



# Job Description

<b>JOB TITLE:</b> Accountant		<b>Department:</b> Administration	
<b>REPORTS TO:</b> City Administrator	<b>SUPERVISES:</b> None		<b>FLSA STATUS:</b> Non-Exempt
<b>EFFECTIVE DATE:</b> January 1, 2019			

## POSITION SUMMARY

Under limited supervision, the Accountant performs professional-level accounting work in the areas of account reconciliation; balancing payroll, accounts payable, general operating, and sales tax accounts; journal voucher preparation; invoice initiation; property classification; assistance with financial statement preparation; worksheet preparation, property accounting, cost accounting, receipts and revenues, accounts payable, bank reconciliation, cash flow statements, and 1099 processing, and researching and interpreting source documents to resolve account discrepancies and/or other accounts related problems accounts receivable. The Accountant is expected to display considerable initiative in meeting deadlines as well as identifying ways to improve and/or streamline processes. They independently perform advanced accounting analysis and administrative work in the City's Administration Office and is involved in all areas of the Comprehensive Annual Financial Audit Report and annual budgeting process.

Work involves: assisting with annual financial statements which entails preparing audit schedules, trial balances, statements, adjusting/closing and General Accepted Accounting Principles (GAAP) entries; and applying or modifying personal computer (PC) software for such purposes as financial analysis, producing financial statements, bank reconciliation, accounting for revenues, expenditures, receivables, assets, and liabilities, construction work in process analysis for capital assets, auditing expense reports for accuracy and compliance with City policies, and the annual 1099 Federal tax form filing (includes corrections, and the B-Notice process).

## JOB DUTIES OR ESSENTIAL FUNCTIONS

The essential functions of the position include, but are not limited to the following:

- Codes, reviews and generates invoices for mailing.
- Analyze and evaluate accounting problems.
- Enters accounts payable vouchers and receipts into the accounting system

- Processes and posts City receipts and disbursements and verifies against receivable files.
- Prepares a summary of the accounts receivable report.
- Reconciles accounts and resolves any discrepancies.
- Monitors incoming invoices and ensures that a payment is processed in a timely manner to avoid penalties.
- Governmental Accounting Auditing and Financial Reporting.
- Generally accepted techniques for compiling, verifying, and analyzing accounting data.
- Generates and prints month-end financial reports to summarize the City's finances and budget status.
- Analyze/classify transactions/items by researching source documents and appropriate guidelines and determining appropriate transaction/item code, funding source and record keeping requirement.
- Establishes and maintains vendor and customer numbers.
- Federal and State requirements for the filing of Form 1099.
- Abstract data from established accounts, ledgers, and subledgers to facilitate preparation of various reports/financial statements.
- Prepare comprehensive, accurate, and concise reports and financial statements, including necessary supporting documentation from data abstracted from various source.
- Arranges final meter readings with the utility staff in order to process final invoices.
- Ability to apply federal, state, and local laws and regulations to accounting work.
- Ability to interpret operating procedures/guidelines to resolve unusual work problems/situations and/or explain them to others.
- Make mathematical computations quickly and accurately.
- Interact with coworkers, management staff, and other City employees to establish and maintain effective working relationships.
- Communicate ideas and information clearly and concisely both orally and in writing.
- Maintain journals, registers, and control reports relating to the revenue/expenditure system.
- Remain calm and efficient and cope with interruptions while under pressure to meet production deadlines.
- Prepares, reviews, and sends utility invoices to customers within a timely manner.
- Performs administrative duties, including answering incoming telephone calls as necessary, copying, typing, mailing, and assists with correspondence to vendors, etc. Provides customer service by answering customer's questions and complaints.
- Performs other duties as requested or as directed.
- Perform duties of lower-level classifications in their absence.
- General office practices and procedures.
- Works with various State and Federal Agencies to disperse and receive payments.

This position may encounter not public data in the course of these duties. Any access to not public data should be strictly limited to accessing the data that are necessary to perform the duties. While data are being accessed, this position should take reasonable measures to ensure

the not public data are not accessed by individuals without a work reason. Once the work reason to access the data is reasonably finished, this position must properly store the not public data.

### **MINIMUM QUALIFICATIONS**

To perform this position successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the formal education, experience and training required.

#### Education

Four-year Bachelor's Degree in Accounting, Bookkeeping, Business or related field.

#### Experience

Three (3) years of accounting experience including accounts payable and receivable, and financial reporting using an automated system.

#### Trainings, Certificates, and Licenses

- Possess knowledge of Microsoft applications on Excel and Word

### **DESIRED QUALIFICATIONS**

The requirements listed below are representative of the formal education, experience and training preferred in order to exceptionally perform all of the functions of this position.

#### Education

Four-year Bachelor's Degree in Accounting, Bookkeeping, Business or related field.

#### Experience

Three (3) years of accounting experience including accounts payable and receivable, and financial reporting using an automated system with two (2) year governmental accounting preferred.

#### Trainings, Certificates, and Licenses

- Certified Public Accounting (CPA) certification
- Possess knowledge of Microsoft applications on Excel and Word
- Possess knowledge of Governmental Accounting Auditing and Financial Reporting with Audit and Budget document preparation
- Banyon Fund Accounting Software

## **COMPLEXITY**

The overall complexity of this position is high. While performing the normal duties of this job, many different processes and methods are required to apply to an established professional or technical field.

## **RESPONSIBILITY**

### Supervision

Limited supervision is provided while performing the normal duties of this job. This position exhibits no formal supervisory responsibilities but may coordinate work with other individuals as a team lead or project lead.

### Impact

While performing the normal duties of this job, this position's work affects a wide range of professional projects or administrative activities of the City, influences internal or external operations, or impacts many people.

## **REQUIRED PHYSICAL ABILITIES AND WORK CONDITIONS**

The physical demands and work conditions described here are representative of those that must be met by an individual to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### Hazards

While performing the duties of this job, this position may occasionally climb a few steps, balance, bend/stoop, kneel, crouch, squat, sit, stand, walk, finger/enter data/keystroke, feel, talk, or hear, and/or exerts up to 20 pounds of force occasionally and/or negligible amount of force to lift, carry, push, pull or otherwise move objects.

While performing the duties of this job, this position will use will use close vision, far vision, depth perception, visual accommodation, color vision, and peripheral vision.

While performing the duties of this job, this position will use their right hand for simple handling or grasping.

### Surroundings

While performing the duties of this job, this position will experience exposure to inside environmental conditions.

The above statements are intended to describe the general nature and level of work being performed by individuals employed in this job. They are not intended to be an exhaustive list of all duties and qualifications required of personnel in this job. The employer may and reserves its right to change the job description and establish, modify or eliminate job duties and responsibilities and jobs at its discretion with or without notice.

**REVIEW**

I acknowledge reviewing this job description.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

Grade: 10

Points: 594

Salary Range:

Step 1	Step 2	Step 3	Step 4	Step 5
\$50,895.30	\$54,076.25	\$57,257.21	\$60,438.16	\$63,619.12

CITY OF ST. CHARLES EMPLOYMENT APPLICATION  
 Equal Opportunity, Reasonable Accommodation Employer

City of St. Charles  
 830 Whitewater Ave  
 St. Charles, MN 55972



Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Other Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a current City of St. Charles Employee? Yes  No  If Yes, what department: \_\_\_\_\_

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate? <input type="checkbox"/> yes <input type="checkbox"/> no				
SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
Business/Technical/Vocational				
1.				
2.				
Colleges/Universities				
1.				
2.				
3.				

**LICENSES**

Driver's License -- "X" those that apply	For positions which require specific licenses, copies of licenses will be required at the time of interview.
Operators: <input type="checkbox"/> G <input type="checkbox"/> M Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.
Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X	
Expiration Date? _____ Number: _____	

**SPECIAL SKILLS/LANGUAGES**

List any special skills you possess and/or equipment or office machines you can operate.	
Languages (Other than English):	
1. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

**OTHER INFORMATION**

If you are not a current City Employee, have you previously worked for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Have you been convicted of a crime within the last ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all such offenses and state date, name of court and disposition. You may omit minor violations for which you paid a fine of \$100 or less.	
Are you related to any member of the City Council or any person now employed by the City of St. Charles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Name: _____	Department: _____ Relationship: _____

EMPLOYMENT RECORD

Please list all employment or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Please explain all periods of unemployment exceeding 90 days. Additional Information Sheets are available if needed.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of St. Charles to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





City of St. Charles  
 830 Whitewater Ave  
 St. Charles, MN 55972  
 507-932-3020  
 507-932-5301 Fax

APPLICANT INFORMATION  
 EEO Data

Are you a current City of St. Charles Employee?    Yes     No

Have you ever applied for a job with the City of St. Charles?    Yes     No

The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application.

PERSONAL DATA

Requisition Number	Job Title	Social Security No.	Last Name	First Name	Middle Initial
Address		City	State	Zip Code	Phone Number
E-mail Address:					
Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female	Date of Birth	Ethnic Origin <input type="checkbox"/> 1-White <input type="checkbox"/> 2- Black <input type="checkbox"/> 3 - Hispanic, <input type="checkbox"/> 4 - Asian/Islander <input type="checkbox"/> 5-Other			

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



City of St. Charles  
830 Whitewater Ave  
St. Charles, MN 55972  
507-932-3020  
507-932-5301 Fax

RECORD RELEASE

I hereby give my authorization for the City of St. Charles to conduct a records check on myself for employment purposes. This will include but is not limited to the release of academic and employment records.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF ST. CHARLES**

**DRIVER'S LICENSE CHECK AUTHORIZATION**

By signing below and providing my Driver's License number, I authorize the City of St. Charles to conduct a pre-employment check on my Driver's License. I understand both the validity and record will be verified for use in determining my eligibility for employment.

\_\_\_\_\_  
Full Name (First, Middle, Last)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State\*\*

\*\* If not Minnesota, this authorization will permit the City of St. Charles to obtain this information from the Department of Public Safety.

## VETERAN'S PREFERENCE

You must submit a **PHOTOCOPY** of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of St. Charles operates under a point preference system which awards points to qualified veterans to supplement their exam results. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the Veteran's Administration. A person who is eligible to receive a monthly veteran's pension based exclusively on length of service will not qualify for preference points.

To qualify for preference for a competitive exam you must have been separated under honorable conditions from any branch of the Armed Forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for active duty and be a United States citizen or resident alien. Veterans preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 form is submitted to our office Separate from this sheet, please attach a note indicating the position for which you are applying and your present address.

**COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERANS PREFERENCE**

Name (Last)	First	Middle	SS #	Position applying for:	
Address (Street)			City	State	Zip
Phone Number		Are you a U.S. Citizen or Resident Alien?			
		Yes		No	

**ACTIVE DUTY INFORMATION:** (NOTE: A PHOTOCOPY of your form DD214 must accompany this claim sheet). Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more or for the full period called on orders to active duty? Yes  No

Type of Separation:  Honorable  Medical  Other

Are you receiving, or are you eligible to receive a monthly veterans pension based exclusively on length of military service? Yes  No

**FOR DISABLED VETERANS:** Percentage of Disability: \_\_\_\_\_ % *Letter from VA in proof of disability must submitted to receive points.*

Permanent?  Yes  No      Currently Existing?  Yes  No

**FOR SPOUSES OR DECEASED VETERANS:** (NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points.) You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of death: \_\_\_\_\_ Have you remarried?  Yes  No

**FOR SPOUSES OF DISABLED VETERANS:**

Spouse's Present Occupation: \_\_\_\_\_

NOTE Letter from VA proving disability must be submitted to receive points.)

**AFFIDAVIT:** I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the Personnel Department:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

City of St. Charles

**GENERAL AUTHORIZATION AND RELEASE**

Pursuant to MN Statute 13.05

Subd. 4 Minnesota Data Practices

To: St. Charles Police Department

I, \_\_\_\_\_, hereby authorize the St. Charles Police Department to conduct a Criminal History Check on myself and to release the data collected to the St. Charles City Administrator.

I understand that the Criminal History Check will be performed by retrieving and reviewing data maintained by the Minnesota criminal justice information system (CJIS). If I have resided in Minnesota for less than five years, I hereby authorize the St. Charles Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communications network.

The purpose of the Criminal History Check is to determine whether or not a conviction record may be a job related consideration affecting my suitability for a position with the City of St. Charles, Minnesota.

I understand that refusal to give my consent for a Criminal History Check may disqualify me from the City position I have applied for.

I understand that another "responsible authority" may have access to all or part of the information in the report, if the access is authorized or required by Minnesota Statutes or Federal Law.

I understand that I will receive a copy of the Criminal History Check and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, subd. 4.

This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the St. Charles Police Department.

I have resided in Minnesota for the past five years: \_\_\_\_\_ yes \_\_\_\_\_ no

PLEASE PRINT	
<b>(FILL OUT COMPLETE NAME)</b>	
First Name:	Middle Name:
Last Name:	SS#:
Address:	
City:	State:
Date of Birth:	MNDL#:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# City of St. Charles

## AUTHORITY TO RELEASE INFORMATION AFFIDAVIT

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit \_\_\_\_\_ to release any information, privileged or not, to any background investigator as authorized by the *City of St. Charles*. The data which I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, that has been collected by you as a result of my contacts and association with you and/or your agents and representatives. The information for which release is authorized includes, but is not limited to:

*My character, ability, reputation, work performance, employment history, personnel data, driving record, credit history, criminal arrest or conviction data, civil judgements, educational achievements.*

This information is for confidential use and for the express purpose of determining my eligibility for employment with the *City of St. Charles*, and cannot be used for any other purpose under penalty of law, United States Code Annotated, Title 15, Commerce and Trade, Subchapter III.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the *City of St. Charles*, or to you.

NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary: \_\_\_\_\_ (Seal)

I hereby state that any information obtained as a result of the above authorization will be for the confidential use of the *City of St. Charles*, to determine the eligibility of the above-named applicant for employment with the *City of St. Charles*, and that it will not be used for any other purpose.

Signature of Presenting Agent: \_\_\_\_\_