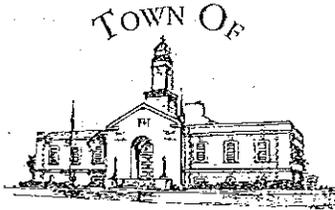


RECEIVED FOR FILING  
JAN 03 2017

TOWN CLERK'S OFFICE  
EAST HAVEN, CONN.

*Stacy Grwinski, CTC*  
TOWN CLERK



EAST HAVEN

CIVIL SERVICE COMMISSION

**Notice of Testing**

The Civil Service Commission announces an open-competitive examination for the positions of Account Clerk-Payables.

\*\*\*\*\*

<b>TIME:</b>	<b>To Be Announced</b>
<b>DATE:</b>	<b>To Be Announced</b>
<b>PLACE:</b>	<b>To Be Announced</b>
<b>SALARY:</b>	<b>\$18.78/hour 37.5 hours per week</b>

**Duties:** See attached job description.

**Minimum Qualifications**

**Knowledge, Skill and Ability:**

- Able to work independently, to organize work and to manage details
- Input and maintain all data and information into the accounting system regarding accounts payable
- Analyzes specific accounting operations for the purpose of ensuring efficiency and adherence to established internal policies and procedures
- Reconcile all processed work by verifying entries and comparing system reports to balances.
- Coordinates with district personnel for the purpose of setting up and maintaining accounting and accounts payable services and/or programs
- Researches any discrepancies in accounting data or information, and report to Finance Manager, for the purpose of ensuring accuracy and implementing corrective measures, as necessary
- Verifies vendor accounts by reconciling monthly statements and related transactions.
- Participate in meetings, workshops and seminars for the purpose of conveying and/or gathering information required to perform functions
- Answer telephone calls from vendor and district employees and respond to their questions as needed
- Update job knowledge by participating in educational opportunities

Responsible for processing of bills for payment, the accuracy of invoices and purchase orders, posts accounts, balances against records and assists in the preparation of period financial reports and statements

Input encumbrances from purchase orders, input general ledger, writes checks, balances purchase orders to reports, runs checks and check registers

Following final authorization, mail checks with matching remittance invoices

Maintains complete and detailed accounts payable records

Primary individual to set up new vendors and obtain the 1099 from vendor prior to releasing the check

Verifying accounts where purchase order is charged to make sure it makes sense to where the budget has been approved

Prepare and collect monies related to rental contracts for high school

Prepare natural gas and electricity spreadsheet monthly

Enter purchase orders as requested from administrators

Filing, scanning

Preparing board packet for each board meeting to approve invoices

Prepare spreadsheet of invoices of \$4000 or what is stated in board policy to be approved

Receive telephone calls from vendor and district employees and respond to their questions in a timely manner

Reconcile accounts payable batch posting to general ledger

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**Experience and Training:** High School graduation or equivalent, Associates Degree in Accounting or equivalent experience and three (3) years of experience in accounts payable. Thorough working knowledge of Microsoft Word and Excel.

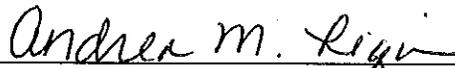
**Examination:** Written Test: Pass Point: 70 Weight: 100%

Additional credit may be awarded after successful completion of all phases of the exam:

- Candidates who believe they are eligible for Veteran Credit must attach copy of DD214.
- Candidates with college credits may be eligible for the Education Credit and must request an Official Transcript from their college or university be sent to The Civil Service Office, 250 Main Street, East Haven CT 06512 and be received by 2/13/17 to receive credit.
- Candidates may be eligible for Foreign Language Proficiency Credit by attaining a rating of "Intermediate-High" on a Foreign Language Competency Exam. Candidates who believe they are fluent in a foreign language must submit the "Foreign Language Proficiency Examination Credit Request" form available with the application to The Civil Service Office, 250 Main Street, East Haven CT and complete the test by 2/13/17.

Applications must be returned no later than January 24, 2017 to:

The Civil Service Commission  
250 Main Street  
East Haven CT 06512



Andrea M. Liquori, Chief Examiner

The Town of East Haven is an Equal Opportunity Employer. Minorities, Veterans, Females and the Handicapped are encouraged to apply.



**EAST HAVEN PUBLIC SCHOOLS**  
35 Wheelbarrow Lane, East Haven, CT 06513

**Job Title:** Account Clerk - Payables

**Reports To:** Finance Manager

**Location:** Business Office

**Level:** District

**Education:**

- Associates Degree in accounting or equivalent experience

**Experience:**

- Minimum of 3 years' experience working knowledge in the accounts payable
- A thorough working knowledge of Microsoft Word and Excel

**Position Summary:** A highly responsible position performing a variety of office procedures and responsibly related to accounts payable in the Business Office for the Board of Education. Must be knowledgeable of office procedures, principles of accounting, budgets, purchasing, inventory and payroll. Ability to maintain complex records and systems; assume responsibility and exercise judgment in the performance of assigned duties, some of which may be of a confidential nature; perform mathematical computations accurately; maintain effective, working relationships; and deal courteously with associates and the public.

**Minimum Qualifications/Skills and Knowledge Requirements:**

- Able to work independently, to organize work and to manage details
- Input and maintain all data and information into the accounting system regarding accounts payable
- Analyzes specific accounting operations for the purpose of ensuring efficiency and adherence to established internal policies and procedures
- Reconcile all processed work by verifying entries and comparing system reports to balances.
- Coordinates with district personnel for the purpose of setting up and maintaining accounting and accounts payable services and/or programs
- Researches any discrepancies in accounting data or information, and report to Finance Manager, for the purpose of ensuring accuracy and implementing corrective measures, as necessary
- Verifies vendor accounts by reconciling monthly statements and related transactions.
- Participate in meetings, workshops and seminars for the purpose of conveying and/or gathering information required to perform functions
- Answer telephone calls from vendor and district employees and respond to their questions as needed
- Update job knowledge by participating in educational opportunities

- Responsible for processing of bills for payment, the accuracy of invoices and purchase orders, posts accounts, balances against records and assists in the preparation of period financial reports and statements
- Input encumbrances from purchase orders, input general ledger, writes checks, balances purchase orders to reports, runs checks and check registers
- Following final authorization, mail checks with matching remittance invoices
- Maintains complete and detailed accounts payable records
- Primary individual to set up new vendors and obtain the 1099 from vendor prior to releasing the check
- Verifying accounts where purchase order is charged to make sure it makes sense to where the budget has been approved
- Prepare and collect monies related to rental contracts for high school
- Prepare natural gas and electricity spreadsheet monthly
- Enter purchase orders as requested from administrators
- Filing, scanning
- Preparing board packet for each board meeting to approve invoices
- Prepare spreadsheet of invoices of \$4000 or what is stated in board policy to be approved
- Receive telephone calls from vendor and district employees and respond to their questions in a timely manner
- Reconcile accounts payable batch posting to general ledger

**Evaluation:** Performance of this job will be evaluated annually in accordance with provisions of the Board's policy on Evaluation of Classified Personnel.

This job description is not, nor is it intended to be, a complete statement of all duties, functions, and responsibilities which comprises this position.

**East Haven Public Schools is an equal opportunity employer. Minorities, females, handicapped, and veterans are encouraged to apply.**

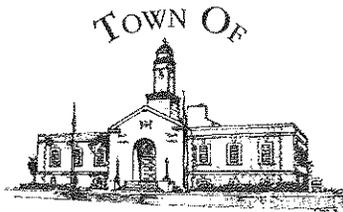
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## **INSTRUCTIONS FOR COMPLETING APPLICATION**

- 1. You are applying to participate in an examination for a Civil Service position. After the exam is given and graded, the top three highest scoring candidates will be interviewed for the position. Your name will remain on the Eligibility List for this position for 2 years.**
- 2. Please download and print the application and return it via U.S. Mail or hand-deliver to the Civil Service Commission, 250 Main Street, East Haven, CT 06512. DO NOT EMAIL OR FAX YOU APPLICATION, IT WILL BE REJECTED.**
- 3. Job History, Page 5-Please print as many copies of page 5 as you need to complete your job history. You can attach a resume to the application. RESUMES SUBMITTED WITHOUT AN APPLICATION WILL BE REJECTED.**
- 4. After you have submitted your application it will be reviewed. If you meet the minimum qualifications you will be instructed where you can take the Civil Service Exam. If you do not meet the minimum qualifications you will be notified that you are not allowed to take the exam.**
- 5. Applications postmarked or hand-delivered after the deadline will be rejected.**

**6. Additional credit may be awarded after successful completion of all phases of testing for the following:**

- **Candidates who believe they are eligible for Veteran Credit must attach copy of DD214.**
- **Candidates with college credits may be eligible for the Education Credit and must request an Official Transcript from their college or university be sent to The Civil Service Office, 250 Main Street, East Haven CT 06512 and be received by 2/13/17 to receive credit.**
- **Candidates may be eligible for Foreign Language Proficiency Credit by attaining a rating of “Intermediate-High” on a Foreign Language Competency Exam. Candidates who believe they are fluent in a foreign language must submit the “Foreign Language Proficiency Examination Credit Request” form available with the application to The Civil Service Office, 250 Main Street, East Haven CT and complete the test by 2/13/17.**



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**EAST HAVEN**

**The Town of East Haven**

**Application for Employment**

**Position: Account Clerk**

**Instructions:** Read each question carefully. Answer every question. If the question does not apply to you, write “does not apply”. If the space provided for answering any question is not sufficient, use a separate sheet of paper and attach it to the application.

While it is not mandatory, the Town requests that you complete the Compliance Information Sheet, as the Town is required to keep this information as an Equal Opportunity Employer.

Please attach a copy of your High School Diploma, Equivalency, or College Degree, Government DD214 (if applicable), as well as a copy of your State of Connecticut Driver’s License and Social Security Card(or Birth Certificate). **Do not attach original documents.**

**\*Town employees will not make copies for you.\***

**Return This Application To:**

The Civil Service Office  
East Haven Town Hall  
250 Main Street  
East Haven CT 06512

**Deadline: January 24, 2017**

**MINORITIES, FEMALES, HANDICAPPED, AND VETERANS ARE ENCOURAGED TO APPLY. EAST HAVEN IS AN EQUAL OPPORTUNITY EMPLOYER.**

**Application for Employment with the Town of East Haven**

Carefully read the following statement and sign where indicated.

I declare my answers to the questions on this application are true and hereby authorize the Town to inquire of and authorize any and all previous employers, public and government officials or agencies, law enforcement agencies or any other persons to release information regarding my experience, reputation, character, ability or qualifications for employment.

It is my understanding that the Town may make a thorough investigation of my entire work and personnel history and may verify all data given in my application and resume, related papers or oral interviews for employment and release from all liability all persons, companies or corporations supplying such information.

I understand and agree that any material or verbal misrepresentation or deliberate omission of a fact in my application will be sufficient cause for denial of employment or discharge.

I understand that an offer of employment may be conditioned upon the successful results of a health screen/physical examination as a condition of employment. Included in this process will be a drug test for illegal drugs. I understand that positive test results will be mailed to me at the address indicated on the front of this application. Positive test results may be cause not to hire. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Town.

I further understand that this is an application for employment and any other Town documents are not contracts of employment, and that if hired I may voluntarily leave employment with or without proper notice, with or without proper cause, and may be terminated at any time for any reason consistent with any existing labor agreement and/or Town policy in effect at the time and applicable to my position. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. No one has the authority to make statements to the contrary.

A photocopy of this release will be as valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's status, or the presence of a non-job-related medical condition or disabilities. We will make "reasonable accommodations" for disabilities when they will not impose "undue hardship".

\*\*\*\*\*

**PLEASE PRINT**

**Date:** \_\_\_\_\_

**Position Applied for** \_\_\_\_\_

\*\*\*\*\*

**Name** \_\_\_\_\_

                    Last                                    First                                    Middle                                    Maiden Name

**Address** \_\_\_\_\_

                    Number                    Street                                    City                                    State                    Zip Code

**Telephone( )** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

\*\*\*\*\*

If employed and you are under the age of 18, can you furnish a work permit? \_\_\_\_\_

Have you filed an application with the Town before? \_\_\_\_ Yes \_\_\_\_ No

    If yes, please state date \_\_\_\_\_

Have you ever been employed by the Town before? \_\_\_\_ Yes \_\_\_\_ No

    If yes, please state date \_\_\_\_\_

Are you employed now? \_\_\_\_ Yes \_\_\_\_ No

May we contact your present Employer? \_\_\_\_ Yes \_\_\_\_ No

On what date would you be available to work? \_\_\_\_\_

Are you available to work \_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ Temporary

Are you on a lay-off and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Veteran of the Military Service \_\_\_\_ Yes \_\_\_\_ No

    If yes, Branch \_\_\_\_\_

    Honorable Discharge \_\_\_\_ Yes \_\_\_\_ No

    DD214 Attached \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION**

\*\*\*\*\*

	Elementary	High	College/Univ.	Graduate/ Professional
School Name	_____			
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Diploma/Degree \_\_\_\_\_  
Describe Course of Study: \_\_\_\_\_

Describe specialized Training, Apprenticeship, skills and extra-curricular activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Honors Received: \_\_\_\_\_

\*\*\*\*\*

State any other additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Professional or Technical license held or Certifications:  
License # \_\_\_\_\_ State License in: \_\_\_\_\_  
Date License Expires: \_\_\_\_\_

**Please make as many copies of this page as you need to complete your job history or attach a resume to the application.**

**EMPLOYMENT EXPERIENCE**

\*\*\*\*\*

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

\*\*\*\*\*

Employer: \_\_\_\_\_ Dates Employed \_\_\_\_\_ Work Performed  
Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
\_\_\_\_\_ Starting: \_\_\_\_\_  
\_\_\_\_\_ Final: \_\_\_\_\_

\*\*\*\*\*

Supervisor: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

If you need additional space, please continue on a separate sheet of paper.

\*\*\*\*\*

**Special Skills and Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

\_\_\_\_\_ Handicapped Individual \_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

TOWN OF EAST HAVEN  
PERSONNEL DEPARTMENT  
250 MAIN STREET  
EAST HAVEN, CT 06512

WAIVER FORM

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Connecticut Drivers License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I hereby authorize the release of any arrest, conviction, fingerprint, employment, personnel, medical and psychiatric records to assist in determining my suitability for employment with the Town of East Haven. I agree that any such records requested may be released to the East Haven Personnel Department or the East Haven Police Department for the purposes of my employment application.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Print Name

**COMPLIANCE INFORMATION SHEET**

\*\*\*\*\*

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. This data will be kept in a confidential file separate from the application for employment.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source: New Haven Register Advertisement \_\_\_\_\_

UMOJA News \_\_\_\_\_

Inner City Newspaper Advertisement \_\_\_\_\_

WYBC Radio \_\_\_\_\_

Television Advertisement \_\_\_\_\_

NAACP \_\_\_\_\_

Job Bank \_\_\_\_\_

Church/Civic Group \_\_\_\_\_

Walk-in \_\_\_\_\_

Friend \_\_\_\_\_

Employment Agency \_\_\_\_\_

Relative \_\_\_\_\_

Town Website \_\_\_\_\_

Internet \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Check one of the following Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Black \_\_\_\_\_ Native American/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

Check if any one of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped

REFERENCES

PLEASE LIST THREE REFERENCES

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

3. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

**FOREIGN LANGUAGE PROFICIENCY**  
**EXAMINATION CREDIT REQUEST**

I, by signing this form believe that I am fluent in the below listed languages and wish to qualify for extra credit by taking an exam that will measure my proficiency.

LANGUAGE #1: \_\_\_\_\_

LANGUAGE #2: \_\_\_\_\_

LANGUAGE #3: \_\_\_\_\_

LANGUAGE #4: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 201\_

NOTARY: \_\_\_\_\_