Application for Employment

Print

Submitted by:

Submitted On: 2024-07-15 15:26:53

Submission IP: (68.35.194.8)

proxy-IP (raw-IP)

Status: Open

Priority: Normal

Assigned To: Human Resources

Due Date: Open

Attachments

• Resume (9) (1) (2).docx - 2024-07-15 03:26:53 pm

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
APPLICATION FOR EMPLOYMENT
P.O. BOX 310
BRONSON, FL 32621

TELEPHONE: (352) 486-5218 EXT. 3

FAX: (352) 486-5167



Instructions: Complete all items. If a question is not applicable, type "N/A". Do not leave any sections blank. Failure to do so may result in a loss of employment opportunities. Resumes may be attached to supplement the information on the application, but are not accepted in lieu of completion of this application. This application will only be used to consider you for the one position for which you are applying. If you wish to be considered for future openings, you will need to submit a new application. *Asterisk items must be completed.

* Position Applying For:				* Departmen	t:	
County Manager	Administration					
Please type in the position for which y	ou are applying for.			Please type in the	e Department Name.	
		PERSONA	AL INFORMATION			
* Last Name:		* First Name:		* Middle	Name:	
Reinshuttle		Robert		James		
* Street Address:			Home Phone:		Cell Phone:	
5717 Village Ridge Lane			8509800262		Ex. (123) 456-7890	
* City:	* State:	* Zip Code:	* County:	* Email:		
Tallahassee, FL 32312	FL	32312	FL	reinshut	tle@aol.com	

Type the County you reside

* Are you at least 18	* Do you have a valid Florida Dr	ivers * Class:	Endorsements:
years of age?	License?	⊙ E - Regular License	· Oa
Yes 🕶	Yes	" Ов Ос	
* Have you ever work	ed under a different name?	If you selected "Yes" I	Name:
☐ Yes ☑ No		ii you dollottou iida i	
		Type Name if you selected "Y	
* Are you able to peri without a reasonable		e position as listed and described or	n the job description for this position with or
Yes No			
	hu Laur Caumtin Da van have rek	stives by blood or mornions includin	g elected officials, working for the Board of
	by Levy County: Do you nave rea 's or other elected officials in Lev		g elected officials, working for the board of
-	complete below) 🗹 No	•	
Full Name of Relative	Dent or	Office Location:	Relationship:
Tall Name of Relative	. Бера ог	Office Education.	Neidulonsing.
* Have you ever been	employed by Levy County Comm	nissioners?	
☐ Yes (If yes, please	complete below) 💆 No		
Dates Employed:	Department:	Supervisor Name:	Reason for Leaving:
Please enter to and from dat	es.		
		plad pala captandar ar had the adi	judication of guilt withheld in connection
	•	-	estion will not automatically bar you from
<u> </u>	•	•	ne position for which you are applying will be
considered.	_		
Yes (If yes, please	complete below) 🖾 No		
Offense:	Date:	Place:	Disposition:
	MM/DD/YYYY		
	Format: MM/DD/YYYY		
* Are you on the excl	ısion list for the U.S. Department	of Health and Human Services Offic	ce of Inspector General?
☐ Yes ☑ No	·		·
	· FDI	UCATION - TRAINING - SKILLS	
	ED	DCATION - TRAINING - SKILLS	
* Highest Education L	evel Attained?		
	ool 🔲 High School Graduate helors 🛂 Master's 🔲 MD, DI		☐ Some College ☐ Some Grad School
High School or Issuin	g Equivalent:	* Graduated:	
Catholic Central HS, Grand Rapids, MI		☑ Yes □ No	
Type the name of School and			
Undergraduate College		Credit Hours	Type of Diploma or Degree/Major Field or
Universities:	ge or Graduated: ☑ Yes □ No	Completed:	Study:
Aquinas College/MI	165 (110		
Type the name of School and	l State.	Type the number of Credit Hours Completed.	

Graduate School:	Graduated:	Credit H	ours	Type of Diploma	a or Degree/Major Field of		
Western Michigan U/MI	gan U/MI Yes 🗌 No		Completed: Study:				
Type the name of School and State.							
		Type the ne Hours Com	umber of Credit pleted.				
Technical Vocational or Bus.	Graduated:	Credit H	ours	Type of Diploma	a or Degree/Major Field or		
School:	☐ Yes ☑ No	Complet	Completed:		Study:		
Type the name of School and State.		Type the no	umber of Credit	-			
* List any past accomplishments,	honors, or assignments which n			b for which you a	re applying:		
N/A	-	•	•	·			
If none, please type N/A.							
* Special training, knowledge, ski	ills or abilities related to the po:	sition in whic	:h you are ap	plying:			
Certificate in Administration from							
If none, please type N/A.							
•	LICENSES-CERTIFIC	ATIONS-RF	SISTRATIONS	•			
Please Indicate any P	rofessional/Occupational Licens				ently hold below.		
Name of License/Certification/Re	gistration:	Issued B	y:				
N/A		N/A	N/A				
Number:	Issue Date:		Expiration Date:		State:		
N/A							
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the E	xpiration Date (if	any). Enter	the State Issued.		
Name of License/Certification/Re	gistration:	Issued B	y:				
N/A							
Number:	Issue Date:		Expiration Date:		State:		
N/A				FL			
Enter the License/Certification/Registration Number.	Enter the Date Issued.	Enter the E	Enter the Expiration Date (if any). Enter the State Issued.				
	EMPLOY	MENT HISTO	RY				
	ur most recent job, describe you		-	-			
experience. This information will on to the next step of the evaluation							
·	•		•	•			
Company Name:	Phone			From Mo./Yr.	To Mo./Yr.		
Prism Strategies LLC	850980	0262		3/2023	Present		
Street Address:	City:	State:	Zip:	Starting Pay:	Ending Pay:		
5717 Village Ridge Lane	Tallahassee/Ft Lauderdale	FL	32312				
Job Title:	Number of Employees Supervised:			May we Contact this Employer?			
CEO	3			☑ Yes ☐ No			

•

Supervisor Name: Reinshuttle		Superviso 85098002	or's Phone	Number:	lumber: Reason for Leaving: Present		
Duties and Responsibilities:							
Lobbying the Florida legislat	ture and grant seeking	-					
Company Name: Manatee County Commissio	on.	Phone 94178064	467		From Mo./Yr. 06/2021	To Mo./Yr. 03/2023	
Street Address:	City:		State:	Zip:	Starting Pay:	Ending Pay:	
1112 Manatee Ave W	Bradenton		- FL	34210	175,000	191,000 	
Job Title:					Number of Emplo	yees Supervised:	
Deputy County Administrate	or				980		
Supervisor Name:		Superviso	or's Phone	Number:	Reason for Leavin	g:	
Dr Scott Hopes	·····	Ex. (123)	456-7890		Start a consulting) firm	
Duties and Responsibilities:							
Oversight management of th	he largest departments an	d running the D	Pepartment	of Public Saf	ety. Also, legislative, l	oudget, strategic planning	
Company Name:		Phone			From Mo./Yr.	To Mo./Yr.	
Florida Association of Comm	nunity Health Centers	850-9421	822		01/2007	06/2021	
Street Address:	City:		State:	Zip:	Starting Pay:	Ending Pay:	
2340 Hansen Lane	Tallahassee		FL	32311	85,000	125,000	
Job Title:					Number of Emplo	yees Supervised:	
COO/Legislative Director					25		
Supervisor Name:		Superviso	or's Phone	Number:	Reason for Leavin	g:	
Andy Behrman		850-942-			Accept a new pos	sition	
Duties and Responsibilities:							
Operations for a statewide a locations	ssociation of federally qua	alified communi	ty health ce	enters. There	were 50 statewide pri	mary care centers in 350	
Company Name:		Phone			From Mo./Yr.	To Mo./Yr.	
National Assoc of Extracorpo	oreal Technology	Ex. (123) 4	456-7890		05/2002	01/2007	
Street Address:	City:		State:	Zip:	Starting Pay:	Ending Pay:	
1601 Utica Ave. South	Minneapolis	<u></u>	MN	55416			
Job Title:					Number of Emplo	yees Supervised:	
National Director of Governr					10		
	ment Relations						
Supervisor Name:	ment Kelations	Superviso	r's Phone l	Number:	Reason for Leavin	 g:	

Veterans' Preference

Applicants seeking Veteran's Preference should attach the Veteran's Preference Request Form and a Copy of their DD 214 to this Application

" Do you wish to Cl	aim Veterans' Preference?				
☐ Yes (If Yes, pleas☑ No	e complete below)				
Branch:	Entry Date:		Discharge Date:		
		REFERENCES			
	Lis	st 3 References who are NOT Re	latives.		
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:	
Dr Scott Hopes	N/A	941-302-3083	CEO	25	
	Include Zip Code.			<u> </u>	
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:	
Vanessa Baugh	N/A	941-780-6467	FRM Commissioner	3	
	Include Zip Code.				
* Name:	* Complete Address:	Phone	* Occupation:	* Years Known:	
Carol Whitmore	N/A	941-730-2302	Former	3	
	Include Zip Code.		Commisioner	_	
		ACKNOWLEDGEMENT			
	Please read carefully,	check I Acknowledge for each p	paragraph, and sign below.		
application form (a opinion, personal o may result from fur	nd accompanying resume or of r otherwise, that may be usefu	ther documentation, if any) to p l in making a hiring decision. I n on to you. Additionally, I under:	ast employer(s), and organization provide Levy County with relevanteles release all parties from all liabili stand that Levy County may con	nt information and ity for any damage tha	
O I Acknowledge					
employment alcoho	ol/drug test. I further understa	nd that, if management suspect	loyment I may be required to ta ts that I am unable to perform r ired to take an alcohol/drug tes	ny job without	
O I Acknowledge					
personally complete submitted) are true	ed this application. I declare th and complete to the best of m	at the facts contained in the ap ny knowledge. I understand tha	em. I certify that I, the undersig plication (or any resume or oth t any misrepresentations or omi om employment, if discovered a	er documents issions may disqualify	
O I Acknowledge					
* Applicant Signatu	re:	* Date:			
Robert J Reinshuttle	e	07/15/2024			

Format: MM/DD/YYYY

ROBERT J. REINSHUTTLE MPA

EXPERIENCE

Deputy County Administrator/Acting Public Safety Director

Manatee County, Bradenton, Florida

June 2021-

- Designed innovative approaches to optimize departmental workflow, streamline procedures, and enhanced public satisfaction levels. Also responsible for developing a budget of two billion.
- Oversight over the HR Department, Natural Resources, Administration, Public Outreach, Records, Community and Veterans Affairs, Library System, Legislative Affairs, Public Safety and Utilities
- Liaison to Commissioners and briefing them on policy issues & agenda items before the Board.
- Directed a department of 420 professionals & had operational and fiscal responsibility for 2200 employees

Chief Operations Officer/VP for Legislative Affairs

Florida Association of Community Health Centers, Tallahassee, Florida

Jan 2007 - Jun 2021

- Directed a staff of twenty-five and had oversight over 50 Member organizations federally qualified health centers throughout Florida.
- Budget preparation for a two-million-dollar budget and maintained fiscal integrity.
- Sought grants and contracts, personnel, strategic planning, and program oversight and integrity.
- Chief legislative officer at state and federal levels

National Director of Government Relations

National Association of Extracorporeal Technology, Tallahassee/Washington DC

Apr 2002 - Jan 2007

- Testified and successfully lobbied issues before 50 state legislatures and Congress on behalf of cardiovascular perfusion professionals.
- Hired and managed teams of contract lobbyists in many states
- Identified strategy and developed policy on clinical issues affecting these healthcare professionals.
- Developed existing team into high productivity, results-oriented unit through creative initiatives

Chief of Staff-Policy/Director Of Health Policy

Florida Agency for Healthcare Administration, Tallahassee, Florida

Apr 1998 - Apr 2002

- Directed state policy development on Medicaid, health insurance, managed care and fiscal matters which resulted in state legislative initiatives.
- Managed budget, report drafting and analysis, research, strategic planning, and regulatory issues.
- Managed federal and foundation grants and state grants contracted to universities throughout Florida.
- Directed a staff of forty professionals.

Policy Coordinator Office of the Governor of Florida

- As senior staff and policy advisor I was the principal liaison to local officials and the Florida Congressional delegation.
- Responsibility for budget development on healthcare and intergovernmental issues
- Directed 30 staff members on policy issues, legislative initiatives, research and planning.
- Designed and implemented an effective federal funds strategy resulting in a substantial increase in federal formula and program grants.

Director, Governors Washington DC Office

Governor of Texas, Washington, DC

Mar 1989 - Jul 1992

- Senior staff and primary Congressional, federal agency and White House liaison for the Governor
- Directed staff on appropriation and budget matters affecting Texas.
- Testified on the Governors behalf on federal legislation before Congress.
- Worked closely with the university system, state agencies and commissions to secure grant dollars to secure an additional two billion dollars.

Deputy Director

Council of State Governments, Washington, DC

May 1982 - Mar 1989

- Managed a national organization of state officials including serving as Director of two sister organizations...the Southern Governors Association and the National Association of Secretaries of State
- Directed a committee on intergovernmental affairs that included representatives of the seven major state and local organizations.
- Represented the interests of the states before Congress and the White House.

Chief Legislative Assistant

Michigan Senate Majority Leader, Lansing, Michigan

Jul 1977 - May 1982

- Responsible for legislative initiatives deemed a priority by the Majority Leader, the ranking official in this full-time legislature.
- Served as Senate floor assistant and chief liaison to House and Senate members on major legislation.
- Expertise as a catalyst on appropriation, finance and economic issues

EDUCATION

Certificate in Management

May 1996

Florida State University, Tallahassee, FL, US

MPA In Public Administration, Summa Cum Laude

Jul 1980

Western Michigan University, Kalamazoo, MI, US

BA in Economics/Political Science, Magna Cum Laude Aquinas College, Grand Rapids, MI, US

Aug 1977