



# LIVINGSTON COUNTY **WSA** WATER & SEWER AUTHORITY

Looking for work you can genuinely be proud of? Then maybe you will be our next team member!

## Candidates should have the following:

- Great customer service skills.
- Good knowledge of MS Word and MS Excel.
- Ability to learn quickly.
- Good problem solver and works well in a team environment.
- Interest in serving the public & working with a great team!

Successful candidate will be required to pass a civil service test when administered by NYS; must possess or obtain a NYS notary public license within 12 months of appointment.

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**APPLY BY 10/15/2021**

Application can be found @  
[www.livingstoncounty.us/276/Water-Sewer-Authority](http://www.livingstoncounty.us/276/Water-Sewer-Authority)

Return applications to  
[rlewis@lcwsa.us](mailto:rlewis@lcwsa.us) or mail to:

Rene Lewis, LCWSA  
1997 D'Angelo Drive  
P.O. Box 396  
Lakeville, NY 14480

The Livingston County Water and Sewer Authority (LCWSA) is looking to hire a new Senior Account Clerk Typist. LCWSA provides water and sewer services to over 7,000 households and businesses in the community. LCWSA is a growing service, and we are looking for a focused and innovative team member to support our mission in providing excellent water and sewer services throughout Livingston County.

What you'll be working on:

- ◇ The position works independently while being part of a small team responsible for the administrative functions of LCWSA.
- ◇ General bookkeeping, clerical and administrative functions including the maintenance and review of financial records.
- ◇ Interacting with the public and handling customer service calls and emails including the processing of permits and answering questions related to customer accounts and billing.
- ◇ Working with field staff in setting up customer appointments and coordinating workorders.
- ◇ Work with the Executive Director in developing agenda for monthly Board of Directors meetings, attend all Board meetings and act as the Secretary to the Board.
- ◇ Support office staff in learning the billing system and process, preparation of the annual budget and implementation of LCWSA policies.

**Starting Salary is \$43,595, with great medical, dental, vision and NYS retirement benefits**

## **SENIOR ACCOUNT CLERK/TYPIST**

### **Livingston County Water & Sewer Authority**

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**DISTINGUISHING FEATURES OF THE CLASS:** The work involves responsibility for independently performing and/or supervising the performance of moderately difficult bookkeeping, clerical and typing duties in the maintenance and review of financial records. The work may require a general understanding of specific law, office rules, procedures and policies and billing regulations. Employees in this position do not perform double entry bookkeeping. Employees generally follow a prescribed routine in the performance of moderately difficult financial record keeping duties and in most cases receive only infrequent general instructions. Direct supervision may be exercised over the work of one or more clerical assistants.

#### **TYPICAL WORK ACTIVITIES:**

Oversees and classifies a variety of receipts and expenditures, and distributes items according to prescribed procedures;

Supervises employees by assigning and reviewing completed work, and instructing new employees in specialized record keeping activities;

Supervises the verifying and reconciling of customer account balances;

Reviews and checks account keeping records and reports for arithmetical and clerical accuracy, completeness and proper extension;

Conducts correspondence on matters where policies and procedures are well defined;

Processes water and sewer permit applications, and issues receipts for monies received;

Prepares bills for water and sewer customers, records remittances after computing interest and penalties;

Compiles and checks payroll data;

Compiles and prepares labor, material and operational cost records and reports;

Supervises the processing, sorting, indexing and recording and filing of a variety of control records and reports, including summary of daily deposits, annual water and sewer relevy, etc.;

Is responsible for the preparation of reports from journal or ledger;

Working from a rough draft or from data which is personally developed, types financial statements, payrolls, statistical tabulations and data, from letters, memoranda, vouchers, reports, requisitions and other materials;

Compiles data for and prepares and analyzes complex financial and statistical records and reports;

Provides information in response to telephone or email requests on billing questions;

Operates computers, calculating, check writing and other office machines;

Assists in the preparation of budget and in maintaining budget control.

#### **FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES & PERSONAL**

**CHARACTERISTICS:** Good knowledge of modern methods of keeping and reviewing financial records; good knowledge of office terminology, procedures and equipment; good knowledge of business English; skill in keyboarding at a predetermined rate of speed; ability to understand and carry out oral and written directions; ability to communicate effectively both orally and in writing; ability to plan and supervise work of others; ability to make arithmetic computations rapidly and accurately; ability to utilize computers and work-related software; ability to write legibly; ability to get along well with others; clerical aptitude; mental alertness, a

high degree of accuracy; tact, courtesy; physical condition commensurate with the demands of the position.

**MINIMUM QUALIFICATIONS:** Applicants must meet all requirements for one of the following qualification options in order to be approved for examination and/or appointment:

Qualification Option #	1	2
<b>Training/Education</b>	<input type="checkbox"/> Possession of an Associate's <sup>1</sup> degree from a regionally accredited or New York State college in Accounting, Business Administration or a related field of study <sup>2</sup> .	<input type="checkbox"/> Possession of a high school diploma or equivalency diploma.
<b>General experience</b>	<input type="checkbox"/> Six months of full-time, paid experience performing bookkeeping and/or accounting work which included keyboarding in the performance of duties.	<input type="checkbox"/> Two years of full-time, paid experience performing bookkeeping and/or accounting work which included keyboarding in the performance of duties.
<b>License/ Certification</b>	Must possess a current New York State notary public license at the time of appointment or obtain same within 12 months of appointment. Must maintain such license throughout employment.	
<b>Other requirements</b>	<input type="checkbox"/> N.A.	<input type="checkbox"/> N.A.

Part-time service will be given prorated credit toward experience requirements.

**Senior Account Clerk/Typist – C in all divisions**

Revised 5/23/2001, 2/16/2018, 4/26/2018 (LCWSA - 09/26/18 License/Certification)

<sup>1</sup> A higher degree is also acceptable.

<sup>2</sup> A related field of study is one in which the applicant successfully completed at least 9 credit hours of study in accounting and/or math. Successfully completed means the applicant achieved a grade of at least 2.0.



Livingston County Water & Sewer Authority  
**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:** Complete all sections of this application form fully. Print or type all responses clearly. If more space is needed than is provided on this form, attach additional sheets. Place your name on the bottom of each page.

**SUBMIT THE COMPLETED APPLICATION:**

(In Person/By Mail) LCWSA, 1997 D'Angelo Drive, PO Box 396, Lakeville, New York 14480.

or

(Via Email) Attn: Jason Molino      [jmolino@lcwsa.us](mailto:jmolino@lcwsa.us)

If you have questions regarding the application, call (585) 346-3523.

**1. Position Title**

I am applying for:	<input type="checkbox"/> An open position with Livingston County Water & Sewer Authority
The title of the position is:	

**2. My Personal Information**

Complete all parts of this section.

My name is:	
My current mailing address is:	
I currently live at (i.e. my physical address is):	<input type="checkbox"/> The same as my mailing address. <input type="checkbox"/> Different from my mailing address. My physical address is:
My physical address is my permanent residence.	<input type="checkbox"/> True. <input type="checkbox"/> False. My permanent residence physical address is:
My permanent address is located within (complete all categories that apply):	State: _____ County: _____ Town: _____ Village: _____ School District: _____
My e-mail address is: [Providing this address is optional. If you provide your e-mail address, it may be used for communications with you.]	
My phone number is:	

Applicant's Name: \_\_\_\_\_ 1

### 3. My Right to Work in the United States

Complete all parts of this section.

I have the legal right to accept employment within the United States.	<input type="checkbox"/> True. <input type="checkbox"/> False.
I am at least 18 years of age.	<input type="checkbox"/> True. <input type="checkbox"/> False. I have working papers that allow me to do the type of work for which I have applied. <input type="checkbox"/> True. <input type="checkbox"/> False.

### 4. My Background Information

Complete all parts of this section.

I have : <ul style="list-style-type: none"> <li>▪ Been discharged from employment for reasons other than lack of work;</li> <li>▪ Resigned from employment in lieu of termination; <b>AND/OR</b></li> <li>▪ Been <i>dishonorably</i> discharged from the U.S. Armed Forces.</li> </ul>	<input type="checkbox"/> True. Submit a completed Employment Discharge form with your application for <i>each</i> of your terminations that fall within any of these categories. Contact LCWSA for this form. <input type="checkbox"/> False.
I have been convicted of one or more misdemeanor and/or felony crimes.	<input type="checkbox"/> True. Submit a completed Sworn Statement form with your application for <i>each</i> conviction. Contact LCWSA for this form. <input type="checkbox"/> False.

### 5. My License Information

Complete all sections.

I have a valid New York State driver's license.	<input type="checkbox"/> True. My license has no restrictions that would affect my ability to work. <input type="checkbox"/> True. <input type="checkbox"/> False. The restrictions on my license are: _____ <input type="checkbox"/> False.  I have a valid driver's license from another state within the U.S. <input type="checkbox"/> True. My license is from the state of: _____  <input type="checkbox"/> False.
I have a valid New York State commercial driver's license.	<input type="checkbox"/> True. The class of my license is: _____ I have endorsements <input type="checkbox"/> True. My endorsements are: _____ <input type="checkbox"/> False. My license has no restrictions that would affect my ability to work. <input type="checkbox"/> True. <input type="checkbox"/> False. The restrictions on my license are:

Applicant's Name: \_\_\_\_\_ 2

	<input type="checkbox"/> False. _____
<p>I have one or more New York State professional licenses and/or certifications (not including a commercial driver's license).</p> <p>(If you have more than one New York State professional licenses and/or certifications please use page 13 for the others.)</p>	<input type="checkbox"/> True. For each professional license/certification, provide the following: The type of license/certification: _____ License/certification number: _____ Date license/certification first issued: _____ Date current license/certification expires: _____ Whether the license/certification is currently in good standing with no restrictions? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If there are any restrictions on the license, explain those restrictions and how they affect your ability to work in the title for which you are applying: _____ _____ <input type="checkbox"/> False.
<p>I have one or more currently valid professional licenses and/or certifications issued by a state within the U.S. <i>other than</i> New York.</p> <p>(If you have more than one currently valid professional licenses and/or certifications please use page 13 for the others.)</p>	<input type="checkbox"/> True. For each professional license/certification, provide the following: The type of license: _____ The state that issued the license: _____ <input type="checkbox"/> False.

**6. My Education**

**Complete this table fully.**

<p>I have participated in the following type(s) of education. (Check every category that applies.)</p>	<input type="checkbox"/> High school. Complete the "a" section below. <input type="checkbox"/> Trade School or Program. Complete the "b" section below. <input type="checkbox"/> Undergraduate Degree Program. Complete the "c" section below. <input type="checkbox"/> Graduate Degree Program. Complete the "d" section below. <input type="checkbox"/> Other schools or special courses. Complete the "e" section below. <input type="checkbox"/> I have college credit hours meeting the minimum qualifications of the title for which I am submitting this application. Complete the "f" section below.
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**For each of the types of education you checked above, complete the corresponding section(s) below.**

**a. High school**

<p>I have a high school diploma or high school equivalency diploma.</p>	<input type="checkbox"/> True. My diploma was issued by: _____ _____ <input type="checkbox"/> False.
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**b. Trade school or program**

I participated in an official trade school and/or trade program.	<input type="checkbox"/> True. The school or program was: _____ _____ <input type="checkbox"/> False.
The trade for which I received training was:	
I successfully completed the program.	<input type="checkbox"/> True. <input type="checkbox"/> False.
The trade for which I received training is a skilled building and/or construction trade.	<input type="checkbox"/> True. My training and/or experience places me at the following skilled trade level: <input type="checkbox"/> Apprentice. <input type="checkbox"/> Journeyman. <input type="checkbox"/> Master. <input type="checkbox"/> Other. Please specify: _____ <input type="checkbox"/> False.

**c. Undergraduate degree program (for Associate's and/or Bachelor's degrees)**

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Associate's degree in: _____ <input type="checkbox"/> Bachelor's degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.
Date degree expected.	

**d. Graduate degree program (for advanced degrees, i.e. beyond Bachelor's degrees)**

The name(s) of the college(s)/university(ies) I attended was/were:	
My major(s) was/were:	
The degree I received was:	<input type="checkbox"/> Master's degree in: _____ <input type="checkbox"/> Doctorate degree in: _____ <input type="checkbox"/> I did not receive a degree.
My degree is:	<input type="checkbox"/> A degree named in the minimum qualifications for this title. <input type="checkbox"/> Closely related to a degree named in the minimum qualifications for this title. (Complete section "f" below.) <input type="checkbox"/> I do not have a degree. <input type="checkbox"/> None of the above apply.

Applicant's Name: \_\_\_\_\_ 4





**Relevant Job #1**

- **Note: If you had more than one job with the same employer, each job should be listed as a separate job.**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b>not</b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b>not</b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b>OPTIONAL.</b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

**Relevant Job #2**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b><i>not</i></b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b><i>not</i></b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b><i>OPTIONAL.</i></b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Continue below. <input type="checkbox"/> False. Proceed to section 9.

**Relevant Job #3**

My employer is/was:	
My employer's address is:	Town/City: _____ State: _____
My job title is/was:	
I began working in this title in:	Month _____ Year _____
My work ended:	<input type="checkbox"/> My work ended in: Month _____ Year _____ My work ended because: <input type="checkbox"/> I resigned or retired. <input type="checkbox"/> I resigned/retired to avoid being fired. <input type="checkbox"/> I did <b><i>not</i></b> resign/retire to avoid being fired. <input type="checkbox"/> I was fired. <input type="checkbox"/> I was laid off due to lack of work. <input type="checkbox"/> This employment has not ended.
My primary job duties are: (If you need more space, please use page 13)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Other job duties I perform regularly are:	
My average hours of work per week are ( <b><i>not</i></b> including overtime):	
This work is:	<input type="checkbox"/> Paid. <input type="checkbox"/> Unpaid volunteer. <input type="checkbox"/> Unpaid intern. <input type="checkbox"/> Other unpaid work. The type of work is: _____
<b><i>OPTIONAL.</i></b> This is additional information I would like to provide about this work experience.	
I have had other relevant job experience I would like to describe.	<input type="checkbox"/> True. Obtain additional work experience pages from LCWSA and attach them to your application. <input type="checkbox"/> False. Proceed to section 9.

**8. Equal Employment Opportunity statement**

New York and Federal law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, sexual orientation, non-disqualifying disability, marital status, religion, genetic information, gender identity, and gender orientation. Accordingly, nothing in this application should be viewed as expressing any limitation, specification, or discrimination as to these protected classifications or any others, in connection with employment by Livingston County Water & Sewer Authority.

**9. Affirmation, Signature, and Date**

I affirm that the statements made in this application, including any attached/included documents (in any format including, but not limited to, electronic and paper), are true under penalties of perjury. I understand that any misrepresentations may result in my disqualification for examination/appointment or my removal from employment following appointment.

My signature: <u>(Signature must be hand written.</u> <u>It may not be typed.)</u>	
Date:	

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**Do not mark in this area. Reserved for use by LCWSA.**

Date Received: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

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