



SENIOR ACCOUNTING TECHNICIAN

DEFINITION

To perform and/or monitor the performance of a variety of responsible clerical/technical accounting and fiscal records management functions utilizing manual and computerized systems and processes; to process City's payroll, maintain related benefits records, process accounts payable invoices and payments, and prepare necessary reports; to oversee, monitor and review the city's utility billing and collection processes; to participate in the maintenance of the general ledger and subsidiary ledgers; to provide efficient customer service and to function as a positive and cooperative team member.

DISTINGUISHING CHARACTERISTICS

This classification functions at the advanced journey level of job performance. Employees in this classification perform the more complex of a full range of duties in an independent manner. Employees in this classification are fully competent and knowledgeable in all areas of accounts payable, accounts receivable, payroll, benefits, utility billings and collections, and general ledger bookkeeping. Employees in this classification must possess an in-depth knowledge of these technical accounting functions in order to act as a resource and lead to others in the performance of responsible technical accounting assignments. This job class also requires excellent organizational skills, communication skills and a high level of attention to detail.

SUPERVISION RECEIVED AND EXERCISED

Employees in this classification receive general supervision from the Finance Director or his/her designee within a framework of established policies and standard operating procedures. Employees in this classification provide technical and/or functional supervision over assigned staff and/or temporary workers.

EXAMPLES OF DUTIES

Duties may include, but are not limited to, the following:

- Oversees, monitors, and/or participates in the City's processing of accounts payable; preparing purchase orders; verifying invoices against receiving documents for accuracy; coding accounts payable for departmental responsibility.
- Oversees, monitors, and/or participates in auditing incoming invoices and supporting documentation to verify
 accuracy and adherence to legal mandates and operational guidelines; prepares and issues checks;
 processes manual check requests.
- Receives, reviews, audits, and processes payroll documents for City employees; oversees and/or inputs data into payroll database/system including all data for new employees and any modifications/updates; codes and posts payroll to labor distribution master; calculates and processes special pay to include overtime, stand-by, compensation time, and holiday.
- Oversees, monitors, and/or participates in the city's utility billing and collection processes, including but not limited to the meter reading process, printing of bills and the preparation of water consumption reports for review and approval by management.
- Oversees, monitors, and/or participates in preparing the city's federal and state tax payroll reports on a monthly, quarterly, and annual basis.

- Oversees, monitors, and participates in the receipt and recordkeeping of rents, lease payments, and loan payments from city tenants and housing assistance clients; calculates principal and interest, posts to subsidiary ledger and tenant/client payment record books.
- Reconciles bank account(s) for city's payroll and general operations; transfers funds between accounts as appropriate; maintains control of designated funds and prepares regular and periodic reports.
- Reviews, verifies, balances, posts, adjusts and maintains various accounting and fiscal records and documents according to established policies and guidelines in support of the City's general and subsidiary ledgers.
- Assembles, tabulates, calculates, verifies, and reconciles a variety of incoming accounting/fiscal data and posts to the general ledger according to established procedures and guidelines; enters data into computerized and/or manual recordkeeping systems and/or worksheets.
- Acts as a resource to City staff, management, and other agencies/organizations regarding city's accounting and bookkeeping processes, procedures, and guidelines per level of expertise and upon request.
- Trains clerical staff, temporary workers, and/or volunteers in the City's Finance Department on the operations, procedures and practices within the department as assigned.
- Performs related duties as required.

EMPLOYMENT STANDARDS

Knowledge of:

- Pertinent laws, codes, regulations, and guidelines governing fiscal recordkeeping and reporting for municipalities.
- City's and Finance Department's organization, policies, processes, standard operating procedures and services.

Skill to:

- Understand, interpret, and carry out a variety of both oral and written instructions in an independent manner.
- Direct, monitor, motivate and oversee the work of others.
 Prepare accounting worksheets, journal entries, adjustments, and related documentation according to established procedures and guidelines.
- Organize and prioritize a variety of tasks for self and others in an effective and timely manner.
- Establish and maintain a variety of recordkeeping/filing systems and/or databases including highly sensitive and confidential documentation and generate requested reports; Identify problems/issues, collect relevant data, analyze options according to established criteria, and recommend appropriate course of action within prescribed alternatives.

EXPERIENCE AND TRAINING

Any combination of training and experience which would likely provide the required knowledge and abilities is qualifying. A typical way to obtain these knowledge and abilities would be:

Training

High school graduation or its equivalent supplemented with coursework in accounting, bookkeeping, fiscal records management or a closely related field.

Experience

At least three (3) years of progressively responsible work performing clerical accounting, bookkeeping and finance support, preferably with a municipality or similar public agency.

TYPICAL PHYSICAL REQUIREMENTS

Sitting for extended periods of time daily; standing and walking short distances. Minimal twisting, bending, stooping and lifting in the performance of assigned duties. Normal manual dexterity and eye-hand coordination required; repeated hand-wrist movement required. Corrected vision to normal range; normal hearing and speech is required; verbal communications required; ability to use a variety of office equipment and machines as referenced. Good memory and recall is necessary for the accurate and timely transfer of information.

TYPICAL WORKING CONDITIONS

Assigned work is normally performed in an office environment. May be required to work an occasional evening and/or weekend. Continuous contact with other staff, citizens, other agencies, and businesses as well as the general public.

SALARY AND BENEFITS

SALARY RANGE:	\$4,807 - \$6,541/month		
HEALTH INSURANCE:	The City pays 100% of the cost of health insurance premiums for an employee's medical, vision and dental coverage, and contributes toward dependent coverage.		
RETIREMENT:	<i>Miscellaneous (non-safety)-Classic</i> employees will be enrolled in the 2% @ 60 CalPERS formula and will contribute 100% of the employee's contribution on a pre-tax basis. An employee is vested after 5 years of CalPERS participation. The City also participates in Social Security.		
	<i>Miscellaneous (non-safety)-PEPRA</i> employees will be enrolled in the 2% @ 62 CalPERS formula and will contribute 100% of the employee's contribution on a pre-tax basis. An employee is vested after 5 years of CalPERS participation. The City also participates in Social Security.		
HOLIDAY LEAVE:	Twelve (12) days per year.		
VACATION LEAVE:	 Vacation Leave is accrued as follows: Six and two-thirds (6 2/3) hours per month for less than three (3) years of service. Ten (10) hours per month for three (3) to ten (10) years of service. Eleven and two-thirds (11 2/3) hours per month for ten (10) to fifteen (15) years of service. Thirteen and one-third (13 1/3) hours per month for fifteen (15) or more years of service. 		
SICK LEAVE:	Eight (8) hours per month.		
LIFE INSURANCE:	The City pays 100% of the current Life Insurance Policy.		
LONG TERM DISABILITY:	The current policy provides 60% of pre-disability earnings, reduced by deductible income after a ninety-day waiting period. The City does not provide short-term State Disability Insurance.		

APPLICATION/SELECTION PROCEDURE AND DEADLINE

All applicants must complete and file a City of Gonzales application form, plus submit with the application their responses to the supplemental questionnaire. A resume may be submitted with the application, but cannot take the place of the application. **Position open until filled.** Applications may be mailed to the Personnel Department, City of Gonzales, P.O. Box 647, Gonzales, CA 93926. If delivered in person, applications may be received at Gonzales City Hall, 147 Fourth Street, Gonzales, CA. Written applications and supplemental questionnaires will be screened, and the most qualified applicants will be invited for interviews. Applications submitted without a completed supplemental questionnaire will not be considered.

If you have a disability which may require an accommodation in the selection procedures outlined above, please notify the City Clerk in writing by the filing deadline date.

The City of Gonzales is an Equal Opportunity Employer.





www.gonzalesca.gov

P.O. Box 647 * 147 Fourth Street, Gonzales, CA 93926

(831) 675-5000
(831) 675-2644

EMPLOYMENT APPLICATION

Please print in ink				
Date	Social Security Number	Home Phone #	Cell Phone #	
		()	()	
Name (First)	(Middle)	(Last)	California Dri	ver's License No.
Mailing Address	·	City	State	Zip
Type of Work or Position Applying		Full Time	Permanent _	
for		Part Time	Tomporony	
1.	2.		Temporary _	
Are you between the ages of	If hired, can you furnish	If you are not a U.S. Citizen, Do	Do you have	permission to work
18 and 70? Yes No	proof of age? Yes No	you have the legal right to remain	Tomporarily?	Yes No
		and work permanently in the	remporanty?	res NO
		U.S.? Yes No		
Have you ever been employed by	Dates employed	Do you have a relative employed	Name	
the City? Yes No	Department	by the City? Yes No	Department	
	Position		Position	
Referred by	Day Phone #	Evening Phone #		
-				

ANSWER THESE QUESTIONS IF ANY POSITIONS FOR WHICH YOU ARE APPLYING REQUIRE PROFICIENCY IN THE FOLLOWING

Language(s) Written		Other Skills or Special Training You Have or Machines You Operate
Language(s) Read		
Words Per Minute	Computer Programs	

EDUCATION

Highest Grade Completed College 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4	GraduateList below only the schools you have attended at the high school level and beyond.1 2 3Include technical, military, professional, college, or university.					
Name of School	Location	From Mo/Yr	To Mo/Yr	Units Completed	Degree or Diploma	Major

EXTRACURRICULAR ACTIVITI		HONORS RECEIVED		
	,	,		
				number) the courses in your major field and all related courses you have taken upper with "U" and graduate with "C" units and final grade.
Subject	Lower, Upper or Graduate	Units	Grade	Are You Attending School Now? Yes No
				Where?
				What Hours?
				Course of Study?
	1			Do You Plan Further Educational Study?

Yes___ No___ What Field?____

Certificates and licenses (give state, number and expiration date) *and membership in professional societies.*

Community activities, special interests: (you may exclude names of organizations, which may reveal your race, religion, national origin or ancestry) Other Pertinent Qualifications:

EMPLOYMENT RECORD

List your present or most recent employer FIRST and include U.S. Armed Forces experience and major volunteer experience; account for all time during at least the past ten years, including periods of unemployment. You may exclude names of organizations, which may reveal your race, color, religion, national origin or ancestry. If more space is required, attach a separate sheet to this form.

EMPLOYER Name and Address		YOUR JOB TITLE AND DUTIES IN DETAIL		REASON FOR LEAVING
From: Month Year	To: <i>Month</i> Year	Total # of Months/Years	Hours worked per week	
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?
EMPLOYER Name and Address		YOUR JOB TITLE AND DUTIES IN DETAIL		REASON FOR LEAVING
From: Month Year	To: <i>Month</i> Year	Total # of Months/Years	Hours worked per week	
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?
EMPLOYER Name and Address		YOUR JOB TITLE AND DUTIES IN DETAIL		REASON FOR LEAVING
From: Month Year	To: <i>Month</i> Year	Total # of Months/Years	Hours worked per week	
Type of Business		Name of your supervisor	Phone Number	May we contact your current employer?

MILITARY SERVICE						
Service Dates Branch Highest Grade/Rank Type of Discharge						

The City is an affirmative action/equal opportunity employer I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand that any falsification of this record may be considered cause for termination.





P.O. BOX 647 PHONE: (831) 675-5000 147 FOURTH ST. FAX: (831) 675-2644 GONZALES, CALIFORNIA 93926 www.gonzalesca.gov

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SUPPLEMENTAL QUESTIONNAIRE

INSTRUCTIONS TO APPLICANTS:

This supplemental questionnaire must be submitted with your application for the position of Senior Accounting Technician.

This supplemental questionnaire requires that you prepare a narrative description in response to each item. In answering the following questions, please include your background, skills and experience in the areas of Senior Accounting Technician. Your ability to provide clear and concise answers will be used in assessing your qualifications for this position. Please limit your answers to the spaces provided.

Applications for the position of Senior Accounting Technician will not be considered without the supplemental questionnaire. Only those applicants demonstrating the best job-related qualifications will be invited for interviews. <u>Therefore, it is to your advantage to complete this form thoroughly and accurately</u>. The information contained within your responses will be verified through background and reference checks should you be selected as a finalist.

Responses such as "see resume," "see application," or "see attached" will not be evaluated.

I, THE UNDERSIGNED, UNDERSTAND THAT ALL INFORMATION PROVIDED HEREIN IS SUBJECT TO VERIFICATION AND IS TRUE TO THE BEST OF MY KNOWLEDGE AND ABILITY.

Signature

Print Name

Date signed

Day Phone Number

Print Mailing Address, City, State, Zip

Email Address

APPLICANT'S NAME: _____

SUPPLEMENTAL QUESTIONNAIRE

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1. Please explain in detail your prior experience and/or training in the areas of accounting, bookkeeping, finance administration and/or payroll administration. Describe the specific duties that you performed, including the type of work completed and whether or not you prepared documents, reports and correspondence independently or from material provided by a supervisor. Describe the type of office(s) in which you performed these duties and give examples of the type of work you performed. If you have received formal training, list the institution(s) offering the course(s), the course title(s) and completion date(s).

APPLICANT'S NAME: _____

SUPPLEMENTAL QUESTIONNAIRE

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2. Please describe in detail what experience and/or formal training you have working with computers and accounting, bookkeeping, finance and/or payroll software programs. List the specific types of computers and the programs with which you have experience. Describe your level of proficiency with each program. Explain the specific type of work you have previously completed on a computer. If you have received formal training in this area, list the institution(s) offering the course(s), the course title(s) and completion date(s). Also attach copies of certificates or diplomas, if available.

