

Employment Opportunity: Finance- Accounting Intern



Human Resources Department

The City of Rockport is accepting applications for a temporary, part-time **Finance-Accounting Intern**. This is a paid internship estimated to run approximately through the end of the semester or until funding ends, whichever comes first. This position assists the Director of Finance support and operation of City accounting and financial reporting functions. Assistance with daily, weekly, monthly, quarterly, and annual financial reports; assistance with preparation of annual operating budgets; assistance with compilation of comprehensive annual financial reports; assistance with special finance related projects; assistance with accounts payable, payroll, procurement, and procurement card processing; performs related duties. This position requires knowledge of generally accepted accounting principles (GAAP), and Microsoft Excel and Word.

Must be currently attending high school or college. Must have sufficient experience to understand the basic principles relevant to the major duties of the position, including experience in business or accounting

Salary range is \$11.78 to \$17.76 per hour. Employment applications may be obtained from Rockport Service Center, 2751 S.H. 35 Bypass, between the hours of 8:00 a.m. and 4:00 p.m. or online at www.cityofrockport.com. A negative pre-employment drug test and pre-employment physical are required as part of the City of Rockport employment process. The City of Rockport is an EOE/ADA employer. Position open until filled.



Finance - Accounting Intern

Finance

FIN/4
Grade: 05

JOB SUMMARY

This position assists the Director of Finance support and operation of City accounting and financial reporting functions.

MAJOR DUTIES

- Assistance with daily, weekly, monthly, quarterly, and annual financial reports.
- Assistance with preparation of annual operating budgets.
- Assistance with compilation of comprehensive annual financial reports.
- Assistance with special finance related projects.
- Assistance with accounts payable, payroll, procurement, and procurement card processing.
- Performs related duties.

KNOWLEDGE REQUIRED BY THE POSITION

- Knowledge of generally accepted accounting principles (GAAP).
- Knowledge of Microsoft Excel and Word.
- Knowledge of computers and job-related software programs.
- Skill in problem solving.
- Skill in prioritizing and planning.
- Skill in interpersonal relations.
- Skill in oral and written communication.

SUPERVISORY CONTROLS

The Director of Finance assigns work in terms of general instructions. This position will report to the Director of Finance. The Director of Finance and Accounting Specialist will verify completed work for compliance with procedures, accuracy, and the nature and propriety of the final results.

GUIDELINES

Guidelines include Internal Revenue Service regulations and guidelines, Social Security guidelines, workers' compensation guidelines, Local Government Code, and city and department policies and procedures. These guidelines require judgment, selection, and interpretation in application.

COMPLEXITY/SCOPE OF WORK

- The work consists of varied specialized duties. Strict regulations and the need for accuracy contribute to the complexity of the position.
- The purpose of this position is to provide specialized support for the financial and accounting operations. Successful performance ensures the efficiency and effectiveness of those operations.

CONTACTS

- Contacts are typically with coworkers, representatives of other government agencies, bankers, and the general public.
- Contacts are typically to exchange information, resolve problems, and provide services.

PHYSICAL DEMANDS/ WORK ENVIRONMENT

- The work is typically performed while sitting at a desk or table. The employee occasionally lifts light objects.
- The work is typically performed in an office.

SUPERVISORY AND MANAGEMENT RESPONSIBILITY

None.

MINIMUM QUALIFICATIONS

- Must be currently attending high school or college.
- Sufficient experience to understand the basic principles relevant to the major duties of the position, including experience in business or accounting.

**CITY OF
ROCKPORT**
2751 S.H. 35 BYP
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

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

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 Applicant



Human Resources Department

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 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 worker's compensation.

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

Yes No. If yes, list names(s) _____

[Relationships—Your: parent, spouse, children, father-in-law, mother-in-law, step-children (any child of the spouse who is not your natural or adoptive child); brother, sister, grandparent, grandchild; spouse's grandparents or grandchildren; 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 that you have read this notice.

Applicant

Date