



CITY OF ORRVILLE
207 N. Main Street
Orrville, Ohio 44667
(330) 684-5047

ADMINISTRATIVE ASSISTANT II

Utilities Department

The City of Orrville is seeking applicants for an opening as an Administrative Assistant II to work in the Utilities and Finance departments. Duties may include, but are not limited to, providing administrative support to multiple Utilities departments, learning utility billing functions, completing records searches, data entry, compiling reports, receiving utility customer inquiries and concerns, and other duties as assigned.

Qualifications: Candidates must be well organized, be proficient at using a computer and a variety of software applications, and have a valid Ohio Driver's License. **Accounting background preferred.** Candidates must be able to perform the essential functions of the position with or without reasonable accommodation and be drug free.

Pay Range: \$26.97 to \$33.72

Application Period: Applications are available at www.orrville.com. Return resume and completed application to hr@orrvilleoh.gov by Friday, May 2, 2025, at 5:00 pm. **Only applications submitted by email to hr@orrvilleoh.gov will be accepted.**

Applications and resumes sent through third party vendors will not be accepted.

The City of Orrville is an equal opportunity employer and does not discriminate based on race, sex, religion, national origin, age or disability.



City of Orrville Application For Employment



Matthew R. Plybon
Mayor

207 North Main Street, Orrville OH 44667
Phone: 330-684-5047

Tammy J. Auble
Human Resources Manager

COMPLETE ALL SECTIONS AND EACH QUESTION COMPLETELY AND ACCURATELY

Resumes are not a substitute for the completion of this application.

City of Orrville Mission Statement:

To provide quality services in a timely and efficient manner to ensure Orrville continues to be an exceptional Community.

How did you hear about this position? _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date of Application
Address: Number & Street	City	State	Zip Code
Telephone Numbers: Home:(_____)_____	e-mail Address _____		
Cell: (_____)_____			

Position Applied For: **ADMINISTRATIVE ASSISTANT II**

MILITARY INFORMATION

COMPLETE THIS SECTION IF YOU SERVED IN THE US ARMED FORCES

Branch of Service	Rank at Discharge	Discharge Date
Length of Active Duty	Years:	Months:
Describe Your Duties and Any Special Training		

TO RECEIVE MILITARY CREDIT, YOU MUST SUBMIT PROOF OF HONORABLE SEPARATION (DD-214) BY APPLICATION DEADLINE.

EDUCATION

	School Name and Address	Years Completed (Circle)	Diploma/Degree	Describe Course of Study	Describe Specialized Training, Apprenticeship and Skills
High School		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
College/ University		1 2 3 4			
Graduate/ Professional		1 2 3 4			
Other (Specify)					

Describe any specialized training, apprenticeships, and/or skills including OPOTA, CDL and other endorsements or other state held licenses:

ADDITIONAL INFORMATION

Are you currently employed? Yes No

If yes, may we contact your current employer?..... Yes No

Are you prevented from being lawfully employed in the U.S. because of visa

Or immigration status? (Proof of citizenship/immigration status required for hire)..... Yes No

.....

EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include military service assignments. Attach additional pages if necessary. **All sections must be completed.**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
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Address				
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Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

REFERENCES (persons not related to you)

1. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
2. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
3. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____

APPLICANT'S STATEMENTS

READ EACH STATEMENT BELOW AND INITIAL EACH STATEMENT WHICH YOU UNDERSTAND AND AGREE TO ACCEPT:

1. By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

Initials: _____

2. I understand that if I am selected for employment, my employment is conditioned upon my passing a pre-employment physical and drug test and may also, depending upon the position I am applying for, be conditioned upon passing a criminal background check.

Initials: _____

3. The City of Orrville is an equal opportunity employer and we consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.

Initials: _____

4. I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with the City of Orrville, my continued employment is conditioned upon my maintaining the operator's license required for such position.

Initials: _____

Date

Applicant's Signature