



Job Title: Account Clerk/Administration Assistant

Status: Non-Exempt

Department: Administration

Reports to: Director of Administrative Services (Office Manager)

Revision Date: 5/1/2017

Summary: This position is primarily responsible for providing administrative support in the office of the Town Manager to include reception, payroll water billing and invoicing. After initial training, little daily supervision is required; however, guidance and general direction are available from the Office Manager or the Town Manager.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Prepares and mails water bill statements to all customers monthly.
- Receives money, write receipts, and posts data of water bill payments.
- At the end of each month, adds ledgers and balances books.
- Prepares ledgers for new residents, corrects records as necessary and files water bill information.
- Sends out notices concerning delinquent payments and service cut-offs; calculates penalties.
- Processes application for water and sewer connections and responds to questions and complaints from the public concerning Town utility bills.
- Answers telephone, does reception and counter work, and sells theatre tickets.
- Performs any related work as designated by supervisor not specifically described in the job description.

MINIMUM JOB QUALIFICATIONS

- High school diploma or GED with experience directly related to the duties and responsibilities specified.
- One (1) year of office administration experience is required.
- Knowledgeable of bookkeeping principles and practices.
- Ability to maintain good working relationships with the public and other employees.
- Strong working knowledge of Microsoft Office Suite with an emphasis on Excel spreadsheet development and design.
- Demonstrate excellent listening and communication skills to include verbal and written communications with tact and courtesy.

- Ability to make arithmetical computations rapidly and accurately.
 - Demonstrate the ability to learn operating software systems to include Financial Management System (FMS).
 - Ability to familiarize with social media, website updates, and other software applications.
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ACKNOWLEDGEMENT

I have read, understand, and accept the duties, standards, and expectations required of this position. I hereby affirm my good faith compliance with all policies and procedures. I will perform all duties to the best of my ability.

I further understand that my employment is at will and thereby understand that the company or I may terminate my employment at any time.

The following job description contains the essential functions of the job. The Town of Pennington Gap will comply with all federal and state employment regulations including the ADAAA in providing reasonable accommodations as requested.

Employee Signature: _____

Date: _____

NOTE: This job description is not intended to be all-inclusive. An employee will also perform other reasonably-related job responsibilities as assigned by management as required. The Town of Pennington Gap reserves the right to revise or change job duties as the need arises. Moreover, management reserves the right to change job descriptions, job duties, or working schedules based on their duty to accommodate individuals with disabilities. This job description does not constitute a written or implied contract of employment. The employment relationship remains “at-will”.

Physical, Cognitive and Environmental Requirements of the Job

Position Title: Account Clerk

A description of the following physical, cognitive and environmental conditions are required by this position.

In a 8 hour workday, the employee/incumbent's position requires:

Physical requirements:

(% of time performed)	Item	Weight	Never	Occasionally (1-33%)	Frequently (34-66%)	Constantly (67-100%)
Sitting			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climbing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Stooping			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting/Crouching			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Foot Controls			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	Files, reports	10 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Use-Simple Grasping			<input type="checkbox"/>	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left
Hand Use-Fine Manipulation			<input type="checkbox"/>	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left
Hand Use-Repetitive Motion			<input type="checkbox"/>	<input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Right <input type="checkbox"/> Left

Dominant Hand ☐ Right ☐ Left

Can the job be performed by alternating sitting and standing? ☒ Yes ☐ No

Cognitive Requirements: Does the employee/individual's job require (check all that apply):

- ☐ Working under emergency, critical or dangerous situations.
- ☒ Meeting deadlines.
- ☒ Attention to detail.
- ☒ Day-to-day contact with others (co-workers and/or the public).
- ☒ Making independent decisions.

Equipment and Safety Attire: Describe all equipment and safety attire (such as safety glasses, steel-toed shoes, etc.) required for the employee/individual's occupation:

- Office equipment, telephone, writing utensils
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Environmental Conditions: Please check the amount of time the employee/individual is exposed to any of the following:

	Never	Occasionally (1-33%)	Frequently (34-66%)	Constantly (67-100%)	
Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature: Weather/Seasonal conditions
Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature: Weather/Seasonal conditions
Dust, Fumes, Gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Description: _____
Noise Intensity	<input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Loud				

Employee's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____