



Payroll Clerk

Town of Hamburg

Status Full Time

Pay Range- \$43,000-\$47,000

Reports to:

- Senior Personnel Clerk

Summary Description: The ideal candidate would be proficient in Civil Service rules and policies with thorough knowledge of payroll processing, Worker's Compensation, employee benefits, and union contracts. Must have the ability to work independently, solve a variety of issues with critical thinking, and manage multiple tasks and deadlines at once.

Required Qualifications:

- Graduation from standard senior high school (Associates Degree in Business, Human Resources, or a related field preferred)
- 4 years office experience, including 2 years of personnel work

Preferred Skills:

- Ability to perform payroll related functions including the collecting of departmental records, reconciliation and submission of biweekly payroll to a third party provider, and ownership of the payroll software.
- Working knowledge of the Civil Service Law and the rules and regulations governing the appointment, promotion and termination of employees
- Excellent written and oral communication skills
- Working knowledge of employee benefits, workers' compensation, and union contracts
- Ability to maintain confidentiality
- Ability to assist employees by explaining laws, rules, regulations, employee benefits, retirement and procedures
- Maintain employee personnel files and medical files
- Proficiency in Microsoft 365 including, but not limited to Excel

Hours:

The work hours are forty (40) hours per week, normally 8:00am to 4:00pm with a paid one hour lunch.

Additional Information:

This appointment is provisional until the Civil Service Exam is given. You must score within the top 3 candidates of Erie County residents who take the exam, or within the top 3 candidates of the Town of Hamburg residents who take the exam if you live within the Town. Must reside within Erie County.

Interested candidates should complete the attached Civil Service application and submit it to the below address with a resume and three references. All submissions must be postmarked or hand delivered to the Personnel Department (address below) by December 28, 2020. Call (716) 649-6111 ext. 2386 for questions.

Town of Hamburg

Attn: Alissa Straus

6100 South Park Avenue

Hamburg, NY 14075

DO NOT
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IN THIS
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NOTE: When completing the application, make sure that all appropriate questions have been answered. An incomplete application may result in disapproval.

10. EDUCATION
If your eligibility for this position is based wholly or in part by college training, a verifying transcript must be submitted prior to appointment.

Have you graduated from High School? YES NO If yes, name and location of High School.

If you have a High School Equivalency Diploma, indicate: issuing Government Authority. Number Date of Issue

| | NAME OF SCHOOL AND CITY IN WHICH LOCATED | DATES OF ATTENDANCE (MONTH AND YEAR) | | FULL OR PART TIME | NO. OF YEARS CREDITED | WERE YOU GRADUATED? | TYPE OF COURSE OR MAJOR SUBJECT | NUMBER OF COLLEGE CREDITS RECEIVED | TYPE OF DEGREE | DATE DEGREE RECEIVED OR EXPECTED |
|---|--|--------------------------------------|----|-------------------|-----------------------|---------------------|---------------------------------|------------------------------------|----------------|----------------------------------|
| | | FROM | TO | | | | | | | |
| COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| OTHER SCHOOLS OR SPECIAL COURSES | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| LIST TYPING & STENO COURSES HERE | | | | | | | | | | |
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| | | | | | | | | | | |

11. LICENSES: If a license, certificate or the authorization to practice a trade or profession is listed as a requirement of the examination for which you are applying, complete the following questions: If not currently licensed, check this box.

NAME OF TRADE OR PROFESSION LICENSE # GRANTED BY (LICENSING AGENCY) CITY OR STATE OF

SPECIALTY DATE LICENSE FIRST ISSUED REGISTERED FROM: (MO./YR.) TO: (MO./YR.)

12. If required on the announcement, do you have a valid license to operate a motor vehicle in New York State? YES NO

13. **DESCRIBE EXPERIENCE:** Beginning with the most recent list ALL employment, military service, volunteer experience that shows you meet the minimum qualifications for the examination. We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Do NOT send your resume. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. BE SURE TO READ THE REQUIRED QUALIFICATIONS ON THE EXAMINATION ANNOUNCEMENT. ALL STATEMENTS ARE SUBJECT TO VERIFICATION

| | | | |
|--|-----------|---------|----------------|
| LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO / | FIRM NAME | ADDRESS | CITY AND STATE |
|--|-----------|---------|----------------|

DESCRIBE DUTIES BELOW:

TYPE OF BUSINESS

YOUR EXACT TITLE

NAME OF YOUR SUPERVISOR

SUPERVISOR'S TITLE

No. of hours worked per week (excluding overtime)

| | | | |
|--|-----------|---------|----------------|
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ALL STATEMENTS ARE SUBJECT TO VERIFICATION

VETERAN'S CREDITS INSTRUCTIONS AND INFORMATION

According to Civil Service Law, additional credits in examinations are granted to successful candidates who have claimed and established status as disabled or non-disabled veterans.

These credits are granted on the following basis:

- DISABLED VETERANS: 10 points for Open-Competitive Exams, 5 points for Promotional Exams
NON-DISABLED VETERANS: 5 points for Open-Competitive Exams, 2.5 points for Promotional Exams

These additional credits, which are added to the final test score, may be granted to PASSING CANDIDATES only, when the eligible list is established. Candidates are permitted a minimum period of 60 days from the last filing date to submit veterans credits forms for a particular examination.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- 1.) Have served on ACTIVE DUTY with the Armed Forces of the United States in time of war. War times are defined as follows in accordance with New York State Law: World War II - December 7, 1941 to and including December 31, 1946; Korean War - June 27, 1950 to and including January 31, 1955; Vietnam - February 28, 1961 to and including May 7, 1975; U.S. Public Health Service: - July 29, 1945 to December 31, 1946 or June 27, 1950 to July 3, 1952; *Lebanon - June 1, 1983 - December 1, 1987; *Grenada - October 23, 1983 - November 21, 1983; *Panama - December 20, 1989 - January 31, 1990; Persian Gulf - August 2, 1990 to the end of such hostilities (not yet determined)
*Credit for Lebanon, Grenada and Panama will be limited to those who received the Armed Forces Expeditionary Medal, The Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal. Your DD-214 must indicate that you were awarded the Expeditionary Medal.
2.) Have been honorably discharged or released under honorable conditions from such service. Active duty personnel may apply, but may not be appointed using credits until discharged.
3.) Submit a legible photocopy of separation papers each time you apply for an examination (i.e. FORM DD-214 or NAVPERS-553) from the Armed Forces of the United States. DO NOT SEND ORIGINAL.

DISABLED VETERANS

In order to be eligible for additional credits as a disabled veteran, in addition to meeting the requirements of items 1, 2, & 3 listed above, you must also complete, FOR EACH TITLE, Form PO-26 (Authorization For Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. Form PO-26 will be mailed to you after the examination. The Veterans Administration will retain a copy for its files and will return a copy to this department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

ERIE COUNTY • AN EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

- 14. A. Do you claim additional credits as an honorably discharged war veteran for this examination?
1. YES, AS A NON-DISABLED VETERAN
2. YES, AS A DISABLED VETERAN
3. YES, ON ACTIVE DUTY
4. NO

If you checked YES, complete 14B, C, D, and E.

- B. Have you attached a copy of your separation papers to this application?
C. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
D. With the exception of the federal service, have you ever been employed by a governmental agency other than Erie County, (e.g., Buffalo, New York State, Office of Court Administration, or another municipality within New York State)?

If you checked YES, complete the following:

GOVERNMENT NAME: _____

LENGTH OF EMPLOYMENT FROM: _____ TO: _____

DEPARTMENT: _____

YOUR OFFICIAL TITLE(S): _____

E. Please print your name here:

THE NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS APPLICATION FORM SHOULD BE VIEWED AS EXPRESSING, DIRECTLY OR INDIRECTLY, ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD IN CONNECTION WITH EMPLOYMENT.

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2" x 11" sheets.

**ERIE COUNTY DEPARTMENT OF PERSONNEL
METHODS RESEARCH QUESTIONNAIRE**

The County of Erie is an Equal Opportunity Employer. The attached information is required by State and Federal Regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately and is sent to our EEO Office. This information is maintained confidentially and is not available to any employing agency.

EXAM: Announcement Number _____ EXAM DATE _____

Title of Position: _____

Name: _____

Address: _____

(City)

(State)

(ZipCode)

Sex: (Circle): Male Female

Race: (Circle): White Hispanic Black American Indian Asian American

Other (please specify) _____

Do you have a Disability? (Circle): Yes No

Are you a Vietnam era Veteran? (Circle): Yes No

Recruitment Source: (Check how you became aware of the position)

___ Erie County Personnel Department

___ Newspaper

___ New York State Employment Office

___ Relative or Friend

___ Private Employment Office

___ Government Employee

___ Social & Fraternal Organizations

___ Radio and T.V.

Other (please specify) : _____