

League of Oregon Cities

JOB DESCRIPTION

Position Title: **Administrative Specialist** Date: September 2019
Department: Member and Administrative Services
Accountable to: Operations Director
Supervision Exercised: None
Classification Status: Non-Exempt / Regular Full Time

Primary Objectives of the Position

Maintains and ensures accuracy/integrity of the organization's membership database. Provides general administrative support to the LOC, including serving as backup to the receptionist. Work is performed with independence but in conformance with established program policies and guidelines and will involve a considerable amount of public contact.

Essential Functions of the Position

- Acts as backup to the receptionist on the phones and front desk; answers, screens, and routes incoming calls and general voice messages; adjust phone settings using the online portal; greets office visitors. Assists, in secondary capacity, in fielding messages received in the general LOC email inbox.
- Conducts the LOC's annual data collection efforts, such as membership drives and city updates; assists in development of procedures/processes that ensure accuracy and timeliness of data entry.
- Assists with LOC bookkeeping by entering data into bookkeeping systems, reconciling deposits, creating invoices, generating billings, and distributing collection notices.
- Maintains, updates, enters, and ensures the integrity of the data in the LOC's member database system. Performs data cleaning tasks as scheduled; facilitates database system updates; creates queries, reports, and lists; and performs other related functions.
- Provides general administrative support in preparation for conferences and events; makes badges, prints materials packets, stuffs envelopes, tracks registrations, and performs other related tasks as assigned.
- Updates/edits assigned web pages/web sites for either LOC or its affiliates.
- Provides general office support including copying, collating, filing, monitoring equipment, etc.
- 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

High School Diploma or equivalent

AND

One year of general office and customer service experience.

OR

Any 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

- Ability to communicate in oral and written form.
- Strong interpersonal skills and ability to communicate with internal staff, government officials, stakeholders, and the public.
- Ability to identify and determine priorities among competing demands.
- Knowledge of general office procedures.
- Skill in the use of standard office equipment and web-based applications.
- Knowledge and skill in the use of Microsoft Office Suite, especially Word, Excel and PowerPoint, at an intermediate level or above.
- Working knowledge of back-end website maintenance tasks/functions (or the ability to learn quickly)
- Ability to learn LOC's member database system.
- Strong organizational skills, with a high level of attention to detail to ensure accuracy.

Desirable Experience and Training

- Knowledge of Adobe Suite, especially InDesign.
- Knowledge of iMIS database; LOC's member database system.
- Knowledge of local government, particularly cities.

September 2019

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)	