

Payroll / Benefits Coordinator

Supplemental Application

Name: _____ Date: _____

1. How many years of experience do you have in processing payroll?
 - I do not have this experience
 - Less than 2 years
 - 2 - 4 years
 - 4 - 6 years
 - 6 years or more

2. How many years of experience do you have in administering employee benefits?
 - I do not have this experience
 - Less than 2 years
 - 2 - 4 years
 - 4 - 6 years
 - 6 years or more

3. In which of the following fields do you have a post-secondary degree or certification? (check all that apply)
 - Accounting
 - Business Administration
 - Other – Please indicate _____
 - None of the above

4. Please indicate the highest level of education completed in Accounting, Business Administration or related field?
 - Associate's degree
 - Bachelor's degree
 - Master's degree
 - Other – Please indicate _____

6. Describe your experience in working with employee benefits including, but not limited to: enrollment, inputting employee elections, billing reconciliation; or enter none if not applicable:

7. Describe your experience with ACA reporting and quarterly/year-end tax preparation and submission; or enter none if not applicable:

8. Please describe any Payroll/HRIS software that you have worked with and indicate the number of years that you have worked with each software program you have listed; or enter none if not applicable.

9. Describe your work experience in the government sector; or enter none if not applicable.

10. Indicate any of the following laws/statutes/regulations in which you have had a role in administering compliance in your previous work experience (check all that apply):

- FMLA
- ADA
- PELRA
- FLSA
- Workers' Compensation
- Section 125 Cafeteria Plan
- Pay equity
- EEO reporting
- COBRA
- PPACA