



POSITION OPENING: ACCOUNTING MANAGER

Our Agency: The Housing Authority of Yamhill County, OR (HAYC) is dedicated to providing affordable housing in our county. HAYC currently owns and operates 584 affordable housing rental units and our housing portfolio continues to grow.

Skill/Experience requirements of this position: A bachelor's degree in finance, accounting, economics, or public administration, or a related field and at least seven years of progressively responsible experience in a public agency finance and/or accounting setting is preferred.

1. Manage accounting policies, procedures and systems.
2. Ensure positive cash flow and funds to meet operations and capital needs.
3. Create budgets and establish accountability for variances agency wide.
4. Control costs; Analysis to increase profitability.
5. Assist management in strategic planning.


Accounting experience with HUD, LIHTC funding and knowledge of Yardi is an advantage and at least four years of supervisory experience in affordable housing, Section 8, or other federal or state housing programs is desirable.

Compensation Package: Annual salary range is \$57,204 to \$69,528 and provides outstanding benefits including medical, dental, vision and EAP, retirement 401 (a) which incorporates 6% employee contribution with 7% employer contribution.

Application Process/Timeline: This position is considered open until filled with the first review of applications to be conducted on 2/11/19. Interested candidates must submit a cover letter, resume and application form to mcasper@hayc.org.

Employment Application

Housing Authority of Yamhill County

	Last Name	First Name	Middle Name	Today's Date:	Position Applied for:		
	Address	City	State	Zip	Are you 18 years of age or older? Yes No	Date Available:	Expected Pay Rate:
	Contact Phone # Alternate Contact Phone #				Please list any other names you have used (ex. Maiden Names, Nicknames):		
	E-mail address:				How did you learn of this opening?		

EQUAL EMPLOYMENT OPPORTUNITY. We are an equal opportunity employer. All applicants will be considered without regard to race, color, religion, age, gender, sexual orientation, gender identity, marital or veteran status, national origin, ancestry, mental or physical disability, on-the-job injuries, or any other legally protected status in accordance with applicable federal, state and local equal employment opportunity laws and except as provided by those laws. *If you require an accommodation to participate in our application process, please contact Massey Casper at 503-883-4318.*

Are you authorized to accept employment in the United States? (Successful applicants will be required to prove identity and eligibility for employment.) Yes No

I have read the job description and can perform the essential functions of the job with or without reasonable accommodations: Yes No

RELATIVES: Qualified relatives are eligible for employment except in limited situations in accordance with applicable law. Do you have any relatives who currently work for us? Yes No *If yes, state names(s) and the nature of the family relationship (e.g. parent, son, daughter, grandparent, etc.):

EDUCATION	Name of School and Location	Course of Study	Years Completed	Degrees Received
High School			1 2 3 4 Other (explain):	
College or University			1 2 3 4 Other (explain):	
Graduate School			1 2 3 4 Other (explain):	
Military, Vocational School or Technical Training			1 2 3 4 Other (explain): _____	

OTHER JOB RELATED EDUCATION, QUALIFICATIONS AND/OR CERTIFICATES: Please list and summarize any training, volunteer activities, and/or other specialized skills, qualifications or experience you feel would help you perform the work for which you are applying. For military veterans, please include information on any transferrable skills obtained through military education or experience that relate, directly or indirectly, to the position for which you are applying:

DRIVING RECORD: (Note: a lack of a driver's license will not disqualify an applicant unless driving is an essential function of the job)

Do you have a valid Driver's License? Yes No

EMPLOYMENT HISTORY:

List your employment experience for the past 10 years, beginning with your present or most recent job. *Do not omit any employer.* (Attach sheet if more space is needed.)

Company Name		Your Title	
Company Address			
Date Started		Date Left	
Number of hours per week		May we contact this employer? Yes No If no, why not?	
Supervisor's Name		Telephone Number	
Description of your duties and responsibilities:			
Were you discharged from this job? Yes No			
If No, what was your reason for leaving?			
Company Name		Your Title	
Company Address			
Date Started		Date Left	
Number of hours per week		May we contact this employer? Yes No If no, why not?	
Supervisor's Name		Telephone Number	

Description of your duties and responsibilities:	
Were you discharged from this job? Yes No	
If No, what was your reason for leaving?	
Company Name	Your Title
Company Address	
Date Started	Date Left
Number of hours per week	May we contact this employer? Yes No If no, why not?
Supervisor's Name	Telephone Number
Description of your duties and responsibilities:	
Were you discharged from this job? Yes No	
If No, what was your reason for leaving?	
Company Name	Your Title
Company Address	
Date Started	Date Left
Number of hours per week	May we contact this employer? Yes No If no, why not?
Supervisor's Name	Telephone Number
Description of your duties and responsibilities:	
Were you discharged from this job? Yes No	
If No, what was your reason for leaving?	

FOREIGN LANGUAGE: Indicate any languages other than English that you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES: List three references (from persons not related to you) who are familiar with your qualifications and actual work history and ability. You must include a phone number.

- | | <i>Name/relationship (supervisor, co-worker, etc.)</i> | <i>Address</i> | <i>Phone</i> |
|----|--|----------------|--------------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |

If you need additional space, please continue on a separate sheet of paper.

VERIFICATION AND SIGNATURE:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE COMPLETELY FILLED OUT, SIGNED, AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

1. I authorize the Housing Authority of Yamhill County (HAYC) to contact any of my references, past/present employers, and/or other persons named in this application for the purpose of obtaining information about my employment history, education, character and qualifications. I release the HAYC from any and all claims and liability in connection with such contacts and inquiries. I also agree to sign any written authorizations and releases requested by the HAYC or my references in order for the HAYC to obtain the requested information.
2. I certify that answers and statements I have made on this application (and in any attachments or other supplementary or supporting documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission made by me will result in denial of employment, withdrawal of an offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that if I am offered employment, I will be required to authorize and pass a pre-employment criminal history check and driver's record check (for positions requiring driving) as a condition of being hired.
4. I understand if I am offered employment, I may be required to pass a pre-employment drug screen (including all substances which are illegal under state or federal law) and/or physical required by the HAYC in accordance with applicable law. I understand that a positive drug test will disqualify me for employment.
4. I agree that if I am hired, I will conform to all rules, regulations and standards of the HAYC as they presently exist or are later modified. **I also understand and agree that employment is At-Will and can be terminated at any time by me or by the HAYC for any reason not prohibited by law except as specifically set forth in an applicable collective bargaining agreement or individual employment agreement signed and dated by the HAYC's Executive Director.** I understand that no one other than the HAYC's Executive Director has any authority to enter into any employment agreement for any specified period of time, to change the At-will nature of the employment relationship, or to otherwise assure me of any future position, benefits, or terms and conditions of employment. Any such agreement must be in writing and signed by the Executive Director to be valid.

I have read, understand, and agree with all of the above.

Signature _____ Date _____

Unsigned applications will not be processed.

**Return application to:
Housing Authority of Yamhill County
135 NE Dunn Place
McMinnville, OR 97128**

This application is valid for only 45 days from the date signed. If Applicant wants to be considered for job openings more than 45 days from the date signed, Applicant must submit a new and current employment application.

VETERAN'S PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. Please read the following checklist carefully and the box for each item that applies to you. You may get help from HAYC if you need further explanation or have special circumstances. Please note that the application of preference points is not a guarantee of being hired.

Note: If you are applying for a position for which the HAYC's hiring process results in a score, you will be given preference points as outlined below. If you are applying for a position for which the HAYC's hiring process does not result in a score, the HAYC will nonetheless give a preference to a veteran or disabled veteran in accordance with applicable law.

IN ORDER TO BE ELIGIBLE TO RECEIVE VETERAN'S PREFERENCE, THIS COMPLETED FORM AND THE REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO HAYC. PREFERENCE WILL NOT BE AWARDED WITHOUT THE APPROPRIATE DOCUMENTATION.

A. QUALIFIED VETERAN QUESTIONS: You may claim veteran's preference if you check at least one box below and provide proof of eligibility by submitting a copy of your form DD-214 or DD-215 that includes your discharge status.

I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or released under honorable conditions, or
- For a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released from active duty under honorable conditions, or
- For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability, or
- For 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs, or
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions,
or
- I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from activity duty under honorable conditions; **or**
- I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Please see the next page for applicable definitions.

B. QUALIFIED DISABLED VETERAN QUESTIONS: You may claim additional employment preference if you can check at least one box below and provide proof of eligibility by submitting both of the documents listed below:

1. A copy of your DD-214 or DD-215, Certificate of Release or Discharge, Copy 4, and
 2. A public employment veteran's disability preference letter from the United States Department of Veterans' Affairs (unless the information is included in the DD Form 214/215). To order the letter, call 1-800-827-1000 and request a public employment preference letter.
- I have a disability rating through the United States Department of Veterans Affairs; or
 - I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
 - I was awarded the Purple Heart for wounds received in combat.

I hereby claim veteran's preference points and certify that the above information is correct. I understand that any false statements may be cause for my disqualification or dismissal.

Print Name

Service Number

Signature of Applicant
Position Applied For _____

Date

DEFINITIONS

Armed Forces means the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof. (Title 38 USC Part I Chapter 1 Section 101). Reserve components mean:

- (a) The Army Reserve;
- (b) The Navy Reserve;
- (c) The Marine Corps Reserve;
- (d) The Air force Reserve;
- (e) The Coast Guard Reserve;
- (f) The Army National Guard of the United States; and
- (g) The Air National Guard of the United States.

Active duty does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

Combat zone means an area designated by the President of the United States by executive order in which, on the dates designated by executive order, the Armed Forces of the United States are or have engaged in combat.

Veteran means a person who:

- (a) Served on active duty with the Armed Forces of the United States:
 - (B) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
 - (C) For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions;
 - (D) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;
 - (E) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or
 - (F) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
- (b) Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or
- (c) Is receiving a non-service-connected pension from the United States Department of Veterans Affairs.

Disabled veteran means a person who has a disability rating from the United States Department of Veterans Affairs, a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty or a person who was awarded the Purple Heart for wounds received in combat.

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