

Notice of Vacancy

The Corporation of Shepherdstown is accepting applications for the full-time position of Accounting Clerk. This position requires experience with the following: general accounting, fund accounting, GASP Accounting Principles, all aspects of payroll, QuickBooks Accounting Software, Excel spreadsheets, working with various departmental budgets as well as the Municipal Levy Budget. Professional and courteous interaction with the staff and public is necessary. Applicants must have a high school diploma or equivalent. Applications will be accepted until the position is filled. For more information, please call the Town Clerk, Amy Boyd, at 304-876-2398 between the hours of 8:00 a.m. to 3:00 p.m.

Applications may be picked up at Town Hall, 104 North King Street, during normal business hours. Resumes may be submitted but must be accompanied by a completed Corporation of Shepherdstown application.

The Corporation of Shepherdstown is an equal opportunity employer.

TITLE: Accounting Clerk

WORK WEEK: 40 hours

**IMMEDIATE
SUPERVISOR:** Town Clerk

RESPONSIBILITIES

1. Operates and maintains town, water and sewer accounts
2. Operates and maintains accounts payables and receivables
3. Operates payroll and maintains all taxes
4. Assist in preparation and submission of annual budget & budget revisions for all accounts
5. Maintains and reconciles bank accounts
6. Provides monthly financial statements and balance sheets
7. Assist with routine and external audits
8. Administers moneys passed-through between outside agencies and from grants
9. Provides support and backup as needed to the Town Clerk
10. Other duties as assigned



Corporation of Shepherdstown
104 North King Street
P.O. Box 248
Shepherdstown, WV 25443
304-876-2312

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

EQUAL OPPORTUNITY EMPLOYER

If you are under 18 years of age, can you provide a required proof of eligibility to work? Yes ___ No ___

Have you ever filed an application with us before? Yes ___ No ___

If yes, give date: _____

Have you ever been employed with us before? Yes ___ No ___

If yes, give date: _____

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes ___ No ___

On what date would you be available for work? _____

Are you available to work: Full-time _____ Part-time _____

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

Have you been convicted of a felony within the last seven (7) years? Yes ___ No ___

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write:			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicated race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed	Duties Performed
Address	From: To:	
Telephone	Hourly Rate/Salary Starting: Ending:	
Job Title	Immediate Supervisor:	
Reason for Leaving		
Employer	Dates Employed	Duties Performed
Address	From: To:	
Telephone	Hourly Rate/Salary Starting: Ending:	
Job Title	Immediate Supervisor:	
Reason for Leaving		
Employer	Dates Employed	Duties Performed
Address	From: To:	
Telephone	Hourly Rate/Salary Starting: Ending:	
Job Title	Immediate Supervisor:	
Reason for Leaving		

EQUAL OPPORTUNITY EMPLOYER

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal gender, race, religion,
national origin, age, ancestry, disability or other protected status:

Other Qualifications

Summarize special job-related skills and qualifications acquired from
employment or other experience.

EQUAL OPPORTUNITY EMPLOYER

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize full release and disclosure of any and all records concerning myself to the CORPORATION OF SHEPHERDSTOWN, and its appointed agent(s), whether said records are public, private, or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of educational institutions, financial or credit institution (including records of deposits, withdrawals, and balances of checking and savings accounts and loans); records of commercial or retail credit agencies (including credit ratings); medical and psychiatric treatments and consultations; hospitals; clinics; private practitioners; U.S. Armed Forces clinics and hospitals; U. S. Veterans Administration; public utility companies; employment and pre-employment records (including any and all background investigations, efficiency ratings, complaints or grievances against me, and salary records); any other financial statements and records, wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law (including criminal and traffic records, complaints of a civil nature made by or against me and to include records and recollections of attorney or other counsel, whether representing me or others, in any case I presently have, or had an interest).

The total intent of this authorization is to provide full and free access to my background history for the specific purpose of pursuing a background investigation which may provide pertinent data for the CORPORATION OF SHEPHERDSTOWN, to consider in determining my suitability for employment and the sources of information enumerated above is not intended to deny access records not specifically identified.

I understand that any information obtained during this investigation may be released by the CORPORATION OF SHEPHERDSTOWN to professional offices/individuals outside of the Department, who are involved in the hiring process (i.e. Polygraph Operators, Psychological Evaluators, Medical Professionals). All such information shall be held in the strictest confidence and will not be released to other parties, without the expressed approval of the Police Chief or his/her designee.

I understand that information obtained by this investigation, developed directly or indirectly, in whole or in part, from this release will be considered in determining by suitability for employment by the Corporation of Shepherdstown. A copy of this release form will be considered valid, even though the copy does not contain an original of my signature.

SIGNATURE

DATE

DOB

SSN

WITNESS

NOTARY

MY COMMISSION EXPIRES

NOTARY STAMP