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.

GULF COUNTY CLERK OF COURT AND COMPTROLLER



EMPLOYMENT APPLICATION

IFOR OFFICIAL USE ONLY

POSITION APPLIED FOR An Equal Opportunity Employer Desired Position(s):_ "DRUG-FREE WORKPLACE" Date You Can Start Work: ___ Desired Salary: GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION Have you ever been employed by Gulf County Government: No ____ Yes ____ If 1. Your opportunity for employment with Gulf County Clerk of yes, indicate Office(s), Department(s), position(s), and reason for leaving. __ 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 preemployment drug test and/or physical (by the Clerk's physician). PERSONAL DATA 3. Complete all information within this application in its entirety. 4. Type or print in ink. Name: 5. All information provided will be a public record and will be Middle Last released upon request, unless exempt or confidential. Present Address: _ 6. Sign your name in the Certification Section (page 4). Submit your original, completed application to: State City County Zip Code Gulf County Clerk of Court and Comptroller Permanent Address . Attention: Elaine Bland, HR 1000 Cecil G. Costin Sr. Blvd. Room 148 Port St. Joe, FL 32456-1648 City County State Zip Code 9:00 A.M. to 5:00 P.M., Monday through Friday Alternate Phone Phone All information you submit is subject to verification. E-mail Address **EDUCATION HIGH SCHOOL:** NAME / LOCATION OF SCHOOL RECEIVED: Diploma Other (specify) None YOUR NAME, F D FFERENT WHILE ATTENDING SCHOOL: COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED) DATES OF CREDIT MAJOR / MINOR TYPE OF ATTENDANCE **HOURS** COURSE OF DEGREE EARNED NAME OF SCHOOL LOCATION (MONTH / YEAR) STUDY **EARNED** SEM FROM QTR YOUR NAME, IF DIFFERENT WHILE ATTEND NG SCHOOL: JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.) DATES OF CREDIT TRAINING ATTENDANCE HOURS COURSE OF COMPLETED NAME OF SCHOOL LOCATION (MONTH / YEAR) EARNED FROM ТО CLOCK CLASS 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.

Name of Present or Last Employer:		
Address:	Your Job Title:	
Supervisor's Name:	Phone No.: ()	
FROM:// TO:// MONTH DAY YEAR MONTH DAY YEAR Duties and Responsibilities:		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:		
Name of Next Previous Employer:		
Address:	Your Job Title:	
Supervisor's Name:		
FROM:// TO:// MONTH DAY YEAR TO:// Duties and Responsibilities:		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:		
Name of Next Previous Employer:		
Address:		
Supervisor's Name:		
FROM:/ TO://)
MONTH DAY YEAR MONTH DAY YEAR Duties and Responsibilities:		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:		

Name of Next Previous Employer:			
Address:		Your Job Title:	
Supervisor's Name:		Phone No.: ()	
	TO:/	HOURS PER WEEK: (YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:			
Name of Next Previous Employer:			
	TO:// MONTH DAY YEAR	HOURS PER WEEK: (YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:			
Name of Next Previous Employer:			
		Your Job Title:	
		HOURS PER WEEK: (
	MONTH DAY YEAR		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:			

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

Indicate or List all (K/S	SKILLS / ABILITIES S/A) you possess and believe relev	ant to the position you seek,	such as operating heavy e	quipment, computer skills	, fluency in la	nguage(s), e	etc.
Calculator Switchboard Photocopying Dicataphone	PC / Internet	Microsoft Excel Microsoft Word Microsoft Outlook Adobe Acrobat	Information Technolog Foreign Language Other: (Please List)	Эy 		·	
	OM PUBLIC RECORDS	DISCLOSURE					
	FOR FORMER LAW ENFORCEM		VERED EMPLOYEE**, OR	THE SPOUSE OR CHIL	D OF ONE, W	'HOSE	
INFORMATION IS EX	EMPT FROM PUBLIC RECORDS I	DISCLOSURE UNDER SEC	TION 119.071(4)(d), FLOR	RIDA STATUTES (F.S.)?		YES	NO
assistant and statewid	nclude but are not limited to: corre e prosecutors, personnel of the De ent, and certain investigators in the	partment of Revenue or loc	al governments whose res	ponsibilities include rever			
BACKGROUNI	O INFORMATION						
	EN CONVICTED OF A FELONY OF					YES	NO
IF "YES", What Charge	es?	Where? _		Date of Convictio	n:		
	ED NOLO CONTENDERE OR PLE					YES	NO
	D THE ADJUDICATION OF GUILT					YES	NO IF
NOTE: A "YES" answ	er to these questions will not au on for which you are applying are	utomatically bar you from	employment. The nature				
			,,				
PERSONAL RI PROVIDE A LIST OF PERSONAL REFER	PERSONAL REFERENCES.	SUPERVISORS SHOULE	BE LISTED IN THE EN	MPLOYMENT SECTION	N AND NOT	INCLUDE	O AS A
Name:		Relationship:		Years Known:	_ Phone:		
Name:		Relationship:		Years Known:	Phone:		
Name:		Relationship:		Years Known:	_ Priorie _ Phone:		
	es only U.S. citizens and lawfully at	uthorized alien workers. You	will be required to provide	identification and either p	roof of citizen	ship or proo	of of
authorization to work in						\/=0	
ARE YOU A U.S. CITIZ						YES	NO
IF NO, ARE YOU LEGA	ALLY AUTHORIZED TO ACCEPT E	EMPLOYMENT WITH THE S	PECIFIC HIRING AUTHOR	RITY TO WHICH YOU AF	RE APPLYING	? YES	NO
	GE, DO YOU HAVE ANY RELATIVI Name, Relationship, Department	ES EMPLOYED BY GULF C	OUNTY?			YES	NO
SELECTIVE SE	ERVICE SYSTEM REG	SISTRATION					
Service Act, but failed to	da Statutes, prohibits the employment do so. Additionally, if currently em					•	
separated from the Stat IF YOU ARE A MALE B (DOCUMENTATION M.	ORN ON OR AFTER JANUARY 1,	1960, HAVE YOU REGISTE	RED OR DO YOU HAVE F		ON FROM TH YES	IIS REQUIR NO	EMENT N/A
VETERANS' P	REFERENCE						
IS VETERANS' PRE	FERENCE BEING CLAIMED?			Y	ES	NO	
CERTIFICATIO	N						
disqualify me for emplo allowed by law. I conse and other individuals a purposes. This consen	missions, falsifications, misstatem byment consideration and, if I am hi ent to the release of information ab and organizations to investigators, t shall continue to be effective during welief all of the statements contained	ired, may be grounds for terr out my ability, employment personnel staff, and other a ng my employment if I am hir	mination at a later date. I un history, and fitness for emp authorized employees of G red. I understand that appli	nderstand that any inform- ployment by employers, so Bulf County Clerk of Cour cations submitted are pub	ation I give ma chools, law er t and Comptr lic records. I c	ay be invest forcement a oller for em	igated as agencies, ployment

SIGNATURE: ____

DATE: _____

This section SHOULD be removed prior to the selection proc	
EEO SURVEY Although the following information is not mandatory, it is requested to evaluate the effectiven requirements. Refusal to answer will not result in adverse treatment of any applicant. Applicants who believe they have 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 Hispanic or Latino Asian Native Hawaiian/Other Pacific Islander American Indian/Alaska Native 2 or more races SEX: MALE FEMALE DATE OF BIRTH: POSITION TITLE FOR WHICH YOU ARE APPLYING:	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

GULF COUNTY CLERK OF COURT AND COMPTROLLER DISCLOSURE AND RELEASE FORM

As part of the application process for employment at Gulf County Clerk of Courts (Clerk's Office), I understand that the Clerk's Office and/or its agents will conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous and/or current employment, work experience, worker's compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, and names and dates of education. I understand that these records may be used for the eligibility of my employment. I authorize, without reservation, the full release of these records and for the Clerk's Office and/or agents contracted by the Clerk's Office to obtain information.

In addition, I release and discharge the Clerk's Office, and its entire agent and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservations, throughout any duration of my employment at the Clerk's Office. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

{PLEASE PRINT} Applicant's Name: _____ Middle Last Date of Birth: ___/__/ (This is used only for criminal and driving records retrieval.) Last Social Security Number: _____-__-Driver's License Number: _____ State: ____ Expires: _____ MM/ DD/ YYYY Current Address: __ Length of Residency: _____ Street Address State Previous Address: _____ Length of Residency: _____ City State Zip

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.

Nan	me SSN (last 4 digits)			
Age	ncy Name			
Prev	rious or Current FRS Employer			
	Complete Section I if you have never been a member of a State of Florida administered retire Complete Section II if you are a current or previous member AND Section III if not retired OR Sec			
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 comp ☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement I ☐ State Community College System Optional Retirement Program (SCCSORP) ☐ Senior Management Service Optional And ☐ Other	tirement Program (SUSORP)		
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 7 th through the 12 th 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.	Retiree Definition You are considered retired if: 1. You have received any bene-		
	SIGNATURE DATE	fits under the		
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	FRS Pension Plan (including DROP), or 2. You have taken any distribution		
	 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 	(including a roll- over) from the FRS Investment Plan, or other state adminis- tered retirement programs offered by state universi- ties (SUSORP), state community colleges (SCCSORP), state govern- ment for senior managers (SMSOAP), or local govern- ments for senior managers.		
	SIGNATURE DATE			

¹ fryou are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement pian 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.

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.

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.