



CITY OF GRANTS PASS
invites applications for the position of:

Accounting Technician

SALARY: \$16.30 - \$20.62 Hourly

OPENING DATE: 05/19/17

CLOSING DATE: 06/02/17 05:00 PM

SUMMARY OF POSITION:

The City of Grants Pass is accepting applications for a full time accounting technician in our Finance Department. The ideal candidate will have two years of customer service and/or accounting experience; or an equivalent combination.

The Finance Team provides fiscal integrity and efficient service through communication, technology and teamwork. The successful candidate must embrace technology and be comfortable with changing processes.

The Accounting Technician performs a variety of accounting support duties including data entry, customer service, and other routine accounting activities.

MINIMUM QUALIFICATIONS:

- High school diploma or GED
- Two years of customer service and/or accounting experience are required.
- Must have excellent communication skills and enjoy the challenge of detail-oriented work.
- Must have skill in using computers and related software applications. Must have the ability to organize and prioritize a variety of projects and multiple tasks in an effective and timely manner. Interpersonal and communication skills to professionally and effectively interact with coworkers, supervisor, and the general public.

(Please see the [job description](#) for a complete listing of requirements.)

HOW TO APPLY:

Application materials must be completed and submitted by the closing date in order to be considered for this position. Applications can be completed on-line, hand delivered or post-marked by the application deadline. Applicants with minor errors on their application materials may be contacted for corrections, however, any application that is missing a cover letter, typing test, resume, or supplemental questionnaire will not be considered. No late, incomplete or faxed applications will be accepted.

The **required** materials to be turned in by the application deadline for this recruitment are:

1. City Application
2. Supplemental Questionnaire
3. Cover Letter
4. Typing test indicating 30 words per minute net corrected.

** (A typing test is available at a WorkSource Center or Employment Department, or from a temporary employment agency. Typing tests taken from an on-line source will not be accepted.)

RANKING AND SELECTION:

The ranking and selection of applicants to proceed in the process includes: meeting the minimum qualifications of the position, experience, education, and responses to the supplemental questionnaire. The selection process for the position of Accounting Technician includes the following steps: application, testing and hands-on exercises, oral interview, tentative offer, reference checks, pre-employment drug testing, and final offer of employment.

E-Notification

You may sign up for e-mail notification of future job postings by visiting our website.

All candidates will be notified of the status of their application after the closing date.

Veteran's Preference

A Veteran's Preference form is available on the City's website and with the on-line application at www.grantspassoregon.gov or by contacting the Human Resources Department at 541-450-6000.

Reasonable accommodations may be made upon request prior to the application deadline to enable individuals with disabilities to participate in the job application process.

Contact Information:

City of Grants Pass
Human Resources Department
101 N.W. "A" Street
Grants Pass OR 97526
Phone 541-450-6000
e-mail: tmartin@grantspassoregon.gov

EEO/AA

APPLICATIONS MAY BE FILED ONLINE AT:
<http://www.grantspassoregon.gov>

Position #17-21
ACCOUNTING TECHNICIAN
TM

101 N.W. "A" Street
Grants Pass, OR 97526
541-450-6050
541-450-6000

humanresources@grantspassoregon.gov

Accounting Technician Supplemental Questionnaire

- * 1. Do you have a high school diploma or GED?
 - Yes
 - No
- * 2. Do you have two years of customer service and/or accounting experience?
 - Yes
 - No
- * 3. A typing test indicating 30 words per minute net corrected is required to be submitted as part of your application materials. Note: Typing tests are available at the WorkSource Employment Department or a temporary employment agency. Typing tests submitted from on-line sources will not be accepted. Did you attach a typing test, cover letter and resume?

Yes No

* 4. I certify that each of the answers given above is correct and true to the best of my knowledge. I understand that any untruthfulness on this form will be grounds for subsequent disqualification or dismissal in the event that I am hired for the position of Accounting Technician.

Yes No

* Required Question



101 Northwest A Street
 Grants Pass, Oregon 97526
 541-450-6000

For Office Use Only # _____
 Date _____
 Application Reviewed _____

Employment Application

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

POSITION APPLIED FOR : _____

PLEASE PRINT OR TYPE CLEARLY:

 Last Name First Initial

 Street Address City & State Zip

 Mailing Address City & State Zip

 Telephone Home Work Cell Message

 Electronic Mail Address Driver's License Number/ State Issued / Expiration Date

 Nickname or preferred name Best way to reach you? Home Phone Cell Phone E-mail

Answer all of the questions listed below:

1. Are you 18 years of age or over? Yes No
2. If applying for a sworn Police Officer position, are you 21 years of age or over? Yes No
3. Can you demonstrate that you are a Citizen of the United States or that you are legally authorized to work in the United States? Yes No
4. Have you previously been employed by the City of Grants Pass? Yes No
 If so, when and what position/s? _____
5. Have you ever been a member of a State of Oregon Public Employees Retirement System (PERS or OPSRP)? Yes No
6. Do you have any relatives working here? Yes No
 If yes, please provide their name, department and relationship to you below:

7. Do you have a High School Diploma? Yes No

Name of School	Location (City & State)

8. If not, do you have a General Equivalency Degree/Certificate? (GED) Yes No

Name of School	Location (City & State)

Skills and Abilities:

Using a scale of 0 to 5 (0 is low and 5 is high) please indicate your skill level for the following:

_____ Typing / Keyboarding (____wpm)	_____ Computer Use
_____ Email	_____ Internet Use
_____ Microsoft Office Applications	_____ Multi-Line Phone
_____ 10-Key	_____ Spreadsheet Software
_____ Public Speaking	_____ Interpersonal Communication Skills
_____ Defensive Driving	_____ Other _____

List any special training, certificates, professional, vocational licenses, registrations, languages, or additional job-related skills specific to the position you are applying for:

Education / Specialized Training:

List additional Education beyond High School (college, universities, military schools, trade schools etc).

Name of School	Location (City & State)	Major	Credits Completed	Certificates or Degrees

Employment History:

Starting with your present or last employer, please list your work experience during the last 10 years, including all non-paid or volunteer work. If you need more space, please attach additional sheets. Explain gaps in employment. A resume will not be accepted as a substitute for employment history.

Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving: _____		

Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		
Job Title _____	Start Date _____	End Date _____
Employer _____	Address _____	
Phone _____	Direct Supervisor _____	
Were you a supervisor? Yes No If so, # supervised? _____ May we contact this employer? Yes No		
Starting Salary _____ Ending Salary _____		
Duties/Responsibilities _____		
Reason for leaving : _____		

If more space required for Employment History, please attach an additional sheet.

AGREEMENT: I understand any misrepresentation or deliberate omission may be justification for termination or refusal of employment. I agree to undergo psychological screening (when applicable), physical examination and drug screening. I fully understand employment is contingent upon meeting the City's physical requirements. (Note: Physical requirements will be assessed only as they relate to the position applied for. The City does not discriminate on the basis of handicap.) Candidates unsuccessful in any part of the testing process may reapply to test for future openings after waiting six months, unless it was for failure to pass the background or psychological examination, which requires the applicant to wait to retest for three (3) years. I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS OR PERSONS NAMED ON THIS APPLICATION TO GIVE ANY ADDITIONAL INFORMATION REGARDING MY QUALIFICATIONS AND CHARACTER. I HEREBY AUTHORIZE THE CITY TO REVIEW MY DRIVING RECORD AS WELL AS CRIMINAL HISTORY.

Please read the above and sign _____
Signature
Date

CITY OF GRANTS PASS
AFFIRMATIVE ACTION QUESTIONNAIRE

NOTE TO APPLICANT: The City of Grants Pass is an equal opportunity employer. For the purposes of satisfying State and Federal requirements, your cooperation in volunteering the following information is appreciated. This form will be removed from your employment application and kept separate and confidential.

Name: _____

Position Applied For: _____

Age: _____ Gender: Male Female

Please check the appropriate box:

Ethnic Origin (select one):

- White** (not of Hispanic origin)- having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black** (not of Hispanic origin)- having origins in any of the Black racial groups of Africa
- Hispanic**- all peoples of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders**- having origins in any of the original peoples of the Far East, southeast Asia, Indian subcontinent or the Pacific Islands.
- American Indian or Alaskan Native**- having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Optional Survey:

I learned about this position through the following source(s):

- Newspaper (please specify) _____
- Organization or Group (please specify) _____
- Newsletter or Journal (please specify) _____
- City Employee Employment Office
- City Web Site Other (please specify) _____