED

Performs a variety of administrative duties including the following:

- Responsible for the administrative functions of the Police Department.
- Processes daily cash receipt transactions and related reports.
- Processes bills for payment, including matching purchase orders with invoice.
- Assists with maintaining permanent department records.
- Maintain expense ledgers for budgetary purposes
- Update monthly financial statements.
- Act as the liaison/point of contact between the police department, other city departments, & partner agencies
- Maintain the department Calendar
- Facilitates the department hiring and recruiting processes
- Prepares and manages reports and special projects as assigned by the Chief of Police
- Greets incoming visitors to the department and directs call in complaints to the Chief of Police or his designee
- Ability to maintain confidentiality of any departmental information

Additional administrative duties may include the following:

- scheduling meetings,
- managing Department staff calendars;
- taking, transcribing and recording minutes;
- preparing meeting agendas;
- processing incoming and outgoing mail;
- gathering information and data for the Department;
- preparing monthly & annual status reports;
- ordering supplies,
- Operates computer and other office equipment necessary to perform required work, including word processing, photocopying and calculator.
- Other duties as assigned by Chief of Police.

REQUIRED KNOWLEDGE, ABILITIES AND SKILLS

List key dimensions (measurements for success) for this position:

- Proficiency in using computer systems, web site entries, and the listed software applications associated with performance of assigned work is essential. Basic problem-solving skills associated with software applications used is expected. Software usage relevant to job duties will be evaluated.
- Extensive knowledge of and experience with Microsoft Office Programs are required.
- The ability to learn and use proficiently within 6 months: Police Records Management Software, NIBRS/UCR Reporting
- Ability to effectively communicate in English with citizens and employees by telephone or face to face.
- Ability to read, speak, write, and understand English. Skilled in written and spoken communication of administrative and technical data with strong grammar/spelling knowledge sufficient to screen own work as well as that of others.
- Strong communication skills, both oral and written, with sufficient command of English to effectively compose and edit documents is important; as is the ability to review technical documents, interpret and organize data and information.
- Excellent coordination and people skills, including the ability to establish and maintain good working and interpersonal relationships with the general public, management, City staff, members of boards and commissions, elected officials, leadership of other government agencies, as well as with other private and public organizations.
- Ability to read and understand instructions, reports, strategic planning documents, correspondence, trade journals and policies at a college level.
- Ability to perform general math calculations finding increases/decreases, calculating percentages, basic math and creating charts at a college level.
- Ability to operate telephone, computer keyboard, calculator, typewriter, photocopier, and similar electronic and manual office machines. Skilled in entering, organizing, and retrieving data using computerized spreadsheets and databases, in preparing reports, presentations and correspondence using word processing and other software, use of the internet for research, communication and data exchange.
- Ability to operate keyboard at 60 words per minute minimum.
- Ability to readily develop an understanding of organizational functions, policies, and procedures as prescribed by management.
- Ability to make decisions in accordance with established laws, rules, and regulations.
- Ability to maintain clerical records and prepare accurate reports as required.
- Ability to prepare effective correspondence on routine matters and perform some office management duties without supervision.
- Ability to understand and implement oral and written instructions.
- Good telephone skills and presence.
- Must not pose a direct threat to the health or safety of other individuals in the workplace or citizens encountered during work.

ESSENTIAL FUNCTIONS/PHYSICAL REQUIREMENTS

List key relationships (to whom and the nature of the relationship) and leadership received and from whom associated with this position:

- Ability to bend, reach, climb, stoop and lift 40 pounds for filing and records retrieval.
- Ability to read, speak, write, and understand English to communicate effectively and professionally with fellow employees, Boards, and the public via telephone, in written form or face-to-face.
- Ability to sit for long periods of time for typing and computer work.

QUALIFICATIONS

List the minimum requirements to be considered for this position:

- High school diploma is required.

- Two-year degree in a business or accounting related field is preferred.
- Any acceptable combination of education, training and experience that provides the above knowledge, abilities and skills may be substituted.

WORKING CONDITIONS

List working conditions for this position:

- General Physical Characteristics: The work is primarily sedentary, involving sitting 95% of the time, standing and walking 5% of the time.
- Vision Requirements: The standard for use with those whose work deals with preparing and analyzing data and figures, extensive reading, and the use of a computer terminal.
- Required Physical Activities: Hearing, talking, finger dexterity, and repetitive motions.
- Environmental Conditions: The worker is not substantially exposed to adverse environmental conditions.

REQUIRED BACKGROUND CHECKS

List working conditions for this position:

- Sex Offender Registry
- Background Check
- Drug Screening
- Driving Record
- Pre-Employment Physical

EMPLOYMENT APPLICATION

THE MOUNT VERNON POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

All questions must be answered in full. Resumes will not be accepted instead of completing this form but may be attached if desired. **PLEASE TYPE OR PRINT USING INK. FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR LACK OF FURTHER CONSIDERATION OR DISMISSAL.**

Name (Last) (First) (Middle) (Suffix)	Social Security Number	
Street Address	Place of Birth (City, County, State)	
City State Zip Code	Home Phone	
E-Mail Address	Cell Phone	Work Phone
Code of Iowa, Chapter 80B, IAW, FISA and ADEA require that you be 18 or over to apply for this position. Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		
It is also necessary to have your birth date to conduct required NCIC and other background checks with law enforcement agencies.		Birth date: Month Day Year

Title of position you are applying for: Police Officer (only) <input type="checkbox"/> Reserve Officer (only) <input type="checkbox"/> Both <input type="checkbox"/>
<p>Minimum standards for law enforcement officers set by the Iowa Law Enforcement Academy [§ 550 – 1.1(80B)] state that no person shall be selected or appointed as a law enforcement officer unless such person is a United States Citizen and a resident of Iowa or intends to become a resident upon being employed.</p> <p>Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a resident of the State of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to either of the questions is "no", would you be willing and able to become a citizen or a resident of the State of Iowa upon offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p>

THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY!
Responses are subject to investigation.

1. In the last 10 years have you ever been discharged or suspended from any employment for disciplinary reasons or have you been asked to resign? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a felony? If so, please complete the following: Date of Conviction Crime Convicted For	<input type="checkbox"/> Yes <input type="checkbox"/> No City & State Where it Occurred
3. Have you ever been convicted of a lesser crime? Please include misdemeanors AND traffic violations. (A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago are important) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Conviction Crime Convicted For Disposition City & State Where It Occurred	

EMPLOYMENT RECORD

Start with your present or last job and work back to high school jobs. Include paid or unpaid, full or part-time, military, summer jobs, periods of unemployment, etc. (Please put additional employment on separate sheet.) NOTE: We may contact any previous supervisors to verify your descriptions of past duties and dates of employment.

If you are currently employed, may we check with your present supervisor? Yes NO

Name of present/last employer A		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer B		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer C		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer D		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer E		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				

EMPLOYMENT RECORD (Continued)

Name of present/last employer F		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer G		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer H		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer I		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				
Name of present/last employer J		Supervisor's name, title and phone number		
Address of present/last employer		Type of Business	Starting Date	Ending Date
Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
Description of duties and responsibilities				

Use separate sheet for additional places of employment.

To properly evaluate your application, we need information concerning your education, skills and trades you have learned in addition to your work record. Please answer all questions as fully as possible. We may contact schools or institutes you attended to verify the information you provide.

EDUCATION

Are you a high school graduate or have an equivalent GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what was the last grade you attended? If YES, complete the following:		
Name of Last High School Attended	Location City & State	Credits Completed	Diploma or Certificate	Last Year Attended
Other training/education you received. Please estimate the number of hours of training you received.				
Name of Colleges Or Universities	Location City & State	Credits Completed	Certificate or Degree	When Attended
Additional Technical or Military Training	Location City & State	Credits Completed	Certificate or Degree	

BACKGROUND CHECK

To assist in the collection of background information necessary for the selection process, please complete the following:

1. Give your full legal name (First, Middle, Last).	
2. Are there any other names you are known as (please include maiden name, previous married names, or names prior to a legal name change)? Please state when and under what circumstances.	
3. Are you a veteran of United States Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch of Service?
Date of Enlistment:	Date of Discharge:
Type of Discharge:	If less than honorable, please explain.

List special interests, honors, and achievements during the past five (5) years:

<u>PERSONAL REFERENCES:</u>				
Name:	Occupation	Years Known	Address	Telephone
				Home Work

AUTHORIZATION AND RELEASE

I hereby certify that the answers and information given on this form and accompanying documents are true and correct. I agree to submit to a pre-placement post-offer physical examination before hiring and/or any time after hiring, if required, at City expense. I hereby acknowledge the Mount Vernon Police Department is notifying me of intent to conduct drug or alcohol testing in connection with my employment or workers compensation benefits.

I consent to the Mount Vernon Police Department retaining whatever outside investigators, credit reporters, doctors, pathologists, investigators, labs, etc., to conduct this testing and/or investigation. I hereby authorize all corporations, employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and any other persons to release all information they may have about me, including criminal and driving records. I release any and all of the above-mentioned parties from any liability that may arise from such an investigation.

By my signature below, I authorize the Mount Vernon Police Department to obtain a Consumer Credit Report and/or a background report on me. This authorization is valid for purposes of verifying information given pursuant to employment or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

It is understood that any information obtained may be used by the Mount Vernon Police Department and the City of Mount Vernon in determining any fitness for employment by the Mount Vernon Police Department.

By signing this application, I indicate my awareness that false statements or failures to disclose certain information may disqualify me for employment, or, if employed, may result in dismissal. I understand that a polygraph test shall be required of all police officer candidates. This authorization is valid in original or copy form.

Applicant's Name _____

Date of Birth _____

Current Street Address _____

City, State, Zip Code _____ / _____ / _____

Driver's License # _____ State _____

(NOTE: This form must be witnessed in the presence of a Notary Public)

Date: _____

Notary Signature: _____

Notary Position: _____

Signature of Applicant (Legal Name)
DO NOT PRINT

Notary Public
Imprint Seal Here

Other Names You Have Been Known As

MOUNT VERNON POLICE DEPARTMENT AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ **ADDRESS:** _____

PHONE #: _____ **DATE OF BIRTH:** _____ **CELL PHONE # :** _____

TO WHOM IT MAY CONCERN: I hereby authorize any representative of the Mount Vernon Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duty authorized agent of the Mount Vernon Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Mount Vernon Police Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any information contained in investigative files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, Minnesota Multi-Personality Inventory (MMPI), and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws.

I hereby release you, as the custodian of such records of (print your name here) _____ including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Mount Vernon Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Mount Vernon Police Department acceptance and processing of my application for employment, I agree to hold the Mount Vernon Police Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Mount Vernon Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Mount Vernon Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature _____ Date _____

This waiver is valid for a period of two years from the date of my signature.