

## **Tuscarawas County Board of Elections Director (Democrat) Position**

The Tuscarawas County Board of Elections is seeking applicants for the position of Director. The applicant must be registered as a Democrat voter in Ohio and be a resident of Tuscarawas County within 30 days of being hired. Please visit the Tuscarawas County Board of Elections website: <https://tuscarawas.ohioboe.com/> for a job description and minimum qualifications plus additional required forms. Applicants must provide a cover letter, resume, Tuscarawas County Employment Application, and Secretary of State Form 307. All applicants are subject to a criminal background check. Applicants can email ([skneuss@tuscarawas.boe.ohio.gov](mailto:skneuss@tuscarawas.boe.ohio.gov), subject line: Director Position); mail (Tuscarawas County Board of Elections, Attn: Director Position, P.O. Box 69, New Philadelphia, OH 44663); or deliver to the Board office (in a sealed envelope labeled Director Position) all documentation and it must be received by 4:00 p.m. on June 21, 2019.

**JOB DESCRIPTION AND MINIMUM QUALIFICATIONS  
FOR THE POSITION OF DIRECTOR  
OF THE TUSCARAWAS COUNTY BOARD OF ELECTIONS**

Location: Tuscarawas County Board of Elections  
101 E High Avenue, Suite 102  
New Philadelphia, OH 44663

Office Hours: Monday through Friday 8:00 a.m. to 4:30 p.m. (extended hours as required, must be available to perform all statutory requirements of election administration)

Status: Full time

FLSA: Exempt

**SUMMARY**

The Director is responsible for the preparation and conduct of all elections held throughout Tuscarawas County; oversee all operations involved in the election process in accordance with Title 35 of the Ohio Revised Code; and shall be responsible for the following as outlined in Directive 2017-11:

**RESPONSIBILITIES**

- Prepare and conduct all primary, general, and special elections held in the county;
- Process, evaluate, and report election results;
- Recruit and train precinct election officials;
- Supervise the processing of voter records;
- Keep a full and true record of the proceedings of the board and all moneys received and expended;
- File and preserve in the board office all orders, records, and reports pertaining to the administration of voter registrations and elections;
- Prepare the minutes of board meetings;
- Audit campaign finance reports;
- Calculate charge backs to political subdivisions;
- Receive and have custody of all books, papers, and property belonging to the board;
- Review all Directives, advisories, Memoranda, correspondence and materials issued by the Secretary of State and take action as required by those communications;
- Supervise and instruct board employees, assign work, coordinate activities, make recommendations concerning hiring, responsibilities, compensation, discipline, and discharge of board members;
- Develop a proposed annual budget to be submitted to the county commissioners, upon approval of the board of elections, and monitor the board's budget and payroll relative to current year appropriations; and
- Perform such other duties in connection with the office of director and deputy director and the proper conduct of elections as the secretary of state and board determine.

## **MINIMUM REQUIREMENTS**

### **Education**

- Must have a high school diploma or have attained the equivalency of a high school diploma (GED).
- Minimum of 2 years' college level education is required.

### **Relevant Experience**

- Prior election administration experience preferred;
- Must have a baseline understanding of the rules, processes, procedures, and equipment used in local election administration, including:
  - Operating voting machines used in Tuscarawas County and other automated office equipment;
  - Managing a successful and efficient database;
  - Using, understanding and applying election law terminology;
  - Knowing the basics of Ohio's "sunshine laws" governing open meetings and public records; and
  - Prior managerial experience and proven capability to manage the day-to-day operations of an agency;
- Must be proficient with computer technology:
  - Working knowledge of Microsoft Outlook, Word, and Excel
  - Ability to use various software and hardware applications

### **General Management Experience and Skills**

- Effective written and interpersonal communication abilities;
- Strong organizational skills and attention to detail;
- Familiarity with relevant state and federal human resources policies and practices;
- Familiarity with the handling of budgets and public appropriation of funds;
- Ability to perform duties assigned by the law, the county board of election, and/or the Secretary of State;
- Ability to convey or exchange information, including giving and managing assignments or direction to board personnel;
- Ability to adapt and perform in a professional manner under stressful or emergency situations;
- Ability to use, interpret and apply election law terminology and language;
- Ability to comprehend a variety of informational documents;
- Ability to conduct self at all times in a professional and courteous manner; and
- Ability to assist any person, without regard to that person's political affiliation.

## **OTHER REQUIREMENTS**

- Physically able to lift up to 50 pounds
- Successful completion of a criminal background check
- Affiliation with the Democrat Party

# TUSCARAWAS COUNTY EMPLOYMENT APPLICATION

Tuscarawas County Services does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety.

All applications must clearly indicate how the *minimum qualifications* and *essential functions* of the position(s) are met. Applications that do not indicate this will not be given consideration.

**POSITION DESIRED:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last
M.I.
First
Date of Application

**Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.**

\_\_\_\_\_ Social Security Number

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

\_\_\_\_\_

**Present Address:** \_\_\_\_\_  
Street Address
City
State
Zip Code

**Telephone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home
Cell
Work

Are you of legal age to work in the United States?  Yes  No

Have you ever been employed by the state, city, county or other public service of Ohio?  Yes  No  
Dates/Location of Prior Service

Do you have any relatives who are currently employed by the County?  Yes  No

If yes, list employee's name and relationship. \_\_\_\_\_

**Referral Sources:**  Advertisement  Friend  Relative  Employment Agency  Other

**EMPLOYMENT INTERESTS, SKILLS, LICENSES, ETC.**

Summarize any special training, skills, licenses/certifications, professional qualifications that may be beneficial in the performance of any job-related functions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to meet the attendance requirements of this position?  Yes  No  
 Explain any scheduling conflicts due to outside interests and/or commitments

\_\_\_\_\_

If the position requires travel, can you supply your own transportation?  Yes  No

**EDUCATION**

Educational Level	School Name/Location	Course of Study or Major	Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	

# TUSCARAWAS COUNTY EMPLOYMENT APPLICATION

## EMPLOYMENT HISTORY

Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.

<b>JOB TITLE:</b>			
<b>Employer:</b>	_____	<b>Telephone:</b>	(____) _____
<b>Address:</b>	_____		
<b>Employed From:</b>	_____	<b>To:</b>	_____ <b>Involuntarily Terminated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Leaving:</b>	_____		
<b>Salary Beginning:</b>	\$ _____/hr.	<b>Salary Ending:</b>	\$ _____/hr.
<b>Immediate Supervisor/Title:</b>	_____	<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
<b>Description of Work Responsibilities:</b>	_____		
	<b>Comments:</b> _____		
<b>JOB TITLE:</b>			
<b>Employer:</b>	_____	<b>Telephone:</b>	(____) _____
<b>Address:</b>	_____		
<b>Employed From:</b>	_____	<b>To:</b>	_____ <b>Involuntarily Terminated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Leaving:</b>	_____		
<b>Salary Beginning:</b>	\$ _____/hr.	<b>Salary Ending:</b>	\$ _____/hr.
<b>Immediate Supervisor/Title:</b>	_____	<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
<b>Description of Work Responsibilities:</b>	_____		
	<b>Comments:</b> _____		
<b>JOB TITLE:</b>			
<b>Employer:</b>	_____	<b>Telephone:</b>	(____) _____
<b>Address:</b>	_____		
<b>Employed From:</b>	_____	<b>To:</b>	_____ <b>Involuntarily Terminated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason for Leaving:</b>	_____		
<b>Salary Beginning:</b>	\$ _____/hr.	<b>Salary Ending:</b>	\$ _____/hr.
<b>Immediate Supervisor/Title:</b>	_____	<b>May We Contact?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
<b>Description of Work Responsibilities:</b>	_____		
	<b>Comments:</b> _____		

# TUSCARAWAS COUNTY EMPLOYMENT APPLICATION

## **SKILL EXPERIENCE INVENTORY**

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

**All information is subject to verification.**

<b>Clerical/Administrative Support</b>	
<input type="checkbox"/> Keyboarding _____ wpm	<input type="checkbox"/> Accounting
<input type="checkbox"/> Customer Service (human relations)	<input type="checkbox"/> Cash Handling
<input type="checkbox"/> Legal Terminology	<input type="checkbox"/> Report/Letter Writing
<input type="checkbox"/> Multi-line Phone System	<input type="checkbox"/> Budgeting
<input type="checkbox"/> Dictation	<input type="checkbox"/> Document Imaging/Scanning
<input type="checkbox"/> Other _____	

<b>Computer Skills</b>	
<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> Hardware Installation/Repair
<input type="checkbox"/> Spreadsheets _____	<input type="checkbox"/> System Maintenance
<input type="checkbox"/> Presentation Software _____	<input type="checkbox"/> Peripherals (printers, scanners, etc.)
<input type="checkbox"/> Software Installation	
<input type="checkbox"/> Other _____	

<b>Case Management</b>	
<input type="checkbox"/> Case Plan Development	<input type="checkbox"/> Investigations
<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Spanish Interpretation
<input type="checkbox"/> Counseling	<input type="checkbox"/> Interviewing
<input type="checkbox"/> Social Service Programming	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Other _____	

<b>Administrative</b>	
<input type="checkbox"/> Supervision	<input type="checkbox"/> Program/Operations Planning
<input type="checkbox"/> Fiscal Management	<input type="checkbox"/> Human Resources Management
<input type="checkbox"/> Policy Development	<input type="checkbox"/> Marketing (media and public relations)
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Regulatory Compliance Oversight
<input type="checkbox"/> Other _____	

## **AFFILIATIONS**

List professional, trade, business, or civic organizations and offices/licenses held. *(Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)*

	Office
	Office
	Office
	Office

## **REFERENCES**

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference. Exclude relatives and personal references.

Name/Title	Address	Phone
1.		( ) -
2.		( ) -
3.		( ) -

# TUSCARAWAS COUNTY EMPLOYMENT APPLICATION

## CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted an interview or employment. I further understand that this application will be maintained on file for future reference for at least two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check, and that all applicants may be required to undergo a criminal records check dependent on the position.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can 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.

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

## AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize Tuscarawas County to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I hereby authorize the employers, schools, and personal references named 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.

I understand that I may be asked during the employment process if I have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.

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Applicant's Signature

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Date

## Questionnaire for Prospective Appointment as a Member, Director, or Deputy Director of the County Board of Elections

County Board of Elections

Position of Appointee

### Appointee Name, Residence Address, and Other Information

<p>Courtesy Title <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Middle Name <input style="width: 100%;" type="text"/></p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>Suffix <input style="width: 100%;" type="text"/></p> <p>Alias/Maiden Name <input style="width: 100%;" type="text"/></p> <p>Ohio Driver's License/ State ID Number <input style="width: 100%;" type="text"/></p> <p>Social Security Number <input style="width: 100%;" type="text"/></p> <p>Date of Birth (MM/DD/YYYY) <input style="width: 100%;" type="text"/></p>	<p>Street Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="OH"/></p> <p>Zip Code <input style="width: 100%;" type="text"/></p> <p>Office Phone <input style="width: 100%;" type="text"/> <small>(Numbers and hyphens only)</small></p> <p>Home Phone <input style="width: 100%;" type="text"/> <small>(Numbers and hyphens only)</small></p> <p>Cell Phone <input style="width: 100%;" type="text"/> <small>(Numbers and hyphens only)</small></p> <p>Email Address <input style="width: 100%;" type="text"/></p>
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### Previous Address Information

**Have you resided at the same address for the past 10 years?** If no, please provide the years of residence, city, and state for each previous address in the space below.

**Question instructions:** Please provide a response for 1-7 below. If you respond yes to any of the following questions, please provide details as requested. If more space is needed, please include further detail on a separate document.

**1. Are you currently holding any elected office?** If yes, please identify the office.

**2. Are you currently holding any appointed office for which you must subsequently be elected?** If yes, please identify the office.



**3. Have you ever been convicted of a misdemeanor (other than minor-traffic related offenses) or a felony?** If yes, please provide details of the conviction (what, when, where and final disposition).

**4. Are there any circumstances which might present a conflict of interest with the administrative duties for you as a member, director or deputy director of the board of elections (see SOS ethics policy)?** If yes, please identify.

**5. Have you had any employment or interests in contracts with the board of elections within the last 24 months?** If yes, please describe.

**6. Have you ever been required, as a candidate or campaign treasurer, to file a campaign finance report with any board of elections or the Secretary of State?** If yes, please list all campaigns, political parties, political action committees, etc. for which a campaign finance report was filed by you as a candidate or treasurer.

**7. Has a campaign in which you were involved as a candidate or treasurer ever been the subject of a referral or complaint to the Ohio Elections Commission?** If yes, please explain.

**Business Address Information (prospective member appointees only)**

Business Name

Address

Occupation

City

Phone

(Numbers and hyphens only)

State

OH

Zip Code

# Background Check Disclosure, Authorization and Release for Prospective Appointment as a Member, Director or Deputy Director of a Board of Elections

## Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Secretary of State's office may request investigative reports on you from various public and private reporting agencies. The Ohio Secretary of State's office will use any such report(s) solely for appointment and employment related purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Secretary of State's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, driving record checks, state tax information, etc.

Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

## Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Secretary of State in conjunction with my application for prospective appointment as a Member, Director or Deputy Director of a county board of elections. I also authorize disclosure to the Ohio Secretary of State and/or the background check vendor of information concerning my motor vehicle history and standing, criminal history, state tax information and all other information the Ohio Secretary of State deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; motor vehicle records agencies; state tax agencies; and other applicable sources. I hereby release and hold the vendor and the Ohio Secretary of State and his employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my appointment or employment.

I understand that if I am appointed or hired, my consent will apply throughout the term of my appointment or employment to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Secretary of State.

I understand that providing any false information or omitting any material information on my resume and/or Questionnaire for Prospective Appointment as a Member, Director or Deputy Director of a County Board of Elections may be sufficient grounds for rejection of the application or termination of the appointment or employment whenever discovered.

Date Signed  
(MM/DD/YYYY)

\_\_\_\_\_  
Prospective Appointee Signature **(Required)**

The **signed and completed form and resume** (member appointees only) must then be transmitted to the Ohio Secretary of State by **one of the following methods**:

**Email to:** [MNewbern@ohiosecretaryofstate.gov](mailto:MNewbern@ohiosecretaryofstate.gov)

**Mail to:** Ohio Secretary of State  
Attn: Myra Hawkins-Newbern, Elections Division  
PO Box 2828  
Columbus, OH 43216

**NOTE: All prospective appointees as members of the board of elections must submit a résumé that includes educational and employment history.**