



SAUGATUCK TOWNSHIP

WWW.SAUGATUCKTOWNSHIP.ORG

3461 BLUE STAR HIGHWAY
P.O. BOX 100
SAUGATUCK, MI 49453

PHONE (269) 857-7721
FAX (269) 857-4542

Secretary/Administrative Assistant

Position Summary:

Under the general supervision of the Township Manager, performs clerical/receptionist functions in support of the daily activities of the office.

Reports to: Township Manager

Supervises: n/a

Wage: \$15.00 - \$18.38/hour – Part Time: 3 Days a week

Essential Job Functions:

An employee in this position is required to perform the following essential functions, with or without reasonable accommodation. These examples are not an exhaustive list of the duties which the employee may be expected to perform.

- Act as receptionist for the Township Office answering the telephone/emails/faxes and providing responses to questions or comments or referring the caller to other office personnel.
- Provide administrative/clerical support for the Township Manager.
- Assist the Treasurers and Clerks Office when requested.
- Administrating the collection and deposit of all fees associated with Building, Zoning, and Planning Departments.
- Typing of all Land Division certificates.
- Issuing all public notices concerning Building, Zoning, and Planning Departments.
- Assist Clerk's office during Election Season and Treasurer's Office during tax season by receiving and filing appropriate documents.
- Preparing all informative packets for the Planning Commission and Zoning Board of Appeals Board Members, while allowing for the public access of this material in accordance to the FOIA.
- Maintaining records regarding the Building, Zoning, and Planning Departments in accordance to the retention of records policies of the State of Michigan.

Position Qualifications:

The following qualifications are required to perform this position:

- High School Diploma
- Ability to handle unique circumstances and the ability to learn and execute a variety of operations and programs.
- Excellent customer service and ability to handle difficult situations.
- Ability to maintain confidential information.

The following are preferred qualifications:

- 2-years' experience working in an office environment.
- An associate's degree or similar credentials.
- Experience working with Microsoft Office, BS&A Municipal Programs, phone systems, and maintaining social media and websites.
- Experience working with elections.

Clarified 2/2/2021

The Township is an equal opportunity employer and maintains a policy of non-discrimination on the basis of race, creed, color, religion, sex, sexual orientation, civil union status, gender identity, age, national origin, marital status, veteran status, disability or handicap which can be reasonably accommodated without undue hardship, genetic information, height, weight, or any other classification protected by federal, state, or local law or regulation.

Saugatuck Township

3461 Blue Star Hwy, P.O. Box 100
Saugatuck, MI 49533
(269) 857-7721

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Position applied for: _____

Date available to start work: _____

PERSONAL (print)

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Address: _____ Home Phone: _____
(Number) (Street)

_____ Cell Phone: _____
(City) (State) (Zip Code)

Email Address: _____

EDUCATION

	Name/Location	Dates Attended		Did you Graduate?	Credit Hours Completed/ Degree Received		Major Course of Study
		From	To				
High School							
College							
Graduate School							

Any other educational, vocational or trade school training? _____

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes _____ No _____

If yes, Branch _____ Rank at Discharge _____ Date of Discharge _____

Special/technical training _____

Are you in the reserves? Yes _____ No _____ Date obligation ends _____

EMPLOYMENT REFERENCES

Name	Address	Phone Number
1		
2		
3		

EMPLOYMENT EXPERIENCE (List current or most recent job first. List complete work history, use additional sheets if necessary. Account for periods of unemployment.)

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
5	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

ADDITIONAL INFORMATION

Are you 18 years or older? Yes _____ No _____ Are you a U.S. citizen? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If yes, department & date(s): _____

List any relatives working here and their relationship to you: _____

Have you ever been convicted of any violation of law other than traffic offenses? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

Have you had your driver's license suspended or accumulated more than four points? Yes _____ No _____

If yes, where, when and nature of offense(s): _____

Have you tested positive, or refused a test within the past two years on any DOT pre-employment drug and/or alcohol test administered by a DOT-covered employer? Yes _____ No _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes _____ No _____ If no, please explain: _____

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

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment or education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers, including disciplinary employment records. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the Township of Saugatuck. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

If applying for a position with the Township of Saugatuck, I understand I may be subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation that will include a review of any criminal conviction history.

I agree that any action or suit against the Township arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the Township in which the Township prevails, I will pay to the Township any and all costs incurred by the Township in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer employment physical and drug test are known.

I understand that neither this document nor any offer of employment constitutes a contract of employment. I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Township Manager. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the Township as they are from time to time changed, and no additional obligations can be imposed on the Township except that which have been acknowledged in writing by the Township Manager.

I further understand that the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq, requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the Township in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Under the Act, failure to properly notify the Township will preclude any claim that the employer failed to accommodate the handicapper.

Signature

Date

