

KEWEENAW COUNTY COURTHOUSE EQUALIZATION ASSISTANT ESSENTIAL JOB FUNCTIONS

- Under general direction of Equalization Director until MAAO Level 3 from the State of Michigan is attained. [Once attained, the title will become Equalization Director and duties will change.](#)
- Must attend and complete MAAO classes in a timely manner up to Level 3
- Serves as liaison between the Board of Commissioners, the State Tax Commission, the local units of government and the public
- Interact with the public by phone, email, and in person regarding legal descriptions, property ownership and sales, and assessments
- Working on the computer with spreadsheets, BS&A software and correspondence as required
- Functions will increase as training and classes progress which may include basic knowledge of zoning
- A list of Requirements of the Equalization Director from the State Tax Commission will be available at interviews

THE IDEAL CANDIDATE WOULD HAVE THE FOLLOWING ATTRIBUTES:

- Reliable
- Responsible
- Organized
- Must be a self-starter and conscientious
- Must be able to work as a team with staff and the Board of Commissioners
- Ability to keep information confidential
- Must be willing to take on other tasks as requested
- Knowledge of legal descriptions, basic assessing, BS&A software and spreadsheets

KEWEENAW COUNTY WILL REQUIRE:

- Background check
- Driving record-Valid Driver's License
- High school diploma or the equivalent

KEWEENAW COUNTY OFFERS THE FOLLOWING:

- Starting pay will be a salary that equals \$22 an hour or to be determined based on qualifications
- This position is full time with health/dental insurance, retirement, vacation/sick pay, paid holidays, education expenses paid by county
- There may be Saturday work or Saturday classes involved. Hours will be determined by the county
- As classes/training are completed, compensation will increase. Once MAAO Level 3 is complete, person will become Equalization Director

KEWEENAW COUNTY APPLICATION FOR EQUALIZATION ASSISTANT

CAREFUL AND THOUGHTFUL COMPLETION OF THIS APPLICATION IS AN IMPORTANT STEP IN OUR CONSIDERATION OF INDIVIDUALS FOR EMPLOYMENT. PLEASE COMPLETE THE ENTIRE APPLICATION. PLEASE PRINT ALL INFORMATION IN INK.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND SHALL CONSIDER QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, HEIGHT, WEIGHT, MARITAL STATUS, VETERAN STATUS OR DISABILITY.

PERSONAL

Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____ Phone # _____
(Number) (Street) (City/State) (Zip)

How long at this address? _____ Email _____

When are you available for work? _____ Are you working now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____ Rate of pay expected? \$ _____ Per Hour

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

Have you ever been convicted of a criminal offense? (Misdemeanor or Felony) Yes _____ No _____

If so, where, when and nature of offense?-(Conviction of a crime will not be an automatic bar to employment)

Do you have a valid driver's license? Yes _____ No _____ Driver's License # _____

MILITARY SERVICE RECORD

Have you ever been in the Armed Forces or a member of the National Guard? Yes _____ No _____

If so, what branch? _____ Rank at Discharge _____

Were you honorably discharged? Yes _____ No _____ Discharge Date _____

EDUCATION

Type of School	Name of School	Location	Years Completed	Major & Degree
High School				
College				
Business/Trade				
Professional School				

Any other educational training? _____

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone # _____ Telephone # _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the equalization assistant position for which you are applying.

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer _____ Address _____ City, State, Zip _____ Job Title _____ Supervisor _____ Phone # _____	Employment Dates From To	Pay or Salary Start Final
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of Employer _____ Address _____ City, State, Zip _____ Job Title _____ Supervisor _____ Phone # _____	Employment Dates From To	Pay or Salary Start Final
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

AUTHORIZATION AND CERTIFICATION

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by the statements below.

Initial:

- _____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subjects me to disqualification or, if hired, dismissal.
- _____ I authorize Keweenaw County to contact any of the persons or organizations referenced in my application materials. I also authorize any person contacted to provide to Keweenaw County any and all information regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by Keweenaw County requesting employment records from my present and/or former employer(s).
- _____ I understand that I may be required to successfully pass a drug test to gain employment with Keweenaw County. I consent freely and voluntarily to participate in required test(s), at a location selected by Keweenaw County. I also consent to the release of test(s) results to Keweenaw County. I hereby release and hold harmless Keweenaw County, its officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, except for their negligence, arising from the test(s) and decisions concerning employment based upon the results of this test(s). In addition, I understand that Keweenaw County maintains a drug-free and a smoke-free workplace.
- _____ I understand that this position may have certain security requirements and that Keweenaw County has determined that a police background check will be conducted prior to making a decision regarding employment. I authorize Keweenaw County, its officers, agents, and employees to conduct such a check and I release and hold harmless Keweenaw County, its officers, agents, and employees from any liability, except for its negligence, related to the performance or result of this check.
- _____ If accepted for employment, I agree that my status as an employee, depends upon successful performance during a probationary period and that I am an "at-will" employee during this probationary period.

Applicant's Signature

Date

Thank you for your interest in employment with Keweenaw County.

