



CITY OF
JOHN DAY

Job Description: Office Assistant (Part-Time)

The job description does not constitute an employment agreement between the City and employee and is subject to change.

REPORTS TO: City Manager

DEPARTMENT: Administration

FLSA: Temporary, Part-Time, Non-Exempt

BARGAIN UNIT: N/A

PAY RANGE: \$14.35 - \$19.29 per hour (Range 2)

GENERAL POSITION SUMMARY

General office administration assistant functions, including: greeting customers, answering phones, organizing and filing public records, transcribing minutes and mailing public notices.

DUTIES, RESPONSIBILITIES AND ESSENTIAL FUNCTIONS

The following examples of duties and responsibilities do not encompass all job requirements.

ESSENTIAL FUNCTIONS/MAJOR RESPONSIBILITIES:

1. Document review and preparation; recording of official meeting minutes; review of agenda items and minutes preparation.
2. Task efficiency to achieve duties across multiple departments (water, sewer, community development, etc.)
3. Develop procedures for implementing process improvements in organization and administrative systems.
4. Serve as assistant to Senior Account Clerk and other office staff with special projects as assigned.

NON-ESSENTIAL FUNCTIONS:

1. Cleaning.
2. Driving.

KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Keyboard/typing.
2. Experience with Adobe Acrobat or equivalent.
3. Experience with Microsoft Word, Outlook, and Excel – including basic formulas and formatting.
4. Telephone skills, including customer relations and technical knowledge of multi-line systems.
5. Experience with proof reading/editing documents.
6. Experience with cash handling, receipt writing and basic accounts receivable record keeping.

PUBLIC INTERACTION:

Greet customers in person, via phone and e-mail.

MINIMUM QUALIFICATIONS

EDUCATION/EXPERIENCE/LICENSES/CERTIFICATES REQUIRED:

1. High school diploma or equivalent experience.
2. 2 years of experience in general secretarial or office/clerical background preferred but not required.
3. Must possess a valid driver's license.

PHYSICAL REQUIREMENTS

FREQUENCY DEFINITIONS:

- (N) Never: Not required and not done on the job.
 (R) Rare: May be required on a very infrequent basis; may occur 1 - 5 per day; less than 1% of 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:						
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended work hours	Evening meetings.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel to multiple worksites	May travel for training, meetings at separate location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low background noise	Telephones, people talking in office, including children.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate background noise	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High background noise	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fumes/odors	People coming into office.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varied/extreme temperatures	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramped workspace	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to hazardous materials	Cleaning supplies.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equip. required	Only if necessary.
<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)	
MATERIALS AND EQUIPMENT USED:						
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"/>	Computer/laptop	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mouse/Trackball	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ten Key/Calculator	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone	If given remote-work, telephone will not be forwarded.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Tools (specify)	Office equipment: hole punch, stapler, laminator, etc.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automobile (company <input type="checkbox"/> personal <input checked="" type="checkbox"/>)	Training and meetings.
<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)	
PHYSICAL DEMANDS:						
N	R	O	F	C	Physical Requirement	Comments/Detail (if applicable)
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting/Lowering (Max: 10 Avg. 5 lbs.) with assistive equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Cases of paper/supplies – have hand cart if necessary.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying (Max. 10 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing (Max. 10 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling (Max. 10 Avg. 5 lbs.)	
PHYSICAL DEMANDS CONTINUED:						

N	R	O	F	C	Physical Requirement	Comments/Detail (if applicable)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing (Max height: 3ft.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	Break room/restroom is located downstairs.
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinching	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grasping	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	

APPROVALS:

Applicant/Employee Approval/Date

Department Head Approval/Date

Administration Approval/Date