CITY OF ALBION
CITY COUNCIL MEETING AGENDA

Meetings: First and Third Mondays – 7:00 p.m.

City Council Chambers ♦ Second Floor ♦ 112 West Cass Street ♦ Albion, MI 49224

COUNCIL-MANAGER GOVERNMENT

Council members and other officials normally in attendance.

David Atchison
Mayor

Council Member
1st Precinct

Lenn Reid
Council Member
2nd Precinct

Sonya Brown
Mayor Pro-Tem
Council Member
3rd Precinct

Marcola Lawler
Council Member
4th Precinct

Jeanette Spicer
Council Member
5th Precinct

Shane Williamson
Council Member
6th Precinct

LaTonya Rufus
City Manager

The Harkness Law Firm
Atty Cullen Harkness

Jill Domingo
City Clerk

NOTICE FOR PERSONS WITH HEARING IMPAIR-MENTS WHO REQUIRE THE USE OF A PORTABLE LISTENING DEVICE

Please contact the City Clerk's office at 517.629.5535 and a listening device will be provided upon notification. If you require a signer, please notify City Hall at least five (5) days prior to the posted meeting time.

SPECIAL AGENDA

COUNCIL MEETING
Thursday, January 31, 2019

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7:00 P.M.

PLEASE TURN OFF CELL PHONES DURING MEETING

I. CALL TO ORDER

II. MOMENT OF SILENCE TO BE OBSERVED

III. PLEDGE OF ALLEGIANCE

IV. ROLL CALL

V. APPROVAL OF THE AGENDA (Includes ant proposed additions, deletions or other changes to the agenda)

VI. PRESENTATIONS AND RECOGNITIONS

A. Proclamation Recognizing January 2019 as National Mentoring Month

VII. PUBLIC HEARING

VIII. PUBLIC COMMENTS (Persons addressing the City Council shall limit their comments to **agenda items only** and to no more than three (3) minutes. Proper decorum is required.)

IX. CLOSED SESSION

X. CONSENT CALENDAR (VV) (Items on Consent Calendar are voted on as one unit)

XI. ITEMS FOR INDIVIDUAL DISCUSSION

A. Precinct 1 Candidate Interviews

- Thomas Spratley
- Phillip O'Neal Warnsley Jr.
- Christine Thomas
- Vicky Clark

XII. FUTURE AGENDA ITEMS

XIII. PUBLIC COMMENTS (Persons addressing the City Council shall limit

their comments to no more than three (3) minutes. Proper decorum is required).

XIV. CITY MANAGER REPORT

XV. MAYOR AND COUNCIL MEMBER COMMENTS

XVI. MOTION TO EXCUSE ABSENT COUNCIL MEMBER (S)

XVII. ROLL CALL

XVIII. ADJOURN

City of Albion

William L. Rieger Municipal Building
112 West Cass Street · Albion, Michigan 49224 (517)
629-7864 · Fax (517) 629-2238

APPLICATION TO FILL VACANCY

CITY COUNCIL – DISTRICT 1

(February 2019– December 2022)

Mail or Deliver Completed Application to:
City of Albion
City Clerk Jill Domingo
112 W. Cass Street
Albion, MI 49224

APPLICATION DEADLINE: MUST BE RECEIVED BY WEDNESDAY, JANUARY 16, 2018 BY 5:00 P.M.

The information in this Application is requested to assist the Mayor and/or City Council in selecting individuals to serve a City Council Member to complete a partial term due to the vacancy in the City Council seat for Precinct 1 in the City of Albion. Completion of the Application, Consent and Certification, and Authorization to Release Information are mandatory for consideration of appointment.

Thank you for your interest in serving on the City of Albion in an appointed position to fill a vacancy on City Council. The Albion City Council requires that every member appointed to the City Council meet the following qualifications:

- **Appointee is not in default to the City (appointee docs not have unpaid water/sewer bills, property taxes, income taxes, abatements, parking tickets, or other delinquent obligations to the City).**
- **Appointee must be a resident of the City.**
- **Appointee shall be a registered voter in the City of Albion**
- **Appointee shall be over the age of 18**
- **Appointee shall be a resident of Precinct 1**

Name: Thomas Edward Spratley
(First) (Middle) (Last)

Home Address: [redacted] Telephone #: [redacted]

E-Mail: [redacted] Fax: _____

Length of Residence in City: 30 + years ~~Own~~/Rent: Own

How long have you resided within the boundaries of Precinct 1? over 30 years.

Are you a citizen of the United States? Yes (✓) No ( )
Are you 18 years or older? Yes (✓) No ( )
Are you a registered voter? Yes (✓) No ( )

Have you been previously employed by the City of Albion' Yes (✓) No ( )

If yes, what department(s) and date(s)' Recreation Dept. in the late 20s early 90s.

Do you have any relatives who are employees of the City of Albion? Yes ( ) No (✓)

If yes, indicate name{s} and relationships) to you:

EDUCATION INFORMATION

Have you received your High School Diploma or GED Certificate Yes (✓) No ( )	School Name & Location	Major (s)	Degree Received	Applicable Course Work	Credit Hours
	Albion Senior High school Albion, MI	General studies	Diploma.		21
College/University (Undergraduate)	Hinds Jr College Raymond MS. Kellogg Community college Albion Campus	Distributing & marketing Human Resources			60 31
College/University (Graduate)					
Other (Specify)					

*If you are still in school, what is the anticipated date of your graduation? _____• Name under which your transcript was issued if different from name shown on this application:

DRIVER'S LICENSE INFORMATION

Driver's license #_[redacted] Expiration date [redacted]

Issued by what State Michigan • IS your license currently valid? Yes (✓) No ( )

license Type (Operator or Chauffeur) Chauffeur

Community Activities:
On the board of Community Action Agency. Board of Substance Abuse Prevention. Volunteer at Marshall Academy

Additional information on experience, qualifications, etc.:
Have been + still coach over 30 years. Retired from Albion school System. Substance abuse Counselor at Jackson Prison. Assisted in Highland Park Basketball league. Wife + I self Run Rosies Daycare + Rosies flavor restaurant.

Please comment briefly on why you wish to serve on City Council Be specific as to your goals and ideas regarding how you wish to contribute to the work of the City Council:
To help the continued growth of our City + its residents Especially our youth who are a vital part of our communities sustainability.

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:
Ms Spicer is married to my first cousin Wade Spicer. (she sits on the council.)

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Albion? If yes, please explain:
Myself + my wife run Rosies flavor. As well as run Rosies Daycare

Misdemeanor Convictions: Have you ever been convicted of a misdemeanor, including traffic? If not, state NO If YES, please list all convictions, including date and type of conviction.

1982 possession of a point of marijuana

Felony Convictions: Have you ever been convicted, plead guilty, or no contest to a felony, including convictions while holding public office or public employment? If not, state NO. If YES, please list all convictions. including date and type of conviction.

NO

EMPLOYMENT HISTORY
THIS SECTION MUST BE COMPLETED FULLY, EVEN IF A RESUME IS ATIACHEO.
list present position or most recent place of employment first include full-time, part-time and volunteer work
PHOTOCOPY THIS PAGE IF ADDITIONAL SPACE WILL BE NECESSARY (OR USE A BLANK SHEET).

Company Name: Marshall Academy Supervisor: Evan Jones
Telephone: 269-781-6330
Address: 18303 Homer Rd City/State: Marshall Zip Code: 49068
Employed: (Month & Year) Volunteer
From: Sept. 2018 To: Present
Number of Hours per Week: 3 to 4
List Your Job Responsibilities: Assist with Jr. Varsity Basketball team & assist with players school work & behaviors.

Job Title: Jr Varsity Basketball coach
Reason for Leaving: present.

Name you were employed under if different from name shown on (City of Albion application)

no.

Company Name: Sequel Youth Services Supervisor: McClenney

Telephone:

Address: 13660 26 mile Rd City/State: Albion/MI Zip Code: 49224

Employed: (Month & Year) youth Specialist

From: Dec 2016 To: present - Med leave

Number of Hours per Week: 20 per week.

List Your Job Responsibilities:

Supervise youth in house safety with school, work & social skills

Job Title:

Youth Specialists.

Reason for Leaving:

present - off for Medical Reasons.

Name you were employed under if different from name shown on (City of Albion application)

NO.

Company Name: Albion Public Schools. Supervisor: Jerry Lynn Williams

Telephone:

Address: 205 Cotton St City/State: Albion/MI Zip Code: 49224

Employed: (Month & Year)

From: Sept 2013 To: Jan 2015?

Number of Hours per Week: 36 to 40

List Your Job Responsibilities:

Run the In school suspension program.

Helped with youth behaviors documented them in data system & contacted Parents.

Job Title:

In School Suspension coordinator.

Reason for Leaving:

School closed, Retired

Name you were employed under if different from name shown on (City of Albion application)

NO.

Company Name: Battle Creek Public Schools Supervisor: Jeffery Dinkins

Telephone:

Address: 3 W Van Buren St. W City/State: Battle Creek/MI Zip Code: 49017

Employed: (Month & Year) Jan 2001 - June 2010

From: June 2001 To: June 2010.

Number of Hours per Week: Salary

List Your Job Responsibilities:

Have youth on Paid work experiences, Help with College entrance forms (FASFA). Kept case files on each individual in Marshall, Tekonsha, Olivet, Albion, & Homer.

Job Title: Case Manager

Reason for Leaving: Family now out.

Name you were employed under if different from name shown on (City of Albion application)

No.

REFERENCES

Please provide three (3) persons, whom you have known for over a year. Only one (1) may be a relative.

Name Known	Address	Telephone (include area code & state home or office)	Relationship & Years
Mr. Harry Beaver Sr.	600 Michigan Ave.	cell - 517-914-5921 (ME)	Mentor - 20+
Pastor Albert Smos.	400 Burrook St.	cell 517-315-5101 (MI)	Pastor - 2+
Hazel Lais	12939 28½ mile Rd.	Home 517-629-5477	Family friend 20+

Have you ever been dismissed from or asked to resign from any employment position? Yes (✓) No ( )

If yes, please explain:

Calhoun County Juvenile Home. Was accused of child Abuse which was thrown out of court. No Charges.

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, hobbies, interests, and professional or civic activities, etc.

Been a resident for 40+ years been involved with youth & parents 30+ years. Me & My wife have two businesses here. I am truly concerned about the progress of our city & the citizens that live here.

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.

City of Albion

William L. Rieger Municipal Building
112 West Cass Street · Albion, Michigan 49224 (517)
629-7864 · Fax (517) 629-2238

APPLICATION TO FILL VACANCY

CITY COUNCIL – DISTRICT 1

(February 2019– December 2022)

Mail or Deliver Completed Application to:
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City Clerk Jill Domingo
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Albion, MI 49224

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- **Appointee shall be over the age of 18**
- **Appointee shall be a resident of Precinct 1**

Name: Phillip O'Neal Warnsley
(First) (Middle) (Last)

Home Address: [redacted] Telephone #: [redacted]

E-Mail: [redacted] Fax: N/A

Length of Residence in City: 20 years Own/Rent: own

How long have you resided within the boundaries of Precinct 1? _____

Are you a citizen of the United States? Yes (✓) No ( )

Are you 18 years or older? Yes (✓) No ( )

Are you a registered voter? Yes (✓) No ( )

Have you been previously employed by the City of Albion' Yes (✓) No ( )

If yes, what department(s) and date(s)'

Recreation Department 6/12 - 8/12

Do you have any relatives who are employees of the City of Albion? Yes ( ) No (✓)

If yes, indicate name{s} and relationships) to you:

EDUCATION INFORMATION

Have you received your High School Diploma or GED Certificate Yes (✓) No ( )	School Name & Location	Major (s)	Degree Received	Applicable Course Work	Credit Hours
	Albion High School				
College/University (Undergraduate)	mid michigan community college	Business	Associates of Art: Business		
College/University (Graduate)					
Other (Specify)					

*If you are still in school, what is the anticipated date of your graduation? _____• Name under which your transcript was issued if different from name shown on this application:

DRIVER'S LICENSE INFORMATION

Driver's license #_[redacted]. Expiration date [redacted]

Issued by what State Michigan • IS your license currently valid? Yes (✓) No ( )

license Type (Operator or Chauffeur) N/A

Community Activities: Kids'N' Stuff board, Harrington Elementary volunteer

Additional information on experience, qualifications, etc.:

Please comment briefly on why you wish to serve on City Council Be specific as to your goals and ideas regarding how you wish to contribute to the work of the City Council:

I'm excited to invest my time in the city that helped raise me and I look forward to serving the precinct I was raised in.

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:

N/A

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Albion? If yes, please explain:

N/A

Misdemeanor Convictions: Have you ever been convicted of a misdemeanor, including traffic? If not, state NO. If YES, please list all convictions, including date and type of conviction.

_____

_____

_____

Felony Convictions: Have you ever been convicted, plead guilty, or no contest to a felony, including convictions while holding public office or public employment? If not, state NO. If YES, please list all convictions. including date and type of conviction.

_____

_____

_____

EMPLOYMENT HISTORY
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list present position or most recent place of employment first include full-time, part-time and volunteer work
PHOTOCOPY THIS PAGE IF ADDITIONAL SPACE WILL BE NECESSARY (OR USE A BLANK SHEET).

Company Name: Battle Creek Family YMCA Supervisor: Jill Hind
Telephone: 269-963-9622
Address: 182 Capital Ave NE City/State: Battle Creek/MI Zip Code: 49017
Employed: (Month & Year) October 2018
From: October To: Current
Number of Hours per Week: 40
List Your Job Responsibilities: Program Coordinator

_____

Job Title: Program Coordinator
Reason for Leaving: N/A

Name you were employed under if different from name shown on (City of Albion application)

N/A

Company Name: Harrington Elementary Supervisor: Robert Giles Telephone: 517 629 9166 42224
Address: 100 S Clark Street City/State: Albion MI Zip Code:
Employed: (Month & Year)
From: August 2017 To: October 2018
Number of Hours per Week: 40
List Your Job Responsibilities:
Help positively redirect children with behavior issues

Job Title: Behavioral Interventionist
Reason for Leaving: YMCA opportunity

Name you were employed under if different from name shown on (City of Albion application)

Company Name: Stirling Books & Brew Supervisor:
Telephone: 517-629-7560
Address: City/State: Albion Zip Code: 49224
Employed: (Month & Year)
From: October 2017 To: October 2018
Number of Hours per Week: 15
List Your Job Responsibilities:
Customer Service, Preparing and serving different types of coffee

Job Title: Barista
Reason for Leaving: YMCA opportunity

Name you were employed under if different from name shown on (City of Albion application)

Company Name: Albion Malleable Brewing Co. Supervisor: Charles Moreau Telephone: 517 343 2202 49224
Address: 420 S. Superior City/State: Albion / MI Zip Code:
Employed: (Month & Year)
From: June 2018 To: October 2018
Number of Hours per Week: 25

List Your Job Responsibilities: Customer Service, Taking orders, serving and preparing drinks

Job Title: Assistant Bartender

Reason for Leaving: YMCA Opportunity

Name you were employed under if different from name shown on (City of Albion application)

REFERENCES

Please provide three (3) persons, whom you have known for over a year. Only one (1) may be a relative.

Name Known	Address	Telephone (include area code & state home or office)	Relationship & Years
Mae Ola Dunklin		517 937 1804	+10
Staci Stuart		704 287 9899	5
Charles Moreau		269 275 5520	2

Have you ever been dismissed from or asked to resign from any employment position? Yes ( ) No (/)
If yes, please explain:

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, hobbies, interests, and professional or civic activities, etc.

_____

_____

_____

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.

_____

City of Albion

William L. Rieger Municipal Building
112 West Cass Street· Albion, Michigan 49224 (517) 629-7864 • Fax (517) 629-2238

APPLICATION TO FILL VACANCY

CITY COUNCIL - DISTRICT 1
(February 2019- December 2022)

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- **Appointee shall be a resident of Precinct 1**

Name: Christine E Thomas
(First) (Middle) (Last)

Home Address: [redacted] Telephone #: [redacted]

E-Mail: [redacted] Fax: _____

Length of Residence in City: 44 years Own/Rent: Own

How long have you resided within the boundaries of Precinct 1? One year
Are you a citizen of the United States? Yes (✓) No ( )
Are you 18 years or older? Yes (✓) No ( )

Are you a registered voter? Yes (✓) No ( )
Have you been previously employed by the City of Albion' Yes ( ) No (✓)

If yes, what department(s) and date(s)'

_____

_____

_____

Do you have any relatives who are employees of the City of Albion? Yes ( ) No (✓)

If yes, indicate name{s} and relationships) to you:

_____

_____

_____

EDUCATION INFORMATION

Have you received your High School Diploma or GED Certificate Yes (✓) No ( )	School Name & Location	Major (s)	Degree Received	Applicable Course Work	Credit Hours
	Key West H.S, Key West, FL	General Ed. Bus. Ed. Cert	High School Diploma Bus. Ed. Cert.		
College/University (Undergraduate)	Cornerstone University	Business Management	Bachelors of Science		
College/University (Graduate)					
Other (Specify)					

*If you are still in school, what is the anticipated date of your graduation? _____• Name under which your transcript was issued if different from name shown on this application:

DRIVER'S LICENSE INFORMATION

Driver's license #[redacted] Expiration date [redacted]

Issued by what State MI • IS your license currently valid? Yes (✓) No ( )

license Type (Operator or Chauffeur) Operator

Community Activities: (SAS) Sexual Assault Services (Past), Teaching/Speaking Precinct Delegate (Present), Counseling

Additional information on experience, qualifications, etc.:

Experience in Focus Groups, Strategic Planning, and various levels of counseling.

Please comment briefly on why you wish to serve on City Council Be specific as to your goals and ideas regarding how you wish to contribute to the work of the City Council:

I love this city. I am well versed in problem solving and working on a team to accomplish concrete goals.

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:

No

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Albion? If yes, please explain:

No

Misdemeanor Convictions: Have you ever been convicted of a misdemeanor, including traffic? If not, state NO. If YES, please list all convictions, including date and type of conviction.

No

Felony Convictions: Have you ever been convicted, plead guilty, or no contest to a felony, including convictions while holding public office or public employment? If not, state NO. If YES, please list all convictions. including date and type of conviction.

No

EMPLOYMENT HISTORY
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list present position or most recent place of employment first include full-time, part-time and volunteer work
PHOTOCOPY THIS PAGE IF ADDITIONAL SPACE WILL BE NECESSARY (OR USE A BLANK SHEET).

Company Name: State Farm Mutual Auto Co Supervisor:
Telephone:
Address: City/State: Portage, MI Zip Code:
Employed: (Month & Year) 07-1985
From: To: 2010
Number of Hours per Week: 40+
List Your Job Responsibilities: Investigate and settle Auto, Prop. Dmg, and Personal injury claims in the State of Indiana. This included obtaing information from various sources to complete settlement,
Job Title: Auto Claim Representative, Indiana Claims
Reason for Leaving: Retired

Name you were employed under if different from name shown on (City of Albion application)

Company Name: State Farm Mutual Auto Co Supervisor:
Telephone:
Address: City/State: Zip Code:
Employed: (Month & Year)
From: To:
Number of Hours per Week: 40+
List Your Job Responsibilities:
Settling claims through processing of mail, medical documents, police reports and phone interviews.

Job Title: Auto Claim Processor
Reason for Leaving: Promotion to different department

Name you were employed under if different from name shown on (City of Albion application)

Company Name: State Farm Mutual Auto Co. Supervisor:
Telephone:
Address: City/State: Zip Code:
Employed: (Month & Year)
From: To:
Number of Hours per Week: 40
List Your Job Responsibilities:
Was responsible for clerical work for the Accounting Manager. Processed Travelers Checks, handled Petty Cash, and disseminated electronic information to Supvs and Superintendents

Job Title: Accounting Department Secretary
Reason for Leaving: Better job in different location and department

Name you were employed under if different from name shown on (City of Albion application)

Company Name: Supervisor:
Telephone:
Address: City/State: Zip Code:
Employed: (Month & Year)
From: To:
Number of Hours per Week:

List Your Job Responsibilities:

Job Title:

Reason for Leaving:

Name you were employed under if different from name shown on (City of Albion application)

REFERENCES

Please provide three (3) persons, whom you have known for over a year. Only one (1) may be a relative.

Name Known	Address	Telephone (include area code & state home or office)	Relationship & Years
Christopher Thomas		(517) 908-6106	Brother-in-Law 45 yrs.
Timothy Kurtz		(517) 629-6616	Friend - 44 years
Shawn Laughrige		(269) 274-9961	Friend, Church Elder 18 years

Have you ever been dismissed from or asked to resign from any employment position? Yes ( ) No (✓)
If yes, please explain:

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, hobbies, interests, and professional or civic activities, etc.

Certified iEnneagram MOS Trainer, Sexual Assault Victims Advocate. Hobbies: Writing, Teaching, Singing

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- **Appointee shall be over the age of 18**
- **Appointee shall be a resident of Precinct 1**

Name: Vicky (First) Lyon (Middle) Clark (Last)

Home Address: [redacted] Telephone #: [redacted]

E-Mail: [redacted] Fax: _____

Length of Residence in City: all my life move at 3yrs Own/Rent: n/a

How long have you resided within the boundaries of Precinct 1? _____

Are you a citizen of the United States? Yes (✓) No ( )

Are you 18 years or older? Yes (✓) No ( )

Are you a registered voter? Yes (✓) No ( )

Have you been previously employed by the City of Albion' Yes (✓) No ( )

If yes, what department(s) and date(s)'

Albion Recreation Dept. Field help 1973-1974

Do you have any relatives who are employees of the City of Albion? Yes ( ) No (✓)

If yes, indicate name{s} and relationships) to you:

n/a

EDUCATION INFORMATION

Have you received your High School Diploma or GED Certificate Yes (✓) No ( )	School Name & Location	Major (s)	Degree Received	Applicable Course Work	Credit Hours
	Albion High School	General	Diploma 1 year ahead of my class	required studies	24
College/University (Undergraduate)	KCC	FLE	n/a	Science Eco	
College/University (Graduate)	Spring Arbor University	FLE	n/a		54
Other (Specify)	Baker College	Psch.	n/a		18

*If you are still in school, what is the anticipated date of your graduation? n/a • Name under which your transcript was issued if different from name shown on this application:

DRIVER'S LICENSE INFORMATION

Driver's license #: [redacted] Expiration date [redacted].

Issued by what State MI • IS your license currently valid? Yes (✓) No ( )

license Type (Operator or Chauffeur) n/a

Community Activities:

Member of the OSB whichs provides community collaborative opportunities of business owners

Community outreach for the Homeless Pit Count for the calhoun County area

Additional information on experience, qualifications, etc.:

Currently working with supportive services with a wide range of agencies for the calhoun County area

Please comment briefly on why you wish to serve on City Council Be specific as to your goals and ideas regarding how you wish to contribute to the work of the City Council:

I wish to learn about some of the barries in the county and work together as a community effort to close the gap.

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:

no

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Albion? If yes, please explain:

no

Misdemeanor Convictions: Have you ever been convicted of a misdemeanor, including traffic? If not, state NO. If YES, please list all convictions, including date and type of conviction.

no

Felony Convictions: Have you ever been convicted, plead guilty, or no contest to a felony, including convictions while holding public office or public employment? If not, state NO. If YES, please list all convictions. including date and type of conviction.

no

EMPLOYMENT HISTORY
THIS SECTION MUST BE COMPLETED FULLY, EVEN IF A RESUME IS ATIACHEO.
list present position or most recent place of employment first include full-time, part-time and volunteer work
PHOTOCOPY THIS PAGE IF ADDITIONAL SPACE WILL BE NECESSARY (OR USE A BLANK SHEET).

Company Name: Summit Pointe Supervisor: Kent London
Telephone: 269-966-1538
Address: Battle Creek City/State: MI Zip Code: 49037
Employed: (Month & Year) 6/2005
From: current To:
Number of Hours per Week: 40
List Your Job Responsibilities: Recruitment, Contracts (Procurement), Case Management, Housing Resident Manager.

Job Title: Job Developer, Health Care Manger, Housing Specialist
Reason for Leaving: plans to retirer during 2019

Name you were employed under if different from name shown on (City of Albion application)

Company Name: Albion Public Schools Supervisor: Walt Nichols

Telephone:

Address: 402 Watson City/State: Albion Zip Code: 49224

Employed: (Month & Year)

From: 9/02 To: 10/2004

Number of Hours per Week: 40 hrs

List Your Job Responsibilities:

administrative duties, monitoring children behaviors, tuitoring with class studies

Job Title:

Coordinator / Specialist (REACH)

Reason for Leaving:

Layoff program closed

Name you were employed under if different from name shown on (City of Albion application)

Company Name: MACI Supervisor: Bob Stephens

Telephone: 517-622-7072

Address: 2400 Dearing Rd City/State: Parma Zip Code: 49269

Employed: (Month & Year)

From: 9/89 To: 8/1996

Number of Hours per Week:

List Your Job Responsibilities:

Job Title:

Reason for Leaving:

Name you were employed under if different from name shown on (City of Albion application)

Company Name: Supervisor:

Telephone:

Address: City/State: Zip Code:

Employed: (Month & Year)

From: To:

Number of Hours per Week:

List Your Job Responsibilities:

Job Title:

Reason for Leaving:

Name you were employed under if different from name shown on (City of Albion application)

Vicky Gamble Vicky Ross

REFERENCES

Please provide three (3) persons, whom you have known for over a year. Only one (1) may be a relative.

Name Known	Address	Telephone (include area code & state home or office)	Relationship & Years
Walter Nichols	804 Valhalla Dr.	517-629-3147 517-414-0603	44 years Retires Boss
Harry Bonner	600 E. Michigan	517-629-2113 517-914 5921	business associate Director 44 years
Steven Mezaros	28900 B. Dr. North	517-629-9132 517-879-9610	Pastor 4 years

Have you ever been dismissed from or asked to resign from any employment position? Yes ( ) No (✓)
If yes, please explain:

OPTIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. You may wish to describe specialized training, hobbies, interests, and professional or civic activities, etc.

Listen to details to get clear directions Enjoys new ideals & change & implimentation

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.

VICKY L. CLARK

[redacted]

Key Skills

- Enthusiastic
- Goal driven
- Self-motivated
- Leadership
- Strong work ethic
- Optimistic
- Customer Service

Education

Spring Arbor University – Battle Creek, MI
Major: Family Life Education

Baker College – Jackson, MI
Major: Human Services

Ferrari's Beauty Academy – Battle Creek, MI
Major: Nail Technician

Additional Certifications

- Employment Training Specialist
- Crisis Management
- Conflict Management
- Situational Leadership
- High Performing

OBJECTIVE

Working with a career where I am able to demonstrate management, direction, and collaboration with co-members while learning new revolutionized skills.

SUMMARY OF QUALIFICATIONS

- Results-oriented, high-energy, hands-on professional, with a successful record of accomplishments in supervising over 200 various employees and assisting persons with physical and mental challenges. Experience in management, housing placements, property management, training, quality audits, sales, lawn care/snow removal services, Certified Housing Inspections, and customer service.

- Major strengths include strong leadership, excellent communication skills, competent, strong team player, attention to detail, strong supervisory skills including recruitment, termination, scheduling, training, payroll and other administrative tasks. Through knowledge of current start up and set of operations and a clear vision to accomplish the company goals. Computer and Internet literate. Proficient in HIPPA, ADA, EEO, Microsoft Office, CNC, and a Lathe or mill.

PROFESSIONAL ACCOMPLISHMENTS

2005 to Present –
Summit Pointe 140 W. Michigan Avenue Battle Creek , MI 49224
269-966-2828

Procurement Supervisor / Health Care Advocate, Housing Placement Case Manager

- Responsibilities include collaborating with internal and external accounts, recruiting employers, and supervising custodial accounts in Calhoun County.
- Managed daily operations. Continuous training for State Government Compliance, quality control, education accountability as it relates to imposed government regulatory requirements in a medical environment.

- Assisted other team members in developing recruitment, hiring and training strategies. Performed quarterly evaluations/assessments along with coordinating daily activities/staff meeting. Also responsible for determining compensation and promotions.

Team

- Floor Tech

Volunteer Opportunities

Michigan Prison Re-entry Initiative Board Member

Kingdom Living Worship Ministries Leadership

2002 – 2005 R.E.A.C.H Coordinator & Specialist- Albion Public Schools 402 Waston Street, Albion, MI 49224 517-629-9166

- Responsibilities include providing a structured program for at-risk students of all ages, by assisting them in maintaining their academic status during school suspensions. Collaborated with other staff to provide weekly, monthly and quarterly reports.
- Provided assessments, student intervention, and evaluation, and counseling. Organized group sessions to focus on character building, student intervention and evaluation.

Industrial Management

1989 – 2001 MACI Production Supervisor 2400 Dearing Road Parma ,MI 49269 517-622-7072

- Successfully supervised over 200 diverse employees including temporary and permanent positions for three shift operations. Created and implemented a new process for the Workmen compensation for employees, aftermarket sales. Industrialized new employment contracts while producing lucrative revenue.
- Reduced employee turnovers, introduced improved customer service skills to employees, enhanced employee appearance and spearheaded the implementation of employee (health) benefits.
- Responsibilities included coordinating daily activities, developing operations associates in safety, quality, production problem solving and technical / interpersonal communication skills.

References available upon request