



CITY OF CANFIELD

104 LISBON STREET
CANFIELD, OHIO 44406
330-533-1101
CANFIELD.GOV

JOB OPPORTUNITY

CITY OF CANFIELD PART TIME ACCOUNT (UTILITY) CLERK

Current Salary Range: \$18 per hour

Please review the entire job description (attached) for a complete listing of the essential duties, responsibilities, physical demands and working environment, minimum qualifications, and other requirements of this position.

Packet Includes:

- **Job Posting**
- **Job Description**
- **Application**
- **Waiver of Confidential Records**

How to Apply:

Application forms may be downloaded <https://canfield.gov/employment-opportunities/> or obtained at City of Canfield Municipal Building, 104 Lisbon St., Canfield, Ohio 44406 between 8am and 4:30pm Monday through Friday. Notarized completed applications must be returned to the City of Canfield Municipal Building. Qualified candidates will be notified of their eligibility to participate in the competitive hiring process. Questions can be directed to City Manager David D'Apolito at 330-533-1101 or ddapolito@canfield.gov.

The City of Canfield is an Equal Opportunity Employer and maintains a policy of Equal Employment Opportunity for all employees and applicants. The City of Canfield does not discriminate in employment or the provision of services on the basis of race, color, national origin and ancestry, gender (sex), religion, age, disability, sex (wages), military status, genetic information, pregnancy, or any other characteristic protected by Federal or State law.

Date Posted: 08/13/24



CLASSIFICATION SPECIFICATION
CITY OF CANFIELD (UPDATED 8/24)
AN EQUAL OPPORTUNITY EMPLOYER

Class Title: Part Time Account (Utility) Clerk

REQUIRED QUALIFICATIONS FOR APPOINTMENT

- Must be at least 21 years of age
- College education preferred
- High School Diploma or GED equivalent
- Valid Ohio driver's license
- Clear diction and legible handwriting
- Neat and Clean appearance
- Normal hearing and vision (corrected vision is acceptable).
- Two (2) years of computer/word processing experience
- Five (5) years bookkeeping and/or accounting experience
- Must be bondable in the State of Ohio
- Professional, pleasant and helpful attitude
- Prior to appointment, applicant must pass a CVSA, background check and a physician must sign off on the job description.
- Other qualifications as deemed necessary by the City Manager.

JOB DESCRIPTION

(FACTORS AND CONDITIONS WHICH ARE ESSENTIAL CHARACTERISTICS OF THE POSITION)

The responsibilities of the account clerk require consistent attention and commitment to this city's mission. All assigned duties and tasks are expected to be performed in an effective, efficient and safe manner. The part time account clerk must accept the responsibility to support and promote this city's mission and comply with its directives. Personal conduct and behavior must be such that it does not bring disrepute or unnecessarily endanger the public's trust or confidence in the city or its members. This position requires a high level of problem-solving ability, self-initiative, and the ability and willingness to work without direct supervision. Successful performers are those who are capable and willing to make decisions that are consistently in line the city's mission, goals, and objectives.

Under the supervision of the City Manager, the "Part Time Account Clerk" is responsible for day-to-day billing and maintenance of records for city provided utilities and receipt of utility deposits and payments and preparation of applicable reports to the finance director. The part time account clerk will provide clerical and secretarial duties to the finance director and public works department, as required. Additionally, the part time account clerk is expected to be a utility/team player by way of learning and knowing the roles of the City Receptionist, Zoning Inspector and Income Tax Director. The part time account clerk will be called upon to assist and fill in, when needed. Successful candidates must be computer literate with strong typing skills, conflict resolution/interpersonal skills, mathematical and problem-solving skills, a strong ability to multi-task and be able to work with minimal supervision.

MAJOR RESPONSIBILITIES & DUTIES

The part time account clerk is responsible to prepare, record and mail all billings of city utilities, including water, sanitary sewer, storm sewer and other bills as may be assigned. The part time account clerk also receives deposits, keeps an accurate record of payments and prepares reports and documentation for the finance director. Additionally, the part time account clerk will maintain accurate and complete records on all utility consumers and their accounts, including meter reading records; determine and issue shut-off notices for delinquent or non-

payment of city utility bills; prepare recommendations for assessment of charges to real estate tax; maintain accurate records on new construction, residents purchasing or selling property, or customers moving in or out of city residences. The part time account clerk will quickly respond to citizen inquiries or complaints and assist in their resolution.

The part time account clerk will act as a liaison between city residents and the public works department, including screening and processing resident complaints, coding and entering requisitions, recording and processing meter changes, addressing property problems, authorizing utility shut-off assignments.

The part time account clerk will also be responsible to receive all monies paid to the city (excepting income tax payments and Mayor's Court receipts), process receipts, balance the register, assemble deposits and report daily receipts to the deputy finance director.

The part time account clerk will also be responsible for processing rental contracts and obtaining security deposit for all city park rentals; maintain rental calendars and process all payments or security deposit refunds and janitorial invoices; will maintain a schedule of signs to be posted on village green.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position, if the work is similar, related or a logical assignment of the position. Other duties may be assigned by the City Manager or his/her designee.

WORK CONDITIONS

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

The work performed in this capacity is mainly in an indoor, office setting. Primary functions require sufficient physical ability and mobility to work in an office setting; to stand or sit for prolonged periods or time; occasionally stoop, bend, kneel, crouch, reach and twist; to lift carry push and/or pull light to moderate amounts of weight; to operate office equipment requiring repetitive hand movement and fine coordination including use of a computer keyboard.

The part time account clerk schedule will be flexible and determined by the City Manager. Hours worked will be scheduled anytime, Monday – Friday between 8:00am – 4:30pm

CITY OF CANFIELD APPLICATION

Updated: 7/12/24

Application for Employment		Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of any non-job-related medical condition or handicap.	
Application Date:		Referred by:	
Positions(s) Applied For: (you may check more than one)	<input type="checkbox"/> City Position _____	<input type="checkbox"/> Full Time Dispatcher	
	<input type="checkbox"/> Full Time Police Officer	<input type="checkbox"/> Part Time Dispatcher	
	<input type="checkbox"/> Part Time Police Officer	<input type="checkbox"/> Other (write in title)	_____
	<input type="checkbox"/> Auxiliary Police Officer		
Personal Information	Social Security #: ____-____-____	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
	U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no	Drivers License: State: _____ Number: _____	
NAME (Last, First, Middle)		Area Code & Phone Number	
CURRENT ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address	
PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address	
Cell. Phone Number:	E Mail Address:	Other Number:	
Education High School	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Diploma Received <input type="checkbox"/> G.E.D. Received
			Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Attendance Record		Favorite Class	
Education Undergraduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree
			Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Graduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Masters Degree
			Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Other/Academy	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Completion
			Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Military Information	Branch		From: To
	Highest Rank or Grade	Terminal Rank or Grade	Type of Discharge
Nature of Duties:			
Awards/Honors:			

Employment Information		List ALL current and previous employment starting with your present position, then the position before that, and so forth. Use additional forms if needed.	
#1: From: To		Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#2: From: To		Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#3: From: To		Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Bus. Phone:	
Responsibilities:			
What did you like most about your job?			
What did you least enjoy?			
Reasons for leaving:			
Compensation:			
Attendance Record:			
Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			

#4: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#5: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#6: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		

#7: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		

#8: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Bus. Phone:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		

Other Employment? **Yes** **No.** If “Yes,” please list all other employment on a separate sheet of paper and attach to this form. Applicant hereby certifies that all employment is hereby accounted for on this application, and further understands that failure to disclose any previous employment is grounds for termination in the event that applicant is hired with this agency.

Signature:

Job Related Questions / Plans / Goals	Applicant's Name: (print)
List any relevant certifications you have attained:	
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess?	
List all job applications you currently have filed. Note status of employment opportunities for each application:	
What are your available hours and days to train and work at this agency?	
What are your long-term goals for employment?	
<p>Do you have any prior Domestic Violence arrests and/or convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Applicant hereby certifies that ALL criminal history (regardless of convictions) is hereby accounted for on this application, and further understands that failure to disclose any previous or pending criminal history is grounds for termination in the event that applicant is hired with this agency. Applicant hereby grants permission to the Canfield P.D. to conduct a criminal record check through all available sources.</p> <p style="text-align: center;">Signature:</p>	
<p>Do you have any driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Do you have any prior Driving Under the Influence arrests and/or convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Applicant hereby certifies that ALL driving record history within the past fifteen years is hereby accounted for on this application, and further understands that failure to disclose any previous or pending driving record is grounds for termination in the event that applicant is hired with this agency. Applicant hereby grants permission to the Canfield P.D. to conduct a license records check through all available sources.</p> <p style="text-align: center;">Signature:</p>	
<p>Are you computer literate? <input type="checkbox"/> Yes <input type="checkbox"/> No. What programs are you familiar with? And to what extent?</p> <p>Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p>	
<p>I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal and/or termination from the civil service list.</p> <p>Date: _____ Signature: _____</p>	

Applicant may attach a current resume and copies of applicable certifications with this application.

CITY OF CANFIELD
WAIVER OF CONFIDENTIAL RECORDS

Name (print)

Date of Birth

Social Security Number

Address:

Street

City

State

Zip Code

To Whom It May Concern: I am an applicant for a position with the City of Canfield, Ohio. The city needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Canfield Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Canfield Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Canfield to consider in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Canfield Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

Initial: _____

For and in consideration of the City of Canfield's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Canfield. I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Canfield Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid upon my signature during the time associated with the selection process of the City of Canfield.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

The following information must be completed in the presence of a certified Notary Public:

_____, having been duly sworn under oath states that this is his/her
Name of Applicant/ Affiant

lawful affidavit and request for release of records.

Signature of Applicant

Sworn and subscribed before me, a Notary Public this _____ day of _____, 20_____.

SEAL MUST BE AFFIXED

Signature of Notary Public

Printed Name of Notary

Printed Address of Notary

(Out of state notary must submit Certificate)