

- Manages commercial banking relationships.
- Communicates with other League personnel and contacts outside the organization with limited supervision.
- Maintains cooperative working relationships with staff, clients, other organizations, and the public.
- Follows all safety rules and rules for work areas.
- Demonstrates professionalism in communications, work habits, and attire; commitment to customer service and growth of the organization; a positive attitude; and regular office attendance.
- Performs other related duties as assigned.

Screening Criteria

Bachelors Degree in finance or business administration

AND

Two years experience of independent professional level accounting experience

OR

At least six years of equivalent combination of education, training, and/or work experience that would likely provide the knowledge skills, and abilities to successfully perform the essential functions of the position.

Necessary Special Requirements

- Possession of a valid driver license accepted in the state of Oregon, proof of acceptable driving record, and an insured and reliable vehicle.

Knowledge, Skills, and Abilities

- Thorough knowledge of the generally accepted accounting principles, methods, and procedures.
- Knowledge of Generally Accepted Auditing Standards.
- Thorough knowledge of accounting software applications including the Microsoft Office Suite (of particular importance are a working knowledge of Excel, Word and Outlook).
- Thorough knowledge of research techniques, methods and procedures with the ability to prepare reports and findings.
- Knowledge of auditing and budgeting principles.
- Knowledge of billing procedures, journal entries, and reconciliation processes.
- Thorough knowledge of payroll processing, entries, and compliance.
- Thorough knowledge of modern office management and supervisory practices and techniques.
- Ability to effectively present complex ideas both orally and in writing.
- Ability to prepare concise and detailed technical reports and charts.
- Excellent organizational skills, with a high level of attention to detail to ensure accuracy.
- Ability to establish and maintain effective working relationships with other employees.

Desirable Experience and Training

- Knowledge of iMIS database; LOC's member database system.
- Knowledge of local government finance practices, particularly in Oregon.

Physical Requirements/Work Conditions

General Office Worker

Frequency Definitions:

- (N) Never: Not required and not done on the job.
 (R) Rare: May be required on a very infrequent basis; less than 1% work shift; may occur 1 – 5 times/minutes per shift.
 (O) Occasional: Occurs between 1% – 33% of an 8-hour work shift; total of up to 2.5 hours per 8-hour shift.
 (F) Frequent: Occurs between 34% - 66% of an 8-hour work shift; total of between 2.6 hours to 5.0 hours per 8-hour shift.
 (C) Continuous: Occurs between 67% to 100% of an 8-hour shift; total of between 5.1 hours to 8.0 hours per 8-hour shift.

WORKING CONDITIONS						
Are there particular working conditions associated with this position which should be noted? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):						
N	R	O	F	C	Condition	Comments/Detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoors	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoors	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended work hours	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel to multiple worksites	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low background noise	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate background noise	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High background noise	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fumes/odors	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varied/extreme temperatures	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramped workspace	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to hazardous materials	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equip. required	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

MATERIALS AND EQUIPMENT USED						
Are there particular materials and/or equipment used with this position which should be noted? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):						
N	R	O	F	C	Condition	Comments/Detail
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mouse/Trackball	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten Key/Calculator	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copier	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fax Machine	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E-mail	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Tools	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automobile (company <input checked="" type="checkbox"/> personal <input checked="" type="checkbox"/>)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

PHYSICAL DEMANDS

Are there particular physical demands associated with this position? Check or list below, indicating frequency for each condition (N, R, O, F, C – refer to Frequency Definitions above):

N	R	O	F	C	Physical Demand	Description (if O, F, or C checked)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sitting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Driving	Travel to/from training locations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting/Lowering (Max: 50 Avg. 25 lbs.) with assistive equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying (Max: 20 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing (Max: 50 Avg. 25 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling (Max: 50 Avg. 25 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing (Max height: 18")	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balancing	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooping	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crouching	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching overhead	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching shoulder level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pinching	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grasping	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wrist motion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seeing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Writing	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth Perception	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Color Vision	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	