

JOB POSTING

Assistant Superintendent Sangamon County Veterans Assistance Commission

Sangamon County Veterans Assistance Commission is seeking interested and qualified applicants for the position of **Assistant Superintendent**. Individuals meeting the qualifications listed below should visit our website at <http://co.sangamon.il.us/departments/d-1/human-resources/apply-for-a-job> for an application.

Job Summary: Seeking accredited **Assistant Superintendent** to join the Veterans Assistance Commission to join the Veterans Assistance Commission of Sangamon County (VACPC) team. In accordance with the Military Veterans Assistance Act, Superintendents, subject to rules formulated by the Commission, shall select, as far as possible, Veteran Service Officers and other employees from among military veterans, including those who have served or may still be serving as members of the Illinois National Guard or a reserve component of the armed forces of the United States, who did not receive a bad conduct or dishonorable discharge or other equivalent discharge thereof, or their spouses, surviving spouses, or children. Employees of the Commission shall be at-will employees.

Under the supervision of the Superintendent and VAC Board. This position requires a confident, secure, intelligent, public speaker, with a positive attitude that fully understands and embraces the VACPC mission and embraces the fact they are the first person that everyone sees or hears.

General Duties:

- Interviewing the veteran with the purpose of filing a claim with the US Department of Veterans Affairs. The interview includes probing for details of the veterans military service including but not limited to; Military Occupational Specialty (MOS) and its responsibilities, determining likelihood of hazard exposure based on MOS and assigned duty stations, clarification of details found in the Military Personnel Record or Military Treatment Record, determining the veteran's and/or spouse's current state of health, clarification of information found in the veterans financial statements, and determining the veterans understanding of the VA Claims process and the requirements associated with a given claim for benefits.
- Reviewing veteran military records (Service Treatment Records, Military Personnel Records and Military Unit and Clinical Records)
- Reviewing current medical records
- Reviewing government studies to identify relevant medical information that can be used as additional medical evidence in support of a specific claim.
- Evaluating 'Buddy Statements' to determine the appropriateness for a specific claim in the establishment of a Nexus and/or current chronic condition.
- Reviewing and evaluating all veteran income and asset information, and current out of pocket medical expenses to identify and include the information relevant to a VA Pension Claim or application for VA Health Care.

Sangamon County is an EEO Employer

- Should the veteran have had submitted claims to the VBA prior; review each claim and the legal justification for awarding or denying a condition. Evaluate all current supporting information related to a request for increase to determine if the new medical information support increasing the veterans rating. Evaluate all current supporting information related to a request to reopen a previously denied claim to determine if the new information will; be considered new and material by the VBA, positively address the reasons for denial.
- Based on the total information make recommendations to the veteran as to the readiness of the claim, the potential negative impact on existing ratings, and likely denials of claimed conditions.
- Complete all associated VA paperwork for each claim and submit along with supporting documentation to connect.
- Review the progress of a claim via VBMS to identify issues that may result in a denial. Address such issues and log in Vetpro for future 'update requests' from the veteran. Also, update progress in the tickler (typical claim may take in excess of 14 months).
- Based on service connected disabilities, pension, service era, income, etc... identify other VA programs the claimant may be entitled including but not limited to; Vocational Rehab, Dependent Education, Special Monthly Compensation, VA Life Insurance, Adaptive Housing, VA Home Loan Guarantee, VA Health Care, and Adaptive Equipment.
- Upload claim, supporting documentation, supplemental documentation or added issues along with a receipt from the VBA's Evidence Intake Center into Vetpro. Document each veteran visit or updated claim information into Vetpro.
- When the VA makes a decision on a claim...
 - (a.) Review the claim and the VA's legal justification with the veteran so the veteran can understand how the VA determined a positive rating percent, or what was missing in the claim should the claim be denied; (b.) Work with the veteran to identify the next legal course of action should the veteran not be pleased with the outcome; (c.) Identify any additional benefits that the veteran may be entitled based on the positive outcome of his/her claim; (d.) Record details of the VA decision in Vetpro.

General Qualifications:

- Completion of two years of college level programs with course work in public or business administration, accounting, supervision or related experience.
- Requires federal certification from the Veteran's Administration Counsel General. accreditation from the US Department of Veterans Affairs Office of General Counsel (VA OGC); FBI Background Check; TRIP Certification; HIPPA Training; VA Security Training
- Requires five years of experienced work as a Veterans Service Officer and willingness to work towards qualifications as Certified Veteran's Advocate (the highest certification a VSO can attain) or related experience.
- Requires knowledge of developing and processing claims; developing budgets; and working with various legislative groups.
- Requires considerable knowledge of:—office management or supervisory methods, practices and techniques; records and operation of the office is required; laws affecting the work of the assigned division or department; specialized terminology of the division, department or office to which assigned.

Interested persons should send a resume and cover letter by April 12th, to Ashti Dawson at the Sangamon County Veterans Assistance Commission, 901 S. 11th, Springfield, IL 62703 or email documents to ashti.dawson@sangamonil.gov.

Work Hours: Monday-Friday, 8:30a.m.-4:30p.m., FLSA non-exempt, 37.5 hours per week (evening/weekend meetings required on occasion)

Salary & Benefits: Annual salary will be commensurate with experience. 2 weeks paid vacation, 3 paid personal days, 12 paid sick leave days, and 12 paid holidays per year. Individual and Family health, dental and life insurance options and retirement.

Submit Resume and Application To: Ashti Dawson, Superintendent, Sangamon County VAC
901 S. 11th Street
Springfield, IL 62703
Or email to: ashti.dawson@sangamonil.gov

Resume Deadline: April 12, 2024 by 4:30p.m.

SANGAMON COUNTY

Veterans Assistance

Commission

901 S. 11th Street

Springfield, IL 62703

(217) 753-6680

www.co.sangamon.il.us

GENERAL APPLICATION FOR EMPLOYMENT

Sangamon County Veterans Assistance Commission is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status

All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions, and print clearly in ink.

APPLICANT INFORMATION

Name: _____

Address: (where you accept mail): _____

Telephone number you can be contacted: _____ E-mail: _____

Are you a resident of Sangamon County? ____ Yes ____ No

If no, would you relocate to Sangamon County? ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No

If no, can you submit a work permit? ____ Yes ____ No

Do you have a legal right to work in the United States? ____ Yes ____ No

If no, please explain: _____

Describe any U.S. Military Service (Branch, Rank, Nature, and Date of Discharge): _____

***Please include a copy of your DD 214 with your application:** In accordance with the Military Veterans Assistance Act, "(h) Superintendents, subject to rules formulated by the Commission, shall select, as far as possible, Veteran Service Officers and other employees from among military veterans, including those who have served or may still be serving as members of the Illinois National Guard or a reserve component of the armed forces of the United States, who did not receive a bad conduct or dishonorable discharge or other equivalent discharge thereof, or their spouses, surviving spouses, or children. Employees of the Commission shall be at-will employees."

EDUCATION AND EXPERIENCE

What was your highest grade completed? _____

Please list any College, University, Trade School or other educational institution attended, degrees received (if any), types of courses taken and number of years attended:

Please list any professional licenses or certifications you hold: _____

Please list any technical skills for which you have been trained: _____

Please check skills/equipment operated:

Access Excel PC Fax Scanner
 WordPerfect Microsoft Word

Other Software programs or specialized equipment (List): _____

Please provide any additional information such as special skills, training, management or supervisory experience, equipment operation, or other qualifications, including military service, you feel will be helpful to us in considering your application:

EMPLOYMENT INFORMATION

Position/Department for which you are applying: _____

Type of employment? () Full-Time () Part-Time () Seasonal () Other: _____

If applying for a part-time or seasonal position, what days and hours are you available to work?
Days _____ Hours _____

Rate of pay expected? \$ _____ (hour), or, \$ _____ (monthly salary)

How soon can you report to work? _____

Have you been previously employed by the County? ____ Yes ____ No
If yes, date started: _____ date ended: _____ Position Held: _____
Immediate Supervisor: _____ Reason for Leaving: _____

Have you filled out an application with the County in the past twelve months? ____ Yes ____ No
If yes, please indicate approximate date: _____

Are you presently employed? ____ Yes ____ No
If yes, why do you desire to change employment? _____

May we contact your present employer? ____ Yes ____ No

WORK EXPERIENCE

(List most recent employers, including volunteer experience)

Employer: _____ Dates Employed: _to _____
Address: _____ Phone No. () _____
Job Position/Title: _____
Immediate Supervisor(s) Name & Title: _____
Briefly describe your job duties: _____

Reason for leaving? _____

Employer: _____ Dates Employed: _____to _____
Address: _____ Phone No. () _____
Job Position/Title: _____
Immediate Supervisor(s) Name & Title: _____
Briefly describe your job duties: _____

Reason for leaving? _____

Employer: _____ Dates Employed: _to _____
Address: _____ Phone No. () _____
Job Position/Title: _____
Immediate Supervisor(s) Name & Title: _____
Briefly describe your job duties: _____

Reason for leaving? _____

Employer: _____ Dates Employed: _to _____
Address: _____ Phone No. () _____
Job Position/Title: _____
Immediate Supervisor(s) Name & Title: _____
Briefly describe your job duties: _____

Reason for leaving? _____

JOB APPLICANT’S AGREEMENT AND CERTIFICATION
(PLEASE READ CAREFULLY, BEFORE SIGNING)

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, discharge.”

“I understand that prior to being offered employment with Sangamon County Veterans Assistance Commission, a background check may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sangamon County Veterans Assistance Commission and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the Sangamon County Veterans Assistance Commission unless made in writing.”

“I understand that prior to being offered employment with Sangamon County Veterans Assistance Commission; I may be required to take a physical examination. In the event I have a disability which will affect my ability to take the test, I will so inform the County prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The County reserves the right to require medical documentation concerning the need for such accommodations.”

“I understand that this application will be kept on active file for sixty (60) days from the date completed, after which time I would have to reapply in accordance with established County policy.”

Signature of Applicant*

Date

* Application will not be processed unless it is signed and dated by the applicant.