

RECEIVED

APR " 2 2015

CITY OF ARCADIA

Matthew J. Hoffman

[REDACTED]
Silver Spring, MD [REDACTED]

[REDACTED] (C)
[REDACTED]

SUMMARY

Resourceful municipal management professional with direct experience handling intricate community issues, to include: research and analysis; project management; budgeting; communications; economic development; human resources; and code compliance.

PROFESSIONAL EXPERIENCE

Assistant Town Manager

August 2009-Present

Town of Kensington, MD

A historical suburb of the Washington, DC metro area, Kensington has an active citizenry of 2,200, along with a diverse business district (retail, service, and light manufacturing). A limited-service town (administration, public works, parks, code enforcement, and additional contracted police), Kensington has eight full-time employees and a \$2.85 million operating budget, including CIP. Major issues before the community at this time include continued growth through re-development and the long-term vision of the Town.

Budget Development – Assist the Town Manager and Treasurer with budget development and implementation.

Community Advocacy – Lead contact for all Town inquiries relating to questions and concerns by residents, businesses, and officials; serve as liaison to the Town Manager, along with the Mayor and Council as necessary; and coordinate all Town Committees and related events.

Program Administration – Oversee all Code Enforcement duties; street tree maintenance and replacement program; multiple grants, including a \$100,000 Safe Routes to School grant; and the Town Website.

Staff Supervision – Oversee the Public Works Department with responsibilities that include: street maintenance, parks, leaf collection, snow removal, and landscaping.

Special Projects –

- Performed a program review of the Town's trash, brush, and recycling program, which led to the outsourcing of all three collections, reducing expenditures and allowing for greater financial flexibility.
- Reorganized the employee handbook and conducted a salary survey for the design of compensation ranges and position descriptions.
- Conducted a code revision, specifically pertaining to commercial signage.

Management Assistant (Internship) January 2007-December 2007 City of Cumberland, MD

This position was a year-long, paid internship, with the major economic hub of western Maryland. With a population of 22,000, Cumberland had 286 employees and a \$32 million operating budget. Major community issues related to re-establishing community growth, economic/community development, and an aging infrastructure.

Special Projects – Within each department, I was asked to perform various projects, to include: assisting the Finance Director in compiling the City's comprehensive Annual Financial Report (CAFR); conducted a program evaluation of the City's Tax and Fee-Based Incentive programs (TIF's); and worked with the City, County, and State on identifying existing and future economic incentive programs.

Assistant to the Clubhouse Manager (Manor Club) May 2001-December 2009 Rockville, MD

Oversaw the Club's outside dining services and reported directly to the Clubhouse Manager. I led a crew of 10 to 30 depending on the year and also worked various jobs throughout the Clubhouse.

EDUCATION

Master of Public Administration, December 2013
Hamline University, Saint Paul, MN

Bachelor of Science, Political Science, December 2007
Frostburg State University, MD

PROFESSIONAL AFFILIATIONS

International City/County Management Association
Maryland City County Management Association
Montgomery Municipal Cable, Board Member



CITY OF ARCADIA
APPLICATION FOR
EMPLOYMENT

Today's Date: March 31, 2015

City of Arcadia
Personnel Department
Arcadia, FL 34266
www.arcadia-fl.gov

"AN EQUAL OPPORTUNITY EMPLOYER"
Applications are Public Record
A Drug Free Workplace

FOR OFFICE USE ONLY
Dept.: _____ Rate: _____ Position: _____ Date: _____ Requisition#: _____

Position Applying For: City Administrator

HOW DO WE CONTACT YOU?			
<u>Hoffman</u> Last Name	<u>Matthew</u> First Name	<u>J.</u> Middle Initial	
<u>[REDACTED]</u> Mailing Address			
<u>Silver Spring</u> City	<u>Montgomery</u> County	<u>Maryland</u> State	<u>[REDACTED]</u> Zip
<u>[REDACTED]</u> Home Phone	<u>()</u> Alternate Phone	<u>[REDACTED]</u> Email Address	

First Name

ARE YOU UNDER 18 YEARS OF AGE? YES NO

TYPE OF LICENSE: Driver's Chauffeur's CDL - Class: _____ State: MD

Drivers License Number [REDACTED] Exp date: _____

Is your license currently suspended or revoked? Yes No If yes, Why? _____

Has your license ever been suspended or revoked? Yes No

If yes, what year? _____ In what state? _____ Why? _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes No If yes, complete the following:

Branch of Service	Enlistment Date	Discharge Date	Type of discharge

DO YOU CLAIM VETERAN'S PREFERENCE? (ATTACH PROOF OF ELIGIBILITY WITH EACH APPLICATION) Yes No If yes, please specify:

As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). You must attach a DD-214.

As a veteran with a compensable service connected disability. You must attach proof of disability from Division Of Veteran's affairs or Department of Defense.

As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.

As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power.

Last Name

If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (800) 827-1000, within 21 days from the date you received notification that a non-preference applicant was appointed.

Your qualifications for employment are based on the rating of your knowledge, abilities, and skills for the position(s) you apply for; and, if you qualify, your name is placed on an application register. Applications remain active for six (6) months. Your availability is your responsibility. Notify us if you change your name, address, or phone number. Your name will be removed from the register if you cannot be contacted for an interview three times or if you are interviewed three times, without a job offer. Applications may also be rejected for the following reasons: (1) Failure to complete application; (2) Failure to provide required documents when requested; (3) Not fully meeting all job requirements; (4) Failure to obtain a passing score on any required tests. Applicants failing the drug/alcohol screen are ineligible for consideration of employment of one year. A new application must be submitted to regain active status.

Have you filed an application with the City of Arcadia within the last six (6) months? Yes No
 Have you ever worked for the City of Arcadia? Yes No If yes, date(s) _____ Position Title: _____
 Check status: Citizen of the United States
 Legal Alien (Alien Number _____)
 (Proof of U.S. Citizenship or Immigration status will be required upon employment.)

LAW VIOLATION RECORD: Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, deferred or adjudication withheld, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? Yes No. Show all convictions, including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

EDUCATION: Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE
		Semester	Quarter	
Hamline University, St. Paul, MN	Public Adm.			MPA
Frostburg St. University, Frostburg, MD	Political/Science			B.S.

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS:

Typing Speed 50 WPM Office machines you operate efficiently: Dictaphone Computer
 Other: _____

What type of Computer/Software do you have experience operating: Microsoft Office Suite; Publisher

LIST ANY MACHINERY OR HEAVY EQUIPMENT THAT YOU HAVE OPERATED:

Proficient in all business office equipment.

Can you read schematics? Yes No

Can you read blueprints? Yes No

LICENSURE, REGISTRATION, SPECIAL CERTIFICATIONS: Water License, Notary Public, Journeyman, etc.

License, Registration or Certification	Number	Date Received	Expiration Date	State licensing Agency

RELATIVES EMPLOYED BY THE CITY OF ARCADIA: Do you have any relatives by blood or marriage including elected officials, working for the City of Arcadia? Yes No If yes, complete the following:

FULL NAME OF RELATIVE (S)	DEPARTMENT	RELATIONSHIP

REFERENCES: List three (3) references who are not relatives:

NAME	COMPLETE ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
Professional References will be provided upon request.				

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's background. Use the space below to provide any additional information necessary to describe your full qualifications for the position(s) applied for.

Human Resources Use: (Please Initial/Date)

1. Are you currently employed? Yes No. If yes, may we contact your current employer? Yes No.
 2. Have you ever been discharged or asked to resign from any position? Yes No. If yes, give details. _____
 3. List below all jobs for the last ten (10) years, include prior experience, if relevant. List paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.
- USE ADDITIONAL SHEETS OF PAPER AS NECESSARY. A RESUME MAY BE USED TO SUPPLEMENT BUT NOT SUBSTITUTE APPLICATION INFORMATION**

CURRENT OR LAST EMPLOYER: <i>Town of Kensington, Maryland</i>	From: (mo.) <i>08</i> (yr.) <i>09</i>
Address: <i>3710 Mitchell Street, Kensington, MD 20895</i>	To: (mo.) <i>Present</i> (yr.)
Job Title: <i>Assistant Town Manager</i> # of Employees Supervised: <i>7</i>	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:	Starting salary: \$
<i>Assist the Town Manager with day-to-day operations.</i>	Ending salary: \$ <i>75,000 Year</i>
	Department:
<i>Please see resume for detailed job description.</i>	Supervisor:
Reason for leaving: <i>currently employed.</i>	Phone Number:

CURRENT OR LAST EMPLOYER: <i>City of Cumberland, Maryland</i>	From: (mo.) <i>01</i> (yr.) <i>07</i>
Address: <i>57 North Liberty Street, Cumberland, MD 21502</i>	To: (mo.) <i>12</i> (yr.) <i>07</i>
Job Title: <i>Management Assistant (Internship)</i> # of Employees Supervised: <i>0</i>	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:	Starting salary: \$ <i>10 per hour</i>
<i>Please see resume for detailed job description.</i>	Ending salary: \$ <i>10 per hour</i>
	Department:
	Supervisor:
Reason for leaving: <i>Internship ended.</i>	Phone Number:

CURRENT OR LAST EMPLOYER: <i>Monoc County Club</i>	From: (mo.) <i>05</i> (yr.) <i>01</i>
Address: <i>14901 Cavolton Road, Rockville, MD 20853</i>	To: (mo.) <i>17</i> (yr.) <i>09</i>
Job Title: <i>Assistant to the Clubhouse Manager</i> # of Employees Supervised: <i>10-30</i>	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time
Duties:	Starting salary: \$ <i>8 per hour</i>
<i>Oversee the club's outside dining services.</i>	Ending salary: \$ <i>15 per hour</i>
	Department:
<i>Please see resume for detailed job description.</i>	Supervisor:
Reason for leaving: <i>to take my current position with Kensington.</i>	Phone Number:

CURRENT OR LAST EMPLOYER: <i>N/A.</i>	From: (mo.) (yr.)
Address:	To: (mo.) (yr.)
Job Title: # of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:	Starting salary: \$
	Ending salary: \$
	Department:
	Supervisor:
Reason for leaving:	Phone Number:

APPLICANT CERTIFICATION - READ CAREFULLY BEFORE SIGNING: I hereby certify that each answer to the questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Arcadia, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment may depend upon satisfactory completion of a criminal background check, consumer credit check report, driver's license verification, and a post-offer employment physical examination and/or fitness for duty exam, including a drug/alcohol screen per F.S. 112.0455.

Date: *March 31, 2015* Signature of Applicant: *Matthew James Haffer*

**VOLUNTARY - CONFIDENTIAL
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The following information is voluntary and will be used in our Affirmative Action Program reporting. This information is confidential. It is kept separately from your application and is not used to evaluate your qualifications. Thank you for your cooperation.

Name: Matthew J. Hoffman Date: March 31, 2015 Female Male

CHECK THE RACE/ETHNIC GROUP WITH WHICH YOU IDENTIFY:

White Black Hispanic Asian or Pacific Islanders American Indian or Alaskan Native

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Status Disabled Individual

Position(s) Applied For: City Administrator

For Affirmative Action Officer's Use Only - Placement Information

Dept./Div. #: _____ Position: _____ Date of Placement: _____

Cut Here-----

Name Matthew J. Hoffman

Thank you for submitting your application to the City of Arcadia. We would like to know how you heard about the open position. Please complete this form by checking the appropriate referral source.

<input type="checkbox"/> The City's Web Site	<input type="checkbox"/> Peace River Shopper
<input type="checkbox"/> City Employee Referral, Name _____	<input checked="" type="checkbox"/> Other <u>ICMA</u>
<input type="checkbox"/> Florida League of Cities	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Walk - In	<input checked="" type="checkbox"/> Other <u>FCCMA</u>
<input type="checkbox"/> Heartland Workforce	