



EMPLOYMENT OPPORTUNITY

The City of Rockport is accepting applications for a **Utility Billing Technician**. This position is responsible for providing technical and customer service support for utility billing operations; ensures accurate and efficient handling of billing, cash receipts, and clerical and customer relations services. Must have a high school diploma or equivalent, with one to two years' experience. Salary range is \$13.29 to \$20.02 per hour, plus benefits. Employment applications may be obtained from City Hall, 622 E. Market Street, between the hours of 8:00 a.m. and 5:00 p.m. or online at www.cityofrockport.com. Position open until filled. The City of Rockport is an EOE/ADA employer.



Utility Billing Technician

Utility Billing

UTIL-BL/2
Grade: 09

JOB SUMMARY

This position is responsible for providing technical and customer service support for utility billing operations.

MAJOR DUTIES

- Answers telephone and greets visitors; provides information and assistance; assists in resolving customer concerns and complaints.
- Reviews and validates meter readings; calculates and reviews bill for accuracy.
- Sets up new accounts and billing rates.
- Receives customer requests and prepares work orders.
- Processes delinquent notices; processes work orders to discontinue services for non-payment.
- Reviews and verifies automated payment accounts.
- Receives and processes in-person payments; issues receipts.
- Processes returned checks; notifies customers and follows-up for non-payment.
- Reviews and processes billing adjustments.
- Schedules repair appointments.
- Processes bankruptcy notices.
- Gathers information and prepares reports.
- Maintains department files and records.
- Maintains supply inventory.

- Performs related duties.

KNOWLEDGE REQUIRED BY THE POSITION

- Knowledge of modern office practices and procedures.
- Knowledge of city and departmental policies and procedures.
- Knowledge of computers and job-related software programs.
- Knowledge of city utility billing policies and procedures.
- Knowledge of customer service principles.
- Skill in prioritizing and organizing work.
- Skill in the provision of customer services.
- Skill in the maintenance of files and records.
- Skill in the use of such office equipment as a computer, scanner, fax machine, and copier.
- Skill in oral and written communication.

SUPERVISORY CONTROLS

The Utility Billing Supervisor assigns work in terms of somewhat general instructions. The supervisor spot-checks completed work for compliance with instructions and established procedures, accuracy, and the nature and propriety of the final results.

GUIDELINES

Guidelines include city and department policies and procedures. These guidelines are generally clear and specific, but may require some interpretation in application.

COMPLEXITY / SCOPE OF WORK

- The work consists of related technical and customer service duties. Frequent interruptions contribute to the complexity of the position.
- The purpose of this position is to provide technical and customer service support for the department's utility billing operations. Successful performance contributes to the efficiency and effectiveness of those operations.

CONTACTS

- Contacts are typically with co-workers, other city employees, customers, vendors, and the general public.
- Contacts are typically to give or exchange information and provide services.

PHYSICAL DEMANDS / WORK ENVIRONMENT

- The work is typically performed while sitting at a desk or table or while intermittently sitting, standing or stooping. The employee occasionally lifts light and heavy objects.
- The work is performed in an office.

SUPERVISORY AND MANAGEMENT RESPONSIBILITY

None.

MINIMUM QUALIFICATIONS

- Ability to read, write and perform mathematical calculations at a level commonly associated with the completion of high school or equivalent.
- Sufficient experience to understand the basic principles relevant to the major duties of the position, usually associated with the completion of an apprenticeship/internship or having had a similar position for one to two years.

**CITY OF
ROCKPORT**

622 East Market
Rockport, Texas 78382
361-729-2213
www.cityofrockport.com



EMPLOYMENT APPLICATION

The City of Rockport does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status in employment or the provision of services. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Please Print

POSITION APPLIED FOR _____

NAME _____ TELEPHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

ARE YOU UNDER 18? YES NO IF YES, GIVE BIRTH DATE _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO IF NO, PLEASE EXPLAIN _____

HAVE YOU PREVIOUSLY WORKED FOR THE CITY? YES NO IF YES, WHAT DEPARTMENT? _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

OTHER THAN MINOR TRAFFIC OFFENSES, HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY) OR RECEIVED A PROBATED SENTENCE (INCLUDING DEFERRED ADJUDICATION) FOR AN ALLEGED CRIME, BEEN ASSIGNED A PROBATION OFFICER, OR PLEADED NOLO CONTENDERE TO AN ALLEGED CRIME? (A "YES" RESPONSE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.) YES NO IF YES, PLEASE EXPLAIN _____

EDUCATION
(Transcripts may be required for verification of education)

SCHOOL	NAME AND LOCATION	MONTH/YEAR ATTENDED	GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL		FM:	YES	GED:
		TO:	NO	
TECHNICAL SCHOOL		FM:	YES	
		TO:	NO	
COLLEGE/ UNIVERSITY		FM:	YES	
		TO:	NO	
GRADUATE SCHOOL		FM:	YES	
		TO:	NO	

LICENSES, REGISTRATIONS OR CERTIFICATIONS:

NAME OF TRADE OR PROFESSION _____

SPECIAL SKILLS AND QUALIFICATIONS. Please list any training, experience or hobbies related to your ability to perform the job. _____

INDICATE ANY LANGUAGES YOU SPEAK, WRITE AND/OR READ

(Fluently) (Good) (Fair)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO

If a reasonable accommodation(s) would be required for you to perform the essential functions of the job, describe any accommodations(s) required. _____

EMPLOYMENT EXPERIENCE

List most recent jobs first. Include job-related military service. If gap in employment, please explain.

EMPLOYER _____

SUPERVISOR _____ TELEPHONE _____
ADDRESS _____

JOB TITLE _____ FROM _____ TO _____

SALARY HOUR WEEK MONTH START _____ TO _____

REASON FOR LEAVING RESIGNED DISCHARGED LAY-OFF OTHER

EXPLAIN REASON FOR LEAVING _____

DESCRIBE YOUR DUTIES _____

EMPLOYMENT EXPERIENCE

EMPLOYER _____

SUPERVISOR _____ TELEPHONE _____

ADDRESS _____

JOB TITLE _____ FROM _____ TO _____

SALARY HOUR WEEK MONTH START _____ TO _____

REASON FOR LEAVING RESIGNED DISCHARGED LAY-OFF OTHER

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EMPLOYMENT EXPERIENCE

EMPLOYER _____

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ADDRESS _____

JOB TITLE _____ FROM _____ TO _____

SALARY HOUR WEEK MONTH START _____ TO _____

REASON FOR LEAVING RESIGNED DISCHARGED LAY-OFF OTHER

EXPLAIN REASON FOR LEAVING _____

DESCRIBE YOUR DUTIES _____

REFERENCES

Please list the names, addresses and telephone numbers of three (3) people NOT related to you and NOT previous employers.

Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the bests of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Rockport is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically adopted by the City Council of the City of Rockport.

If employed, I understand that false or misleading information given in this application or in interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of the City of Rockport.

Signature of Applicant

Date

WAIVER OF CONFIDENTIALITY

I hereby waive my right of confidentiality and both authorize and request that information pertaining to my criminal history (if any) and driving record be made available to the City of Rockport to whom I have made an application for employment.

Signature of Applicant

Date

Texas Driver License Number

Class of License

Social Security Number

RELEASE OF PREVIOUS EMPLOYMENT INFORMATION

I hereby authorize and request any previous employer to release information to the City of Rockport regarding my previous employment.

Signature of Applicant

Date



NOTICE TO APPLICANTS

The City of Rockport participates in the Employer New Hire Reporting Program. We report information concerning each new employee to the Texas State Directory of New Hires. This information includes a new employee's name, address, Social Security number, date of birth, salary information, and other personal and work information. This program assists the Office of the Attorney General in locating parents who owe child support and helps detect fraud in other public assistance programs such as welfare, unemployment compensation, and workers' compensation.

Are you related to any elected or appointed official or current employee of the City of Rockport?

Yes No. If yes, list name(s): _____

[Relationships – Your: parent, spouse, child, father-in-law, mother-in-law, stepchild (any child of your spouse who is not your natural or adoptive child), brother, sister, grandparent, grandchild, spouse's grandparent or grandchild, great-grandparent, great-grandchild, aunt who is a sister of your parent, uncle who is the brother of your parent, nephew or niece who is the child of a brother or sister of your parent.]

Please sign below to indicate you have read this notice.

Applicant

Date