

## **Village of Russells Point Utility Clerk**

### **SUPERVISOR:**

Reports directly to the Village Administrator and works closely with the Fiscal Officer and office staff.

### **POSITION SUMMARY**

The Utility Billing Clerk is responsible for processing utility payments, preparing and maintaining customer billing, analyzing meter readings, and performing a variety of general clerical and customer-service functions. This position requires strong attention to detail, excellent communication skills, and the ability to interact professionally with the public.

### **DUTIES & RESPONSIBILITIES**

- Monthly Water Billing: Includes downloading information after meter readings, maintaining and updating water customer accounts, setting up new water accounts, preparing meter check lists from meter readings (to account for missing readings and possible errors), preparing billing statements, collecting water account payments, posting daily cash receipts, applying penalty charges, preparing shut-off notices, entering move-ins/move-outs.
- Ensures bills, late penalties, shut-off notices, and shut-off work orders are completed on mandatory dates each month.
- Reviews, verifies, maintains, and/or corrects receipts, invoices, journal entries, or other accounting reports and documents.
- Communicates with and receives directives from Village Administrator.
- Greets public and receives incoming telephone calls; responds to routine inquiries or directs to appropriate personnel and may assist in completing forms.
- Receives, sorts, and distributes mail.
- Demonstrates regular and predictable attendance.

## **QUALIFICATIONS**

### **Knowledge of:**

- Muni-Link (preferred).
- Safe work methods and practices.
- Basic principles of mathematics, grammar, and professional communication.
- Record-keeping principles and procedures.
- Effective, courteous interaction with the public, vendors, contractors, and Village staff.

### **Ability to:**

- Collect, analyze, and interpret data while maintaining accurate logs, records, reports, and documents.
- Exercise discretion and handle confidential information appropriately.
- Understand and follow oral and written instructions. Identifying, evaluating, and resolving issues.
- Establish and maintain effective working relationships with coworkers, elected officials, and the public.
- Prioritize workload and manage time efficiently.
- Work with automated accounting and billing systems, office technology, and personal computers.
- Attend trainings and meetings as needed; work occasional evenings when required.

## **EDUCATION & EXPERIENCE**

- High school diploma or general education degree (GED).
- Training and/or experience in accounts payable and cash handling.
- Must meet the requirements to be bonded.
- Must possess a valid Ohio driver's license.

Interested applicants should send their applications/resumes to:

[roed@russellspoint-oh.gov](mailto:roed@russellspoint-oh.gov)

Wage is \$19-\$21 per hour depending on qualifications

## VILLAGE OF RUSSELLS POINT, OHIO

### APPLICATION FOR EMPLOYMENT **FORM 3**

Please submit one application per position to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will be rejected. Please be sure to fill out all pages of this form. Also please note that this completed form will become a public record when submitted to the government agency.

Job Title: \_\_\_\_\_ Deadline Date: \_\_\_\_\_

#### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

The following information will be used only if it is directly related to the position for which you are applying.

1. Are you willing and able to secure an Ohio Driver's License if a license is required? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. If the position requires travel, can you supply your own transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever been employed with the Village of Russells Point before? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, when and in what position(s): \_\_\_\_\_
4. Are you related to anyone that is currently employed by the Village of Russells Point? Yes: \_\_\_\_\_ No: \_\_\_\_\_

#### LICENSES, REGISTRATIONS, AND CERTIFICATES

License/Certification Issued By	Field/Trade/ Specialization	License/Certificate Number	Expires

#### SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to certain laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

#### SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, and training and other factors that qualify you for the position for which you are applying. Refer to the minimum qualification and any position-specific qualifications posted for this position. Be sure to provide details of your background in the next section of this applications.

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SUMMARY OF QUALIFICATIONS (cont.)

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EXPERIENCE

In the areas below, please list your past work experience beginning with you most recent employment. Volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section.

Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____ _____

## EDUCATION

High School Diploma? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Location (City, State, Zip): \_\_\_\_\_

GED Certificate Number: \_\_\_\_\_ GED Issued By: \_\_\_\_\_

## POST HIGH SCHOOL EDUCATION

Include technical school, business school, professional school, college and university.

School Name and Location	Major Area(s) of Study	Type Degree or Certification

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

## TRAINING AND OTHER QUALIFICATIONS

(Do not include course work already described above)

Subject or Title of Training	Organization	Length of Training

List special equipment or machine you can operate: \_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs.

Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_

\_\_\_\_\_ Typing Speed: \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

### REFERENCES

Name	Address	Telephone	Title/Relationship

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

- 1 I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

- 2 I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

- 3 I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

- 4 I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: \_\_\_\_\_

- 5 This application will be considered active for 60 days from the date filed. If you are hired, it will become part of your official employment record.

Initials: \_\_\_\_\_

### READ CAREFULLY BEFORE SIGNING

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE VILLAGE OF RUSSELLS POINT MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

## Russells Point Police Department

433 State Route 708

P.O. Box 30

Russells Point, Ohio 43348

Phone (937) 843-2245 • Fax (937) 843-9956

### Investigative Request for Law Enforcement Data

Please check reason for records check:

☐ Pre-Employment Investigation

☐ Pre-Housing Investigation

☐ Other \_\_\_\_\_

**Instructions:** *One person per form.* All information provided must be consistent with photo identification, and form must be complete. Please print where indicated, and submit to department no more than ten (10) days after date of signature.

I, \_\_\_\_\_, hereby authorize the Russells Point Police Department to  
(full name)

release all information regarding any arrest record I may have with the Village of Russells Point; also, any other information whether personal or otherwise that may or may not be on their records. Furthermore, I hereby release the Russells Point Police Department and all officers, agents and the employees thereof from any and all liability and damage whatsoever which may ensue from furnishing such information. (Note: It is recommended all requestors/investigators continue their investigation at the Bellefontaine Municipal Court at 226 West Columbus Avenue, Bellefontaine, Ohio 43311)

Full Name:	Last First Middle				
Alias/Other Names:					
Date of Birth	/ /		Social Security Number:	- -	
	Number & Street	City	County	State	Zip
Current Address:					
	Number & Street	City	P.O. Box	State	Zip
Mailing Address:					

\_\_\_\_\_  
Signature of Authorizing Person)

\_\_\_\_\_  
Signature of Requesting Official,

\_\_\_\_\_  
Date

#### For Department Use Only

☐ We Have No Records On This Person

☐ Record Information Shown on Reverse Side

\_\_\_\_\_  
Signature and Title of Reporting Official)

\_\_\_\_\_  
Date of Completion:

**Record Information Shown Below**

Date	Offense	Disposition and Date	Location of Disposition (Court & City)

**Remarks or Additional Information**

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