



THE CITY OF MONTESANO has an opening for a **Deputy Clerk** in the City Clerks Office with a monthly salary range of \$3,923.50 to \$4,819.52 DOQ, plus benefits. This is not a Civil Service position and is covered by a Collective Bargaining Agreement. This position requires performance of a variety of clerical and accounting duties associated with data entry, record keeping, medical billing and other clerical duties. Under the general supervision of the CFO/City Clerk, the Deputy Clerk has a variety of routine duties including ambulance billing, customer service, cemetery record keeping and other duties as assigned.

Qualifications: High School Diploma or equivalent. Candidates must possess a valid Washington State Driver's License. Any combination of experience and training that provides the desired skills, knowledge and abilities outlined in the job description.

A complete job description and application are available at City Hall in Montesano

Applications will be accepted until the position is filled, first review will be August 23, 2019.

Applications should be sent to:

**City of Montesano
Attn: CFO/City Clerk
112 N. Main Street
Montesano, WA 98563**

CITY OF MONTESANO IS AN EOE.

City of Montesano, WA Deputy Clerk-Ambulance Billing

*Duties performed by employees in the class are **not** intended to reflect all duties performed within the job.*

Nature of Position

The individual in this position is situated to report to the City Clerk's Office under supervision of the CFO/City Clerk. This position is to perform a variety of clerical and accounting duties associated with data entry, record keeping, billing, and clerical duties.

Scope of Responsibility

Individuals in this position will normally perform the regularly and recurring administrative assistant duties independently and according to applicable city ordinance and generally accepted procedures and practices.

A sample of duties include but are not limited to ambulance billing; answering telephones; greet visitors to the Fire Department; record keeping, auditing medical incident reports and data entry.

Examples of Duties and or Responsibilities (Not all inclusive)

The following tasks are typical for positions in this classification. Any single position may not perform all of these tasks and/or may perform similar related tasks not listed here.

1. Perform a variety of clerical and accounting duties associated with financial record keeping; City services billing; accounts receivable, etc.
2. Maintain financial records for assigned accounts; set up new accounts according to established procedures, maintain confidentiality of information and records.
3. Post, assemble, tabulate compare and verify financial and statistical data for computer input; maintain and assure accuracy of assigned accounts; balance accounts and adjust as appropriate.
4. Maintain municipal records including minutes, contracts, notices, and all duties as required in the capacity of records retention. Preparation of Planning Commission packets, advertisements and press releases associated with their meetings.
5. Answers phones and greets customers, provides information, responds to requests and inquiries consistent with scope of responsibility and refers appropriately as needed
6. Coordinate with employees, vendors and other departments concerning assigned function; answer questions and provide information and assistance.

7. Collect and post monies received for ambulance bills, utility bills, invoices and other fees; maintain and balance cash drawer.
8. Maintain a variety of databases; input information and verify for accuracy, run reports as needed.
9. Process medical billing for ambulance services; file claims with insurance companies; submit past due notices; maintain accurate records for ambulance accounts payable and receivable.
10. Exercise judgment on medical billing and recommend and make changes based on billing requirements; generate reports to insurance companies and/or attorneys as required.
11. Verify the accuracy of transport mileage for billing; seek clarification of medical information from firefighter/paramedics; complete reports as needed.
12. Information management for Emergency Medical Services, data entry for emergency and non-emergency medical incidents, and manages volunteer payroll
13. Establishes and maintains administrative files for fire department

Other Job Functions

1. Perform a variety of general clerical and office duties in support of the assigned area; answer phones, operate office equipment, file and type; provide backup support in the absence of other clerical staff as needed.
2. Follow all safety rules and procedures established for work area.
3. Attends conferences and meetings to keep in touch with training and current trends in the industry.
4. Perform related duties and responsibilities as required

Working Conditions

Work is performed in an office. There are no extraordinary physical demands on the employee in this position. Repeated interruption of the work routine is typical. This position requires extensive reading and involves repetitive motion tasks. The employee will be required to answer telephones. The work area can be noisy.

Knowledge, Skills and Abilities

Any combination of experience and training that provides the desired skills, knowledge and abilities. Experience with medical billing is preferred.

CITY OF MONTESANO

APPLICATION FOR EMPLOYMENT

112 N. MAIN STREET MONTESANO, WA 98563

(360) 249-3021

FAX (360) 249-3690

EQUAL OPPORTUNITY: The City of Montesano, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Montesano affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of the City of Montesano and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions.

PERSONAL INFORMATION

LAST NAME		FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
MAILING ADDRESS						
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE						
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER ()		ALTERNATE NO. WHERE YOU MAY BE REACHED ()		
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?					YES	NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.					YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MONTESANO?					YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MONTESANO? IF YES, COMPLETE THE FOLLOWING INFORMATION:					YES	NO
JOB TITLE/DEPARTMENT		DATES: FROM		TO		
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF MONTESANO.						
NAME			JOB TITLE/DEPARTMENT			

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Montesano, and if your driver's license is from another state you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION	
DO YOU AUTHORIZE THE CITY OF MONTESANO TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING.			YES	NO

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:				
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?				
DO YOU WISH TO WORK:		TEMPORARY	<input type="checkbox"/> SUMMER	
IF PART TIME, SPECIFY DAYS &	<input type="checkbox"/>	HRS. PER WEEK	<input type="checkbox"/>	
WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$		PER	DATE AVAILABLE FOR WORK:	
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? SPECIFY COMMITMENTS			YES	NO

EDUCATION: Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?		YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?			
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY			
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED			

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO			
MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CIRCLE 1) 5 10
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY					

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?	YES	NO
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(JOB 1) PRESENT OR MOST RECENT JOB						EMPLOYER
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
						REASON FOR LEAVING POSITION
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 2) PREVIOUS JOB						EMPLOYER
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
						REASON FOR LEAVING POSITION
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 3) PREVIOUS JOB						EMPLOYER
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE

	REASON FOR LEAVING POSITION					
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						
(JOB 4) PREVIOUS JOB					EMPLOYER	
FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER
						YOUR JOB TITLE
HOURS PER WEEK					SUPERVISOR'S NAME & TITLE	
					REASON FOR LEAVING POSITION	
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

SPECIAL SKILLS — OFFICE

DO YOU TAKE SHORTHAND?	YES	NO
CAN YOU TRANSCRIBE MACHINE DICTATION?	YES	NO

TYPING SPEED: _____ WORDS PER MINUTE

BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____

WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? _____

A. LEVEL OF SKILL: _____

B. YEARS OF OPERATING EXPERIENCE: _____

C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? _____

D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: _____

OTHER SKILLS: _____

SPECIAL SKILLS — FIELD

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE _____

A. LEVEL OF SKILL: _____

B. YEARS OF OPERATING EXPERIENCE: _____

OTHER SKILLS: _____

MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO

WITHIN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	YES	NO
FOR POLICE APPLICANTS ONLY: HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) ?	YES	NO

PROFESSIONAL REFERENCES: List three professional or business references who are not your relatives or employees of the City of Montesano. State the nature of your business relationship (i.e., co-worker, supervisor, associate)

NAME	ADDRESS	PHONE	RELATION SHIP	YEARS KNOWN

PERSONAL REFERENCES: List three personal references who are not your relatives or employees of the City of Montesano. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATION SHIP	YEARS KNOWN

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF MONTESANO AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-EMPLOYMENT MEDICAL EXAMINATION: APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF MONTESANO.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF MONTESANO TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF MONTESANO ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF MONTESANO TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF MONTESANO OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF MONTESANO RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MONTESANO, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____ DATE _____