

Gulf County Clerk of the Circuit Court and Comptroller

Job Description

Job Title:	Accountant
Department:	Finance
Reports to:	Director of Finance & Management
Salary:	Negotiable based on experience

General Summary:

Advanced and specialized professional accounting work with emphasis on grants, designated projects and payroll accounting functions. Positions allocated to this classification report to a designated supervisor and work under general supervision.

Essential Duties and Responsibilities:

- Adheres to generally accepted accounting principles and auditing standards; maintains proper audit trails, and verification and reconciliation actions for all processed work.
- Performs accounts payable and accounts receivable functions to include examining, verifying and processing all related procurement requests and documents.
- Analyzes billings and payments related to payroll, accounts payable and/or receivable tasks, such as cash flow, invoices, billings, and payments.
- Generates various system reports and/or audit calculations to verify the accuracy of the accounting functions and processing.
- Monitors cash balances; posts journal entries; analyzes and reconciles numerous ledgers and accounts.
- Provides continual account analysis to ensure accuracy of the accounting methods used and to support management decision making.
- Maintains database and filing of Finance Department documents of all County contracts related to accounts payable, accounts receivable, grants agreements and other financial obligations.
- Prepares grant reports and reviews and monitors grant expenditures in compliance with grant requirements.
- Maintains and reconciles various logs, reports, ledgers, accounts, files, databases, and spreadsheets.
- Ensures compliance with federal, state, and local legal requirements by researching existing and new legislation, consulting with outside advisors, and filing financial reports. Advises management of actions and potential risks.
- Prepares various monthly and quarterly reports.
- Assists with special projects for the Finance Department.
- Analyzes, prepares, and reconciles payroll data. Uses automated payroll system to produce accurate and timely payroll.

- Prepares weekly, monthly, quarterly, and year-end payroll reports; reconciles payroll deductions.
- Assists external auditors and prepares work papers
- Bills miscellaneous accounts receivable items.
- Provides customer service assistance to vendors, employees and the public
- Keeps up-to-date on information and technology affecting functional areas to increase innovation and ensure compliance.
- Perform other related duties as directed.
- Performs related duties and responsibilities, as assigned.

Minimum Qualifications:

Education & Experience:

- Requires a Bachelor's degree from an accredited college or university with major coursework in accounting.
- Requires four (4) years of progressively responsible experience in governmental accounting, auditing or closely related experience.
- Computer literate with proficiency with Microsoft Word and Excel
- Valid Florida Driver's License.

Other Required Competencies:

- Considerable knowledge of accounting systems and procedures.
- Considerable knowledge of the rules, policies, regulations, and procedures involved in analyzing account transactions.
- Ability to communicate effectively both orally and in writing.
- Ability to manage multiple projects in an efficient and professional manner.
- Ability to plan, organize and perform work independently.
- Ability to understand and follow complex oral and written instructions.
- Ability to prepare clear and concise written reports.
- Ability to communicate effectively with public and private businesses, individuals, government agencies, employees and personnel in other departments.

Preferred Qualifications:

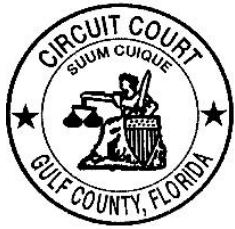
- Governmental accounting experience at a local government or as an auditor for a CPA firm performing financial and single audits of local governments.
- Certified Public Accountant.
- Certified Government Finance Officer.
- Experience with state and federal grants awards.
- Extensive knowledge of Single Audit requirements and reporting.
- Experience and knowledge of the Florida Retirement System (FRS)

Work Conditions & Physical Factors:

- Work is performed indoors in a typical office environment.
- Requires intermittent sitting, standing, walking, bending, crouching, repetitive motion, and lifting objects up to 25lbs.

- Must be capable to effectively use and operate different office equipment, such as but not limited to, a telephone, desktop computer, calculator, copier, scanner, fax machine, etc.
- Must have the use of sensory skills in order to effectively communicate and interact with other employees, colleagues and the general public through the use of the telephone, email and personal contact.

FOR
OFFICIAL
USE
ONLY



EMPLOYMENT APPLICATION

An Equal Opportunity Employer
"DRUG-FREE WORKPLACE"

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION

1. Your opportunity for employment with Gulf County Clerk of Court and Comptroller begins with the accuracy and completeness of your application. Answer all questions. It is to your advantage to fill it out in as much detail as you can.
2. Individuals selected for employment must pass a pre-employment drug test and/or physical (by the Clerk's physician).
3. Complete all information within this application in its entirety.
4. Type or print in ink.
5. All information provided will be a public record and will be released upon request, unless exempt or confidential.
6. Sign your name in the Certification Section (page 4).

Submit your original, completed application to:
Gulf County Clerk of Court and Comptroller
Attention: Elaine Bland, HR
1000 Cecil G. Costin Sr. Blvd. Room 148
Port St. Joe, FL 32456-1648
9:00 A.M. to 5:00 P.M., Monday through Friday

All information you submit is subject to verification.

POSITION APPLIED FOR

Desired Position(s): _____
Date You Can Start Work: _____ Desired Salary: _____
Have you ever been employed by Gulf County Government: No ___ Yes ___ If yes, indicate Office(s), Department(s), position(s), and reason for leaving. _____

PERSONAL DATA

Name: _____
Last First Middle
Present Address: _____

City County State Zip Code
Permanent Address _____

City County State Zip Code
Phone _____ Alternate Phone _____
E-mail Address _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL RECEIVED: Diploma Other (specify) _____ None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSURE, CERTIFICATION (Attach a copy.)

LICENSE OR CERTIFICATION:

Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: _____ / _____ / _____ TO: _____ / _____ / _____ HOURS PER WEEK: _____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

4 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: / / TO: / / HOURS PER WEEK: (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

5 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: / / TO: / / HOURS PER WEEK: (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

6 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: / / TO: / / HOURS PER WEEK: (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.



This section SHOULD be removed prior to the selection process.

EEO SURVEY Although the following information is not mandatory, it is requested to evaluate the effectiveness of our recruiting efforts and to meet federal reporting requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, 2009 Apalachee Parkway, Tallahassee, Florida 32301.

RACE/ ETHNICITY (Please identify both Race and Ethnicity)

Race (CHECK ONLY ONE):

- White
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native
- 2 or more races

Ethnicity (CHECK ONLY ONE):

- Hispanic or Latino
- Not Hispanic or Latino

How did you learn about this job?

- Walk in Gulf County Clerk's Office
- Other Agency (please specify)
- Newspaper
- Clerk's Office Employee
- Internet
- Other

SEX: MALE FEMALE

DATE OF BIRTH: _____

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.

- I. I have never been a member of a State of Florida administered retirement plan.

STOP HERE

SIGNATURE

DATE

- II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)¹

- FRS Pension Plan (incl. DROP) FRS Investment Plan State University System Optional Retirement Program (SUSORP)
 State Community College System Optional Retirement Program (SCCSORP) Senior Management Service Optional Annuity Program (SMSOAP)
 Other

- III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through the 12th months after I retired or after my DROP termination date, I must repay all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE

DATE

- IV. I am retired from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in any type of position² during the first 6 calendar months after I retired, I must repay³ any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

¹ If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

² Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

³ Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴ There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCSORP, or SMSOAP members who retire on or after July 1, 2010.