

## INTERIM DIRECTOR OF ELECTIONS/GENERAL REGISTRAR

**Salary**

\$78,323

**Location**

City of Franklin, VA

**Job Type**

Interim Director of Elections/General Registrar

**Department**

Office of the General Registrar

**Ending Date**

11/16/2024 Or Until Position is Filled

**Interested candidates must:**

1. Complete the online application process found at [ebhire@franklinva.com](mailto:ebhire@franklinva.com)
2. Send a cover letter and resume to [ebhire@franklinva.com](mailto:ebhire@franklinva.com)

**Position Information**

The City of Franklin, Virginia Electoral Board is seeking an Interim Director of Elections/General Registrar to help with the November election, to provide professional and technical leadership to the Department and overseeing the administration of our 6 precincts for our 6,000 plus voters. The individual seeking this position must be able to work well with the city departments and the Electoral Board and is ultimately responsible for keeping the Electoral Board informed of all relevant matters pertaining to the operation of the department.

**NOTE: THIS IS A TEMPORARY POSITION****Specific duties and responsibilities include but are not limited to:**

- Knowledge of VERIS and the Enhanced Voting System
- Must be self-directive and able to prioritize workload
- An administrator, detailed oriented, capable of managing all phases of the election
- Supervise permanent staff
- A trainer who is able to effectively teach others how to perform their duties
- A public speaker, able and willing to speak before the public about the election process
- Knowledge of laws, principles, and practices of election administration and voter registration, specifically in Virginia
- Ability to exercise tact and courtesy, and to work under pressure and adapt to rapidly changing circumstances
- Be able to work additional hours leading up to and including Election Day, including some weekends
- Must be able to receive guidance and advice from the Virginia Department of Elections and the Electoral Board

The ideal candidate will have a combination of education and experience equivalent to a Bachelor's Degree in Public Administration, Management Business Administration, Communications, or related area and significant professional experience working in state or local government administration, preferably in voter registration and election administration, with at least four years in a supervisory capacity.



# Applicant Information

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, political affiliation, age, Veteran's status, marital status or a non-job-related medical condition or disability.

## City of Franklin Electoral Board Application for Employment

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

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

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you legally authorized to work in the United States? Please Check:  Yes  No

If offered employment with the City of Franklin Electoral Board, can and will you provide documentation that you are legally authorized to work in the United States. Please Check:  Yes  No

Are you familiar with the VERIS System? Please Check:  Yes  No

If yes, how long ago did you work with it? \_\_\_\_\_

Have you been a General Registrar before? Please Check:  Yes  No

If yes, when and where did you work? \_\_\_\_\_

Do you or have you had a General Registrar's Certification? Please Check:  Yes  No

If yes, when and is it still active? \_\_\_\_\_

If it is necessary to call you, where is the best place to call? \_\_\_\_\_

Will you work overtime if the position which you applied for requires it? \_\_\_\_\_

How many people have you supervised and when? \_\_\_\_\_

If driving is required in the position you applied for – Driver’s License No. \_\_\_\_\_

**Please check**

**one:** Operator License: \_\_\_\_\_ Commercial (CDL): \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

If you answer “Yes” to any of the questions below, please use the box provided to give a detailed explanation. **For questions regarding court actions**, state the charge, the date of the charge, the court action, and the address of the court involved.

Check “Yes” or “No” to the following questions:

Have you ever been dismissed from an employment position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been asked to resign from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of or pled no contest to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of or pled no contest to a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of driving under the influence, driving on a revoked or suspended driver’s license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any criminal or non-civil charges or proceedings pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Education History**

School Name	City, State	Course Study	Degree/Date

If you do not have a high school education, do you have a GED? Please Check:  Yes  No

If yes, date obtained: \_\_\_\_\_

## Employment History

Chronologically state your occupation or employment for the past ten (10) years (use back if necessary)

<b>Company</b> (Name & Address)		<b>Job Title</b>	
<b>Responsibilities</b>			
<b>Dates of Employment</b>		<b>Reason for Leaving</b>	
<b>From</b>	<b>To</b>		
<b>Company</b> (Name & Address)		<b>Job Title</b>	
<b>Responsibilities</b>			
<b>Dates of Employment</b>		<b>Reason for Leaving</b>	
<b>From</b>	<b>To</b>		
<b>Company</b> (Name & Address)		<b>Job Title</b>	
<b>Responsibilities</b>			
<b>Dates of Employment</b>		<b>Reason for Leaving</b>	
<b>From</b>	<b>To</b>		

Explain any gaps of three (3) months or more in your employment:

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**Skills and Qualifications**

Describe any special training, skills, licenses or certifications that may assist you in performing the position for which you are applying:

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If you have computer skills, please indicate what skills you have and what software(s) you are proficient in the use of:

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**Other Job-Related Information**

Set forth below any other job-related information that you would like the City to know about you:

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## References

Please provide the names and contact information of three (3) references. At least one reference must be from a current/former supervisor. Please do not list relatives as references. Your references will be contacted through email and/or by telephone.

<b>Name:</b> _____
<b>Company:</b> _____
<b>Reference's Job Title:</b> _____
<b>Telephone Number:</b> _____
<b>Email Address:</b> _____
<b>Was/is this person your supervisor? Yes / No</b>

<b>Name:</b> _____
<b>Company:</b> _____
<b>Reference's Job Title:</b> _____
<b>Telephone Number:</b> _____
<b>Email Address:</b> _____
<b>Was/is this person your supervisor? Yes / No</b>

<b>Name:</b> _____
<b>Company:</b> _____
<b>Reference's Job Title:</b> _____
<b>Telephone Number:</b> _____
<b>Email Address:</b> _____
<b>Was/is this person your supervisor? Yes / No</b>



**City of Franklin Electoral Board**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: (1) Any physician, hospital medical association, dentist, psychologist or (2) any Academic Dean, Registrar, Principal, Guidance counselor of any school or college or (3) any law enforcement agency or (4) any past or present employer or (5) any U.S. Armed Forces or (6) any credit bureau.

I, \_\_\_\_\_, of \_\_\_\_\_  
Name Address

have applied for employment with the City of Franklin, Virginia Electoral Board. I have agreed, as a condition of my application, to have background, including my credit, investigated by representatives of the Electoral Board. I hereby authorize and request the release of any legal and all information you have concerning me, including a transcript of any academic records and credit reports, to a representative of the City of Franklin Electoral Board upon presentation of this release or copy thereof.

I agree that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may otherwise be incurred as a result of furnishing such information.

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Selective Service No: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Armed Forces Membership \_\_\_\_\_ Service No. \_\_\_\_\_  
Veteran's Administration File No.: \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Signature**

**ACKNOWLEDGEMENT BY NOTARY PUBLIC**

STATE OF \_\_\_\_\_  
COUNTY/CITY OF \_\_\_\_\_, to wit:

On this day, \_\_\_\_\_, appeared before me and acknowledged his or her signature to the above authorization and release.

\_\_\_\_\_  
**Signature of Notary Public**

My Commission Expires: \_\_\_\_\_



## CERTIFICATE OF APPLICANT

I understand that as a condition of employment with the City of Franklin Electoral Board, I will be required to undergo and successfully complete a test for the presence of illegal drugs and a psychological test. I hereby consent to undergo such tests. In addition, I hereby authorize the Electoral Board to contact past employers, educational institutions, licensing authorities, personal and business references, etc. and to make any other investigation pertinent to my employment.

**All tests, examinations, background checks and criminal history inquiries shall be at the expense of the Electoral Board.**

If I am hired, I understand that I am free to resign at any time and that the Electoral Board reserves the right to terminate my employment at any time. An offer of employment made to me does not constitute a contract of employment for a specified period of time and that I will be in a temporary status.

I hereby certify that all the statements made in this application are true to the best of my knowledge and belief. I agree and understand that any false statement(s) of material facts herein, regardless of time of discovery, shall be sufficient cause for refusal of employment or dismissal.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATE OF APPLICANT.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_