



CITY OF OAK HILL FL.

REQUEST FOR QUALIFICATIONS (RFQ)

PART-TIME CONTRACT FINANCE CONSULTANT SERVICES

The City of Oak Hill, Florida, seeks an experienced individual to provide part-time accounting and bookkeeping as an independent contractor reporting to the City Manager. The ideal candidate will be able to perform duties related to the day-to-day accounting operations of the City. Must be proficient in all Microsoft applications, Quickbooks, and possess excellent clerical and organizational skills.

DUTIES AND RESPONSIBILITIES:• Assist City Manager with preparation and administration of the annual budget• Prepare monthly financial reports for City Manager and/or citizens as required• Accounts receivable entry including review of daily deposits and accounts payable processing, including review and payment of invoices• Payroll processing and related payroll reporting• Bank account reconciliations• General ledger maintenance and preparation of journal entries• Assist in providing requested reports to auditor for annual audits• Make recommendations to City Manager regarding development and maintenance of financial policies and internal controls

EDUCATION AND EXPERIENCE High school diploma required. Associate's Degree or Bachelor's Degree in business or accounting related field from an accredited college or university preferred. 4 - 5 years' general office experience with bookkeeping or accounting skills including Word, Excel, QuickBooks or other accounting programs required. Valid Florida driver's license required.

Pay: \$18.00 to 20.00 per hour based on experience and qualifications. Must Pass a Background check.

Expressions of interest may be emailed to Megan Bracy, Deputy City Clerk, at jonesm@oakhillfl.gov.

City of Oak Hill Employment Application

234 South U.S. 1

Oak Hill, Fl 32759

Last name First MI			For Personnel use only			Date of application		
Street address						Type(s) of work desired		Social Security number
City		State		ZIP		Home telephone		Work telephone
How were you referred to Oak Hill (Circle only one.)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Open house	F Walk-in	G Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for twelve (12) months from the date of application. You may submit a new application at any time.

Have you ever filed an application with us before? _____ Yes _____ No If yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No If yes, give date _____

Do any of your relatives work here? _____ Yes _____ No
If yes, list name and relationship: _____

Have you ever been known by any other name? _____ Yes _____ No
If yes, provide names: _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Do you have a driver's license? (Circle One) CDL/Type _____ Restricted Operator

Driver's License Number _____ Expiration Date _____

Are you a United States citizen? _____ Yes _____ No

If not, do you possess an Alien Registration Card? _____ Yes _____ No

Have you been convicted of a felony? _____ Yes _____ No

If yes, please explain :

Have you ever been dismissed or forced to resign from any employment? _____ Yes _____ No

If yes, please explain:

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Have you ever been disciplined or fired for insubordination? _____ Yes _____ No

If yes, please explain:

Have you ever been disciplined or fired for violating a safety rule? _____ Yes _____ No

If yes, please explain:

Have you ever been disciplined or fired for fighting, assault or similar offenses? _____ Yes _____ No

If yes, please explain:

Have you ever been sued for an intentional tort (such as fraud, assault, battery, etc.)? _____ Yes _____ No

If yes, please explain:

(Attach separate paper if necessary for any of these questions.)

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			
Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		
Reason for leaving			

Educational History

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

<i>To be completed by applicant for office/clerical work</i>			<i>To be completed by applicant for shop/plant work</i>	
Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			List other shop/production skills	
			Served apprenticeship	Yes Type: No

Military Record

Branch of service _____ From _____ To _____

Present military affiliation:

None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of training and duty while in service

Are you claiming Veteran's Preference as a:

- _____ Disabled veteran
- _____ Spouse of totally disabled veteran or who is MIA
- _____ Veteran of any war
- _____ Unmarried widow or widower of a veteran who died of a service-connected disability

Have you claimed Veteran's Preference since October 1, 1987? _____ Yes _____ No
The applicant claiming preference is responsible for providing the required documentation when submitting their application.

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer? Yes _____ No _____

Wage or salary required _____

Date available _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the City's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the City or myself.

Date _____ Signature _____

If any of your educational or employment records are under other than the above name, please provide other names.