**City Administrator or Manager Supplemental Application, LMC Model Form**

*Helpful background information on this model may be found in the Information Memo* [“Veterans Preference in Hiring”.](https://www.lmc.org/resources/veterans-preference-in-hiring/)

**Required Supplemental Application Form**

**Applicant Name**: \_\_\_\_\_\_\_

# CITY ADMINISTRATOR/MANAGER

**YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.  
Please note:**   
This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you possess a Bachelor’s degree in Public Administration or a related field?

*(choose one*) **YES NO**

Degree held: \_\_\_\_\_\_\_

2. Do you have five years of paid management experience?

*(choose one*) **YES NO**

If yes, please explain your election experience:

Organization Describe Management Duties Performed Duration

3. Do you possess a Master’s degree in Public Administration or a related field?  *(choose one*) **YES NO**

Degree held: \_\_\_\_\_\_\_

1. Please summarize your management experience:

Organization # of People & Management Duties Duration

1. Please highlight your work experience in the following city functions:

* Community and Economic Development

Organization Duties Performed Duration

* Municipal Finance

Organization Duties Performed Duration

* Public Works

Organization Duties Performed Duration

* City Clerk and Elections

Organization Duties Performed Duration

* Police and Fire

Organization Duties Performed Duration

6. Do you have any public labor relations experience?

Organization Duties Performed Duration

1. Please list your experience with the following computer software programs and your proficiency with each program. Please list and rank any additional program experience. Please rank all programs 1 to 5, with 1being lowest proficiency to 5 being highest proficiency.
   1. Word Proficiency \_\_\_\_\_\_\_
   2. Excel Proficiency \_\_\_\_\_\_\_
   3. Access Proficiency \_\_\_\_\_\_\_
   4. List other software in which you are proficient: Proficiency \_\_\_\_\_\_\_

8. *Other qualifications:*

Summarize special job-related skills and qualifications acquired from employment, education or other experience.

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I hereby certify that all answers contained in this application are true and I agree and understand any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant’s signature: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_