Administrative Assistant & Commander/Sr. Vice Commander Secretary

Description of Duties

- Daily distribution of Operator Voice Mail
- Assists with incoming phone calls and directing to proper person
- Maintain Commander & Sr. Vice Commander’s Calendar and handle incoming and outgoing correspondence
  - Scheduling appointments
  - Housing reservations
  - Flight reservations
- Assistant to the Executive Administrative Assistant
- Death Notices – distribute to Department Officers. Maintain a file to be sent to the Printshop for “Post Everlasting” at Convention.
- Meeting Minutes – distribute to committees
- Liaison to Department programs: maintain files for the committees to judge awards and send notices when selected
  - Boy Scouts
    - Eagle Scout of the Year
    - Square Knot Award
  - Community Service
    - Newsletter Awards
    - Scrapbook Awards
    - Hall of Fame Award
  - Education and Scholarship
  - Safety, Law and Order
    - Firefighter of the Year
    - Law Officer of the year
    - Youth Cadet Law Enforcement Program
- Back-up to the Receptionist
  - Distribution of mail
  - Record daily Transactions – run tape and reconcile with Membership and Finance
- Order items from Emblem Sales
- Enter Post, District & Division Certification information in the database
- Send Commission/Committee members letters once selected
- Dissemination of ROTC/JROTC Awards
- Maintain list of Chaplain’s Cross recipients and send letters inviting them to convention to receive award
- Other duties as assigned
# American Legion Department of Illinois Employment Application

- Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- Do you need an accommodation to participate in the application or interview process? □ Yes □ No

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**Personal Data**

Name ________________________________

Present Address ________________________________

City ________________________________ State ________ Zip ________

Phone ( ) ________________________________ Message Phone ( ) ________________________________ E-Mail Address ________________________________

Driver’s License: Operator □ CDL □ CDL Type ________ Endorsements ________________________________

Are you a Veteran of Military Service □ Yes □ No

**Education**

High School Diploma or GED? □ Yes □ No

Post Secondary Degree? □ AA □ BA □ MA □ Ph.D.

Name of school beyond High School ________________________________

Training Length ________________________________ Date Completed ________________________________

Major ________________________________ Minor ________________________________

**Work Experience (List most recent work experience first)**

Company Name ________________________________ Immediate Supervisor ________________________________

Complete Address ________________________________ Street / P.O. Box ________________________________

City ________________________________ State ________ Zip Code ________

Job Title ________________________________ Phone ( ) ________________________________

Job Description (duties, skills, equipment used)

__________________________________________________________________________________________

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__________________________________________________________________________________________

Dates: From (mm/yy) __________ / ________ To (mm/yy) __________ / ________ Reason for leaving ________________________________

**Work Experience**

Company Name ________________________________ Immediate Supervisor ________________________________

Complete Address ________________________________ Street / P.O. Box ________________________________

City ________________________________ State ________ Zip Code ________

Job Title ________________________________ Phone ( ) ________________________________

Job Description (duties, skills, equipment used)

__________________________________________________________________________________________

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Dates: From (mm/yy) __________ / ________ To (mm/yy) __________ / ________ Reason for leaving ________________________________

The American Legion Department of Illinois

2720 E. Lincoln, Bloomington, IL 61704 * Phone (309) 663-0361 Fax (309) 663-5783
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<th>LIST REFERENCES (preferably persons who know about your work/training)</th>
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Signature: __________________________ Date: __________________________

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? □ Yes □ No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

The American Legion Department of Illinois
2720 E. Lincoln, Bloomington, IL 61704 Phone (309) 663-0361 Fax (309) 663-5783