

TOWN OF YORKTOWN, INDIANA

JOB DESCRIPTION

Utility Clerk-Utility Billing Department

Under general supervision; performs semi-skilled clerical and customer service tasks associated with the billing and collection of utility payments and related duties as required.

Examples of Essential Functions

Essential functions may include, but are not limited to the following:

- Receives payments by cash, check, and credit card.
- Updates customer accounts; sets up accounts for new customers.
- Answers and directs calls on a multi-line phone system.
- Provides customer service by phone and in person; handles inquiries and incoming work requests.
- Processes and distributes daily incoming mail.
- Runs cash register, computer, credit card machine, adding machine, and photocopier.
- Files and maintains documents.
- Prepares and follows up on work orders for field operations employees.
- Controls basic accounting and cash drawer functions.
- Checks and compares data for accuracy and completeness.
- Maintains water deposit ledger.
- Prepares claims for refunds on a monthly basis.
- Assists with annual water audit.
- Knowledge of Microsoft Outlook, Word, and Excel, as well as Keystone software a plus.
- Performs related duties as required.

Knowledge, Skills, and Abilities

Proper grammar and basic math skills are requisite for this position. Prior cash handling and customer service experience is preferred. A high school diploma or equivalent is required. Applicant must pass a pre-employment drug screen and criminal background check. Position may require lifting up to 25 pounds.

Normal working hours are 7:00am-4:00pm OR 7:30 am-4:30pm, Monday through Friday. Starting wage is \$15.00/hour, 40 hours per week.



**TOWN OF YORKTOWN EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER**

The Town of Yorktown, Indiana does not discriminate on the basis of race, color, gender, national origin, age, religion, veteran status, or disability in employment or the provision of services.

Please **type** or **print** responses to all of the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

Do you have a valid Driver's License: Yes No **Today's Date:** _____

Department of Interest: _____

Social Security Number: _____

Last Name: _____

First Name: _____ **Middle Initial:** _____

Previous Names: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate:** _____

Availability Information:

Part-Time Days and/or Times NOT Available:

Full -Time _____

Mon _____ Tues _____

Part - Time _____

Wed _____ Thurs _____

Fri _____ Other _____

Date Available to Start _____

Employment History and Work Experience

Please list all employment history and work experience beginning with your current employer. Use additional sheets if necessary.

Current Employer: _____
(enter none if unemployed)

May we contact your current employer? Yes _____ No _____

Employer's Address: _____

Supervisor: _____ Phone: _____

Hire-In Date: _____ Separation Date: _____

Job Title: _____ Reason for Leaving: _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ per _____ End Salary: _____ per _____

Previous Employer _____

May we contact your previous employer? Yes _____ No _____

Employer's Address: _____

Supervisor's Name: _____ Phone: _____

Hire - In Date: _____ Separation Date: _____

Job Title: _____ Reason for Leaving: _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ per _____ End Salary: _____ per _____

Next Previous Employer: _____

May we contact your current employer? Yes _____ No _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

Next Previous Employer:

May we contact your current employer? Yes _____ No _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

Next Previous Employer: _____

May we contact your current employer? *Yes* _____ *No* _____

Employer's Address: _____

Supervisor: _____ **Phone:** _____

Hire-In Date: _____ **Separation Date:** _____

Job Title: _____ **Reason for Leaving:** _____

Describe Duties, Responsibilities, Equipment Operated, List Skills, and Promotions:

Start Salary: _____ **per** _____ **End Salary:** _____ **per** _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High School Attended: _____

Address: _____

Graduate: *yes* _____ *no* _____ *GED:* _____

Activities, Awards, Sports, Clubs: (You may exclude any that may indicate race, color, religion, gender, age, national origin, or disability):

College or Trade School: Address: Attendance Dates:

Graduate: *yes* _____ *no* _____

Degree Earned: _____

Area of Study: _____

Activities, Awards, Sports, Clubs: (You may exclude any that may indicate race, color, religion, gender, age, national origin, or disability).

Graduate School: Address: Attendance Dates:

Graduate: *yes* _____ *no* _____ Degree: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

MILITARY HISTORY AND STATUS

Have you ever served in the military on active duty? Yes _____ No _____
(Include initial active duty training with the National Guard and the Reserves.)

(If yes, attach a copy of your DD214)

Military Branch	Dates of Service From: To:	Highest Rank Attained and Rank at Separation:

List any Citations and Awards received:

PROFESSIONAL OR SPECIALIZED TRAINING

Type of Specialized Training: _____

Do you currently hold any type of Professional License, or Certificate? Y N

List	Issuing				
Type:	State:	Authority:	License #:	Issue Date:	Expire Date:

If above license was not issued in Indiana, have you applied for an equivalent Indiana license? Yes _____ No _____ Date Applied: _____

Has your above stated license ever been suspended, revoked or terminated? Yes _____ No _____

If yes, please explain: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.) (List any licenses or permits you currently hold that have not been listed previously.)

PERSONAL INFORMATION

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: _____

Have you ever been convicted of a felony? Yes _____ No _____

Please explain, if yes to either of the above:

REFERENCES

Please List four References who are not related to you are not former employers or supervisors:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

APPLICANT CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents of 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 hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials _____

2. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials _____

3. 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 _____

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 MY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT REQUIREMENTS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

**TOWN OF YORKTOWN
BACKGROUND INVESTIGATION FORM
AUTHORIZATION TO CHECK DRIVING RECORD**

This is to inform you that as part of our procedure your employment application or in making application for employment, an investigation will be made whereby information will be obtained through a computer criminal records check from the National Crime Information Center (NCIC) and the Indiana Data Communication System (IDACS), Child Abuse Registry, court records, credential verifications, and reference verifications through personal interviews with neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to the existence of a criminal record, your character, general reputation, personal characteristics, and mode of living. Criminal convictions other than felonies are not an absolute bar to employment, and will be considered with respect to the specific requirements of the job for which you are applying.

The nature of services provided by the Yorktown Police Department requires that such information obtained through this background investigation be handled in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only by a qualified Recipient. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Consumer reports may be obtained as part of employer's evaluation of my job application and/or employment. The reports may be procured by First Merchants Insurance Services, and may include my driving record, and assessment of my insurability under the company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize this company to procure such reports and additional reports about me from time to time, as it is deemed appropriate to evaluate my insurability or for other permissible purposes.

Understood and Agreed:

(Applicant's Signature)

(Date)

.....

IDENTIFICATION INFORMATION

The following questions are necessary to obtain accurate information and verification of your identity on the NCIC/IDACS computer systems, and will not be used for any other purposes.

Please Print.

Date: _____

1. Legal Name:

_____ (Last) (First) (Middle)

2. Maiden Name: _____

3. Previous Names: _____

4. Social Security #: _____ 5. Date of Birth: _____
(Include copy of Birth Certificate for verification) (Mth)(Day)(Year)

6. Birth Place: _____, _____ 7. Sex: Male ___ Female ___
(City) (State)

8. Ethnic Group: Caucasian ___ Black ___ Asian ___ Hispanic ___ American
Indian ___

9. Driver License #: _____ State: _____

10. Have you ever been arrested for any incidents involving your past driving history? Yes ___ No ___

I authorize Town of Yorktown to obtain my driving record from the Bureau of Motor Vehicles.

Yes ___ No ___

In signing this document, you testify that the above information is true and correct.

(Signature of Applicant)

(Printed name)

(Date)