

## POSITION AVAILABLE

#### **BOARD OF COUNTY COMMISIONERS**

#### **COUNTY ADMINISTRATOR**

The County Administrator serves as the Chief Administrative Officer of Washington County Government and is responsible for directing the day-to-day functions of the government. The administrator is appointed by and serves at the pleasure of the Board of County Commissioners and is responsible for carrying out policies, orders, and instructions of the Board in the administration of public local and general laws applying to the county. The administrator is also responsible for the supervision of Division Directors and various department directors and agencies.

Preferred qualifications include a master's degree in public or business administration or related field and substantial senior level leadership experience in private industry or local or regional government. Demonstrated experience with budget preparation and control, strategic planning, and a thorough knowledge of public administration principles and practices is also preferred.

Interested candidates should also demonstrate a commitment to public service and a proven history of excellent leadership qualities including, but not limited to, trustworthiness, honesty, creativity, assertiveness, humility, vision, diplomacy, tact, and strong interpersonal and communications skills.

Residency in the County is required no later than six (6) months after an acceptance of an employment offer.

The position is a Grade 22. A total compensation package will consider the candidate's experience and expertise and will include benefits offered to all employees:

- · Medical, dental, vision, life, and disability insurance
- · Participation in the County pension plan
- Vacation, personal, holiday, and sick leave
- Employee Assistance Program.

All applications must be postmarked by October 13 and mailed to:

Washington County Board of County Commissioners Attn: Deborah Condo-County Administrator Position 100 W Washington Street, Suite 2300 Hagerstown, MD 21740

Candidates are requested to submit a resume, a cover letter noting salary requirements, and a completed application by mail only. Application form can be located at washco-md.net.

Washington County, Maryland is supported by a budget of approximately \$233 million and is staffed by 766 full-time equivalent employees serving a population of over 150,000 in the western Maryland region.

Washington County is an Equal Opportunity Employer. Individuals requiring special accommodations or assistance are requested to contact the Human Resources Department at 240-313-2350, Voice or TDD (D/HH use 711) M/F/H/V



JOB TITLE: County Administrator GRADE 22

DEPARTMENT: County Administrator FLSA STATUS: Exempt

**REPORTS TO:** Board of County Commissioners

#### **GENERAL DEFINITION OF WORK:**

The County Administrator serves as the Chief Administrative Officer of Washington County Government and is responsible for directing the day-to-day functions of the government. The administrator is appointed by and serves at the pleasure of the Board of County Commissioners and is responsible for carrying out policies, orders, and instructions of the Board in the administration of public local and general laws applying to the county. The administrator is also responsible for the supervision of Division Directors and various department directors and agencies.

#### **ESSENTIAL FUNCTIONS/TYPICAL TASKS:**

These are intended only as illustrations of the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

- 1. Is responsible to the Board for the proper administration of all county affairs.
- 2. Meets with, advises and carries out directions from the Board of County Commissioners.
- 3. Recommends agenda items to the President of the County Commissioners for weekly and special meetings of the Board of County Commissioners and ensures all agenda materials are complete and appropriate to appear before the Board.
- 4. Manages the administration and functions of the county and its departments, offices or agencies, except where otherwise prohibited.
- 5. Nominates for Board approval persons for employment in county government pursuant to County policy.
- 6. Manages the implementation and execution of all relevant laws of the State of Maryland as to county government and all ordinances, resolutions and orders of the Board.
- 7. Prepares for the preparation and submission of the annual budget and capital program.
- 8. Reports to the Board on the state of county affairs and keeps the Board fully advised on the county's financial condition and future needs.
- 9. Recommendations actions, policies, and proposals to improve the economic and efficient operations of the government to the Board.
- 10. Submits a complete report on the finances and administrative activities of the county for the preceding year and prepares an Annual Report.
- 11. Ensures that adequate insurance coverage and surety bonds for county officers are maintained.
- 12. Is responsible for the care and custody of county buildings and of all real and personal property of the county.
- 13. Works closely with the County Attorney and the Chief Fiscal Officer to accomplish County objectives.
- 14. Performs other duties as the Board may prescribe.

#### **KNOWLEDGE, SKILLS AND ABILITIES:**

- 1. Extensive working knowledge of the principles and practices of public administration and local government operations
- General working knowledge of County departments and agencies.
- 3. Excellent interpersonal and communications skills.
- 4. Ability to maintain highly productive working relationships with employees, elected officials, various boards and commissions, and the general public.
- 5. Proficient in use of technology, specifically Microsoft Office.
- 6. Government budgeting and fiscal management skills.
- 7. Demonstrated commitment to public service by implementing and overseeing public services and policy initiatives in an efficient and effective manner.
- 8. Proven history of excellent leadership qualities including, but not limited to, trustworthiness, honesty, creativity, assertiveness, humility, vision, diplomacy, and tact.

#### **EDUCATION AND EXPERIENCE:**

- 1. Possession of a Bachelor's Degree in either Public/Business Administration, with a Master's Degree preferred (M.P.A. or M. B. A.) and substantial senior level leadership experience in private industry or local or regional government. A comparable amount of education in other relevant academic disciplines may be substituted for the minimum qualifications.
- Demonstrated experience with budget preparation and control, strategic planning, and a thorough knowledge of public administration principles and practices.

#### PHYSICAL REQUIREMENTS:

Must have the use of sensory skills in order to effectively communicate and interact with other employees, the Board, and the public using the telephone and personal contact as normally defined by the ability to see, read, talk, hear, handle or feel objects and controls. Physical capability to effectively use and operate various items of office related equipment, such as, but not limited to a, personal computer, calculator, copier, and fax machine. No significant standing, walking, moving, climbing, carrying, bending, kneeling, crawling, reaching, and handling, pushing, and pulling.

#### **SPECIAL REQUIREMENTS:**

Possession of a valid driver's license and the ability to maintain the license.

Residence in the County is required no later than the sixth month after the commencement of employment.

Ability to satisfactorily pass a comprehensive, in-depth background investigation, which shows no criminal activity that could directly impact ability to perform the job.

Ability to pass a post-offer, pre-employment drug test.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential tasks.

Human Resources: 5/2017, 12/2019

## WASHINGTON COUNTY GOVERNMENT DEPARTMENT OF HUMAN RESOURCES 100 W. WASHINGTON ST., Room 2300 HAGERSTOWN, MD 21740-4735

Telephone: (240) 313-2350 Fax: (240) 313-2351 Deaf and Hard of Hearing Call 7-1-1 for MD Relay

Web Site: <a href="www.washco-md.net">www.washco-md.net</a> Job Line: (240)-313-2359



**EMPLOYMENT** 

# **APPLICATION**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

(PI FASE PR	INT OR TYPE)	Date of A	pplication:		
•	•		_		
POSITION A	PPLYING FOR:				
SOCIAL SEC	CURITY NUMBER:				
NAME:					
	First	Middle	La	ast	
ADDRESS:					
	Street	City	State	Zip	
CONTACT:					
CONTACT:	Home Phone	Cell/Alternate Pho	one E-Mail Ad	dress	
CONTACT:	Home Phone	Cell/Alternate Pho	one E-Mail Ad	dress	
					No
Do you feel th	nat you can perform all	Cell/Alternate Pho	?Y		No
Do you feel th	nat you can perform all t	the functions related to the job	?Y	es	_ No
Do you feel th If not Are you willin	nat you can perform all to specify: g to take a physical exa	the functions related to the job	?Yo	esNo	_ No
If not Are you willin Are you willin	nat you can perform all to specify: g to take a physical exa g to undergo an alcoho	the functions related to the job amination? I and/or drug test?	?Yes Yes	esNoNo	_ No
Do you feel th If not Are you willin Are you willin Have you eve	nat you can perform all to , specify:  g to take a physical exa g to undergo an alcoho er applied for employme	the functions related to the job amination? I and/or drug test? ent with Washington Co.?	?YoYes Yes Yes	es No No No No	_No
Do you feel the If not willing the you willing the you even the Have you even the work will be with the work w	nat you can perform all to , specify:  g to take a physical exa g to undergo an alcoho er applied for employme	the functions related to the job amination? I and/or drug test? ent with Washington Co.?  Washington County?Y	?YoYes Yes Yes Yes	es No No No No No	Date(s)
Do you feel the If not willing the you willing the you even the Have you even the work will be well as the work will be will be well as the work w	nat you can perform all to , specify:  g to take a physical exa g to undergo an alcoho er applied for employme	the functions related to the job amination? I and/or drug test? ent with Washington Co.?  Washington County?Y	?YoYes Yes Yes	es No No No No No	Date(s)
Do you feel the If not willing the you willing the you even the Have you even the work with the work will be a second to be a	nat you can perform all to specify:  g to take a physical exact a physical	the functions related to the job amination? I and/or drug test? ent with Washington Co.?  Washington County?Y	?Yes Yes YesNesternt(s):	esNoNoNoNo	Date(s)

Revised: 1/07

<sup>\*</sup>This information must be disclosed ONLY if it is essential to the type of position you are applying for.

## **EDUCATION AND TRAINING**

Do you have a high school diploma or GED? ( )Yes ( )No If not, what is the highest grade completed?						
If you have a GED (High School Equivalency Diploma):  Year Awarded State Awarded				_		
Name, City & State of Last High School Att	enaea:					_
						_
COLLEGES ATTENDED			DEGREE	DATES	ATTEND	<u>ED</u>
<u>CITY &amp; STATE</u>	MAJOR F	<u>IELD</u>	<u>AWARDED</u>	FROM	-	<u>TO</u>
OTHER TRAINING (including business	s, trade, militai	ry, etc.)			TO HRS.	TAL WKS.
NAME OF SCHOOL CITY, ST	<u> FATE</u>		TYPE OF TRAIN	<u>ING</u>	11113.	WING.
SPECIAL QUALIFICATIONS: (apprentices	ships, skills, aca	idemic or	professional awards,	etc.)		
	, ,			,		
						_
						_
OTHER QUALIFICATIONS: Data F	ntry or Key Boa	ırdina skil	ls words per r	minute		_
Power	OTHER QUALIFICATIONS: Data Entry or Key Boarding skills words per minute Power Tools or Motor Equipment (list tools and equipment below)					
Computer Skills (list specific hardware and/or software below)  Other (list below)						
					_	
						<u> </u>
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GENERAL INFORMATION	NC					
INSTRUCTIONS: The information listed by						
truthfully may result in disqualification from will not automatically exclude you from emp	consideration folloyment consid	for County leration.	y employment. Affirm Applicants may attach	native responses n additional sheet	to these of ts if neces	questions sary:
If you have had disciplinary actions tak	•					,
circumstances.						
2. Have you ever been discharged or asked to resign from any position for reasons other than disability?						
Yes NO If yes, please explain.						
DATE: SIG	NATURE OF A	APPLIC/	ANT:			

## **EMPLOYMENT HISTORY**

**Instructions:** List below, **beginning with your most recent position**, all of your work experience, including military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please do not submit a resume in lieu of completing this portion of the application.

Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Time of Dissipance	Cupaniaar'a Nama and Dhana	Numbari
Type of Business:	Supervisor's Name and Phone	Number:
Your Job Title:	Do you supervise other employees?	Job Titles of Those You Supervise:
	Yes No No	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Starting Salary:	Ending Salary:
	,	
Job Duties:		
Reason For Leaving:		
Name of Employer	Employer's Address (Street Ci	ty State Zin Code):
Name of Employer:	Employer's Address (Street, Ci	ity, State, Zip Code).
Type of Business:	Supervisor's Name and Phone	Number:
71	•	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes No	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		
Reason For Leaving.		
Name of Employer:	Employer's Address (Street, Ci	ty, State, Zip Code):
Type of Business:	Supervisor's Name and Phone	Number:
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
Tour Job Title.	Yes No No	Coo miles of miles for caperness.
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Starting Salary:	Ending Salary:
	Starting Calary.	Enaing Calary.
Job Duties:		
Reason For Leaving:		
Name of Employer:	Employer's Address (Street, Ci	ty State 7in Code):
Name of Employer.	Employer's Address (Street, Cl	ty, State, Zip Code).
Type of Business:	Supervisor's Name and Phone	Number:
21	•	
Your Job Title:	Did you supervise other employees?	Job Titles of Those You Supervised:
	Yes No	
Dates of Employment (From: Month/Day/Year To: Month/Day/Year):	Starting Salary:	Ending Salary:
Job Duties:		
Reason For Leaving:		
All applicants must provide at least three (3) employ NAME ADDRESS	ment related references: TELEPHONE	RELATIONSHIP
1		
2		

Give a brief statement in your own handwriting of why you would like to work for Washington County.
PRE-EMPLOYMENT STATEMENT
READ CAREFULLY BEFORE SIGNING
I certify that, if employed, I will produce documents to establish that I am legally able to work in the United States. I understand that a final employment offer is contingent upon completion of INS Form I-9 and receipt of acceptable documentation at the time of hire.
In the event that I am provided a conditional offer of employment, I consent to taking an employment physical examination to include an alcohol and drug screen and such future physical examinations as may be lawfully required by the County.
I authorize the County to contact my previous employers, if necessary, and obtain employment information from them, and to further investigate the truthfulness of my application, including review of my motor vehicle record and such future periodic review as may be lawfully required by the County.
I certify that answers given herein are true to the best of my knowledge.
I understand further that any false answers or statements or misleading omissions made by me on this application, in any interview for employment, in connection with the above mentioned investigation, or in any physical examination shall be sufficient grounds for my rejection as a candidate for employment or for immediate discharge, if discovered after my hiring.
I AGREE THAT EMPLOYMENT WITH WASHINGTON COUNTY IS AN "AT-WILL" EMPLOYMENT RELATIONSHIP. AT-WILL EMPLOYMENT MEANS THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE. I ALSO AGREE THAT NO REPRESENTATION BY ANY COUNTY OFFICIAL OR SUPERVISOR AND THAT NO PROVISION OF THE EMPLOYEE HANDBOOK, ANY PERSONNEL REGULATION OR ANY OTHER EMPLOYMENT-RELATED PRACTICE OR PROCEDURE, ORAL OR WRITTEN, SHALL BE EFFECTIVE TO CHANGE THE "AT-WILL" NATURE OF EMPLOYMENT WITH WASHINGTON COUNTY.
"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE-DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

Date

Signature of Applicant

### APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, genetic or veteran status, sexual orientation, or disability.

As an employer, we comply with all government regulations and any applicable affirmative action responsibilities.

Solely to help us comply with any applicable government record keeping, reporting and other legal requirements, please fill out the Affirmative Action Survey below. We appreciate your cooperation.

This Affirmative Action Survey data, which you provide voluntarily, will be kept separate and confidential from this Application for Employment.

AFFIRMATIVE ACTION
Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.  (PLEASE PRINT)  Date
Position Applied For:
BIRTH DATE: / / Mo/Day/Year
GENDER: ( ) Male ( ) Female
RACE/ETHNIC IDENTIFICATION - PLEASE CHECK ALL THAT APPLY
Are you of Hispanic or Latino origin? ( ) Yes ( )No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Select one or more of the following racial categories:
( ) American Indian or Alaskan Native (A person having origins in any of the original people of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
( ) <b>Asian</b> (A person having origin in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
( ) Black or African American (A person having origins in any of the black racial groups of Africa.)
( ) Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
( ) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

# Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign: ( ) Handicapped Individual	( ) Disabled Veteran	( ) Vietnam Era Veteran



# DIVISION OF HEALTH & HUMAN SERVICES DEPARTMENT OF HUMAN RESOURCES

I,	_, hereby provide consent to Washington County
Board of Commissioners to conduct a full query of Alcohol Clearinghouse (Clearinghouse) to determin about me exists in the Clearinghouse.	the FMCSA Commercial Driver's License Drug and
	ashington County Board of Commissioners indicates e exists in the Clearinghouse, FMCSA will not disclose ommissioners without first obtaining additional
I understand that Washington County Board of Correquired by FMCSA.	mmissioners will conduct annual limited queries as
to conduct a limited query of the Clearinghouse, W	cions, including driving a commercial motor vehicle, as
Employee Signature	Date