Senior Life Resources
NORTHWEST

Position: Accounting Specialist 2 or 3
(will depend on qualifications, experience and the combinations of each of the person filling the position.)
Reports to: Administrative Services Director
Classification: Non-exempt; Full-time

GENERAL POSITION SUMMARY: Performs routine and complex accounting, reporting and administrative tasks in support of the Fiscal Department and to Agency program operations. Primary responsibilities are to carry out various roles related to receivables, cash receipting and disbursements.

ESSENTIAL FUNCTIONS:

- *Receivables*: Responsibility for all billing operations including the following tasks:
  - Generating bills to clients and invoices/uploads to contractors and state agencies
  - Past dues, collections and terminations
  - Interfacing with service offices regarding billing, clients and participation
  - Subsidiary ledger maintenance
  - Interacting with clients on account and billing questions/issues.
  - Processing adjustments to client accounts as warranted
- *Perform reconciliations and prepare reports of reconciliations for management analysis and review*
- Assist with payables as needed.
- *Non-financial reporting requirements*: contractor and state required reports and others as needed.
- *Payables and Disbursements*: Responsibility for all payable and disbursement operations including the following tasks:
  - Processing invoices and generating payments in all forms to vendors
  - Interfacing with service offices regarding invoices and payment questions/issues
  - Subsidiary ledger maintenance
  - Interacting with vendors invoice and disbursement questions/issues.
- *Cash receipting*: Responsibility for all cash receipting needs of the organization, including the following tasks:
  - Processing all over-the-counter, mail, automatic and other types of payments.
  - Preparing deposits and daily cash receipting detail and summary reports in support of cash receipting activity and the monthly bank reconciliation process.
- Maintain up-to-date, easy to follow desk procedures.
- Assisting with customer inquiries, telephone and otherwise and general telephone support when needed.
- Fill in for other Fiscal Department positions when requested.
- Other duties as assigned.

SPECIFIC JOB SKILLS:

- Ability to carry out the guiding principles of Senior Life Resources Northwest.
- Ability to read, write, speak and understand English.
- Knowledge of and experience with accounting and receivables standards, concepts and principles.
- Ability to promote and adhere to internal control best practices and the policies and procedures of the organization.

- Knowledge of and experience with client-server, web-based or enterprise accounting software.
- Ability to work independently and multi-task and respond to changing working conditions.
- Excellent oral and written communication skills.
- Ability to listen and communicate effectively with all clients, coworkers, vendors, contracting agencies, management, etc.
- Ability to demonstrate effective communication with the Fiscal Director and coworkers concerning completion of tasks, upcoming deadlines and other issues as they arise.
- Ability to prepare reports and analysis to facilitate management decision making.
- Ability to work independently with minimal supervision.
- Ability to plan, organize, problem and exercise decision-making skills.
- Excellent interpersonal skills and the ability to establish and maintain effective working relationships.

WORKING CONDITIONS:

- Work is performed in an office environment with potential travel to remote work sites.
- The position requires physical effort as a part of the essential functions. This includes seeing, hearing, writing, walking, standing, bending, prolonged periods of sitting, exposure to repetitive motion, occasional lifting up to 25 pounds and carrying of lightweight materials.

WORK HABITS:

- Regular attendance, adaptability to changing work hours to meet work demands, initiative, accountability for performance, punctuality, teamwork, initiative, flexibility, courtesy, dependability and professionalism.

EDUCATION AND/OR EXPERIENCE:

- Associate's degree in accounting/finance (or related work experience) in business administration, accounting/finance or related field.
- Relevant work experience with accounting and finance standards, concepts, principles and procedures.
- Relevant work experience with accounting, finance and other software systems.

CONTINGENCY OF EMPLOYMENT:

- Acceptable criminal history background check.
- Acceptable driving record.
- Must have a personal vehicle.
- Must provide proof of insurance on personal vehicle.

Employee Acknowledgement

I have read and understand this job description and I acknowledge that it does not identify all tasks that may be expected, nor address the standards of performance that must be maintained for continuing employment.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Senior Life Resources
NORTHWEST

Home Care Services & Mid-Columbia Meals on Wheels

APPLICATION FOR EMPLOYMENT

Senior Life Resources Northwest (SLR) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or disability, veteran or any other characteristics protected by law.

Please read this application for employment carefully and answer every question in full. Please print all information in ink. If you need additional space to complete an answer, please attach additional sheets. This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Incomplete information could disqualify you from further consideration. Please complete all fields.

GENERAL INFORMATION

Date of Application:

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip Code

Telephone: _____
Home (include area code) E-mail address

Position you are applying for: _____ Salary Desired: _____

How were you referred to us? _____ Have you applied here before? YES NO If yes, when: _____

Have you ever been employed here before? YES NO If yes, when: _____ Under what name: _____

Are you at least 18 years of age? YES NO Date you are available to start work: _____

Are you related to a current SLR employee? YES NO If yes, name and relationship: _____

Do you have a valid driver's license? YES NO Specific days and hours you are available to work: _____

If hired, can you provide written evidence that you are authorized to work in the United States? YES NO

Have you ever been discharged from a positon for making threats, fighting or any other incidents involving violence? YES NO

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes ___ No ___ If no, please explain: _____

EDUCATION AND SKILLS

If you are applying for a position that is not a Home Care Provider, you may be required to provide proof of diplomas, certificates, or transcripts.

Do you have a high school diploma or GED certificate? YES NO

List Colleges, business, or other schools attended:

Name and Location: _____

Degree earned and number of years completed: _____

Name and Location: _____

Degree earned and Number of years completed: _____

EDUCATION AND SKILLS CONTINUED

List certificates or licenses you hold that are relevant to the position in which you are applying: _____

_____

List any special skills, equipment you operate, or other languages you speak which are relevant to the position for which you are applying for:

_____

_____

_____

List other Professional Memberships:

_____

_____

_____

PROFESSIONAL REFERENCES

List four references (2 professional references and 2 personal references). Two of the PROFESSIONAL references should be past supervisor, pastors, managers or individuals that have first hand knowledge on your past job performance and duties. Two of the PERSONAL references should be individuals that have first hand knowledge of your ability, character, and personality. **Do not include any relatives.**

Professional References

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

Personal References

Name	Address	City/State	Phone Number	Professional Title
1.				
2.				

US MILITARY SERVICE

Have you served in the U.S. Military?	Branch of Service	Dates of Service
____ YES ____ NO		

Relevant Training/ Experience:

EMPLOYMENT HISTORY

Please explain any gaps in work history:

_____

_____

Have you ever been discharged or asked to resign from a job (answering this question will not disqualify you from consideration)?

_____ YES _____ NO

If yes, please explain: _____

_____

Employer	Address	City	State	Telephone
Dates Employed	**Rate of Pay**	**Position**	**Name/Title of Supervisor**	**__Full-time __Part-time**

Describe your duties: _____

_____

May we contact the employer listed above? YES NO Reason for leaving: _____

Describe your duties: _____

Employer	Address	City	State	Telephone
Dates Employed	**Rate of Pay**	**Position**	**Name/Title of Supervisor**	**__Full-time __Part-time**

_____

May we contact the employer listed above? YES NO Reason for leaving: _____

Describe your duties: _____

_____

Employer	Address	City	State	Telephone
Dates Employed	**Rate of Pay**	**Position**	**Name/Title of Supervisor**	**__Full-time __Part-time**

May we contact the employer listed above? YES NO Reason for leaving: _____

EMPLOYMENT HISTORY CONTINUED

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__Full-time __Part-time

Describe your duties:_____

_____

May we contact the employer listed above? YES NO Reason for leaving: _____

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__Full-time __Part-time

Describe your duties:_____

_____

May we contact the employer listed above? YES NO Reason for leaving: _____

Employer	Address	City	State	Telephone
Dates Employed	Rate of Pay	Position	Name/Title of Supervisor	__Full-time __Part-time

Describe your duties:_____

_____

May we contact the employer listed above? YES NO Reason for leaving: _____

APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT

I understand that this application is not a contract or offer of employment.

I understand that documentation of employment eligibility for compliance with the U.S. Immigration Control and Reform Act is required at the time of hire.

I hereby attest with my signature below that the facts set forth in the above employment application are true and complete to the best of knowledge and authorize Senior Life Resources Northwest to verify their accuracy and to obtain reference information on my work performance.

I hereby release Senior Life Resources Northwest from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Senior Life Resources Northwest will be reviewing my driving record for the past 36 months.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, regulations of employment of the employer. However, I further understand that neither the policies, rules, regulations, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered by Senior Life Resources Northwest is for an indefinite duration.

Furthermore, Senior Life Resources Northwest is an "at will" employer for all positions except Home Care Provider (HCP), and if employed either I or the employer, Senior Life Resources Northwest may terminate my employment at any time with or without notice or cause. If I am applying for a HCP position, my employment will be governed by OPEIU Local 8 Bargaining Agreement.

_____ _____

Signature of Applicant Date

THIS APPLICATION IF VALID FOR 90 DAYS FROM THE DATE SIGNED AND DATED ABOVE

Senior Life Resources
NORTHWEST

Disclosure Statement
Authorization and Consent to Background Investigation

Pursuant to Washington Legislative Laws, we are asking you to complete the following disclosure for convictions or prison releases; whichever is more recent, within seven (7) years of the date of the job application.

This information will be kept confidential.

1. Have you ever been convicted of a crime against persons?

   A crime against persons includes any of the following offenses: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor for immoral purposes; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation, first or second degree rape of a child; patronizing a juvenile prostitute; prostitution; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child abandonment; promoting pornography; felony indecent exposure; child buying or selling; first or second degree sexual misconduct with a minor; or any of these crimes as they may be renamed in the future.

   YES NO

   If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

   _____

2. Have you ever been convicted of a crime relating to financial exploitation?

   Financial exploitation means the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage. Crimes include first, second, or third degree extortion; first or second degree robbery; first, second, or third degree theft; forgery; or any of these crimes as they may be renamed in the future.

   YES NO

3. If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

   _____

   Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

   If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

   _____

Disclosure Statement/Authorization and Consent to Background Investigation (continued)

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor in a: Dependency Action, Domestic Relations Proceeding, or Disciplinary Board Final Decision?

   YES NO

   If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

   _____

5. Have you ever been convicted of a crime related to drugs as defined in RCW 43.43.830?

   YES NO

   If your answer is "yes," please describe and provide date(s) of the conviction(s) and the sentence(s) imposed:

   _____

UNDER PENALTY OF PERJURY, I certify the above information is true, correct, and complete. I understand if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand if I am hired, my employment is conditioned on your receipt of a satisfactory report from Washington State Patrol or an equivalent Federal Law Agency.

Signature _____ **Date** _____

I do hereby authorize and consent that the Washington State Patrol, or an equivalent Federal law enforcement agency, may disclose to Senior Life Resources Norwest, Inc., criminal record history information pertaining to any record, if any, for convictions of offenses against children or other persons, adjudications of child abuse in a civil action, and any Disciplinary Board final decisions and any subsequent criminal charges associated with the conduct that is the subject of Disciplinary Board final decision, pursuant to RCW 43.43.010 et seq. A photostat of this authorization should be accepted with the same authority as the original.

Signature: _____ **Date** _____

Printed Name: _____

Street Address: _____

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