

### **Job Description**

(Revised 3/19/24)

Job Title: Administrative Manager/Bookkeeper

Reports To: PVTA CEO FLSA Status: Exempt

**Prepared Date: March 2024** 

**Approved By: PVTA Technical Committee** 

Salary Range: \$62,827.00 to \$76,367 Annually Assistant Planner Range 147

(no adjustment)

### Administrative Manager/Bookkeeper

**Pomona Valley Transportation (PVTA)** is the specialized transportation provider for the cities of Claremont, La Verne, Pomona and San Dimas. PVTA currently operates several specialized services in the area. The position reports to the PVTA Administrator. The Administrative Manager/Bookkeeper will oversee PVTA's administrative operations including, accounting, payroll, management of PVTA's financial and personnel records and systems.

**DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

- Financial Management/Bookkeeping-Maintain PVTA financial records, including production of the monthly financial reports, manage billings to funding sources and client agencies, purchase orders and payments, oversee cash flow. Management accounts payable. Manage billings and payments for fare media sold via the Transit Store, including PVTA services, Access Services and Foothill Transit. Prepare authority financial records of audit.
- **2. Payroll-**Manage the PVTA payroll. Maintain records of leave accrual.
- **3. Benefits Program and Compliance-**Manage the benefits program for PVTA including maintaining health insurance and PERS. Produce all compliance reporting required by EDD and IRS and other agencies.

- **4. Transportation Information and Assistance-**Provide callers and walk-in customers with information on all transportation resources serving the Pomona Valley. Assist seniors and individuals with disabilities in selecting and navigating the transportation options appropriate for them. Guide new users through registration and the initial use of available services.
- **5. Passenger Registration**-Assess riders needs and register passengers for the appropriate service.
- **6. Complaints and Service Request-**Receive and record complaints and service requests. Perform follow up on complaints investigations. Coordinate contractor responses to special service requests.
- **7. Public Information-**Preparation and distribution of monthly reports and agenda packages. Posting of announcements and information on the PVTA website.

#### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Effective communication skills both oral and written
- Knowledge transit and paratransit services.
- Excellent customer service skills
- Computer skills (MS Office, Excel, Word, Power Point, Photoshop)
- Accounting software (Quickbooks)
- Problem solving and critical thinking skills
- Analytical and data interpretation skills
- · Organizational skills
- · Ability to prioritize responsibilities and workload
- Ability to demonstrate a sensitivity to persons with disabilities and the elderly

#### **EDUCATION and/or EXPERIENCE**

Any combination equivalent to the experience and education that could typically provide the required knowledge and abilities would be qualifying. A typical way to obtain the knowledge and abilities would be:

A bachelor's degree from an accredited college or university and a minimum of one year of experience in the public sector.

#### ACCOUNTING AND FINANCIAL MANAGEMENT

Familiarity with the principles of governmental accounting and use of accounting software.

#### REASONING ABILITY

Ability to define problems, collect data, establish facts, and draw valid conclusions.

**PHYSICAL DEMANDS:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to talk or hear. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, depth perception, and ability to adjust focus.

#### **COMPENSATION AND BENEFITS**

Salary Range: \$62,827 to \$76,367 Annually

#### Retirement

All full time permanent employees shall be covered for retirement purposes by the Public Employees Retirement System (PERS) <u>Miscellaneous Members Per 2% @ 62 Formula</u> in accordance with contractual agreement between PVTA and PERS.

#### **Health Coverage**

PVTA shall provide full time permanent employees with health insurance coverage. PVTA shall pay applicable premiums for employee and family coverage.

#### **Dental Insurance**

PVTA shall provide dental coverage for all full time permanent employees. PVTA shall pay applicable premiums for employee and family coverage.

#### **SELECTION PROCESS**

Qualified candidates need to apply by March 31, 2024. Application requests must be submitted to: Erika Jacquez, Senior Program Manager, Pomona Valley Transportation Authority, 2120 Foothill Blvd. #116, La Verne, CA 91750. (909) 596-7664 ext.0, email- Erika@pvtrans.org. The most qualified applicants will be selected to participate in an oral examination. PVTA is an Equal Opportunity Employer and Drug/Alcohol Free Workplace.

# Pomona Valley Transportation Authority

## APPLICATION FOR EMPLOYMENT

2120 FOOTHILL BLVD. SUITE. 116 LA VERNE, CALIFORNIA 91750 AN EQUAL EMPLOYMENT OPPORTUNITY

APPLICATION FOR POSITION OF:								
	NERAL BACKGRO	OUND INFORMAT	ΓΙΟΝ					
NAME:LAST	AME:LAST FIRST				MIDDLE			
ADDRESS:NUMBER AND STREET				APT. NO.				
CITY		STATE	ZI	IP CODE				
E MAIL ADDRESS:								
PHONE NUMBER:	SOCIAL SECURITY	Y NUMBER:						
USINESS PHONE: DRIVER'S LICENSE NUMBER: E				ON DATE:_				
PLEASE LIST ANY OTHER NAMES YOU HAV	I E USED FOR WORK (	OR EDUCATION RE	CORDS:					
IN AN EMERGENCY, NOTIFY:		NAME						
ADDRESS CI	TY STAT	TE ZIP CC	DDE TI	ELEPHONE				
.  IF "YES" TO ANY OF THE FOLLOWING QUES	TIONS (A THROUGH	E), PLEASE EXPLA	AIN UNDER "REMARK	S" BELOW.				
a. HAVE YOU EVER BEEN FIRED (	OR FORCED TO RESI	GN FROM A POSITI	ION? Y	ES	NO			
b. DO YOU HAVE ANY PHYSICAL MAY LIMIT YOUR ABILITY TO I APPLIED FOR? IF YES WHAT CA LIMITATION?	PERFORM THE ESSE	NTIAL FUNCTIONS	OF THE JOB	res 🗆	NO			
c. HAVE YOU EVER BEEN EMPLOYED BY THE PVTA?					NO			
d. ARE ANY OF YOUR RELATIVES EMPLOYED BY THE PVTA?					NO			
A "YES" ANSWER TO ANY OF THE ABOVE Q FURTHER CONSIDERATION. FALSE ANSWER				APPLICATIO	N FRO	M		
FURTHER CONSIDERATION. FALSE ANSWER	REMA		ON OR DISMISSAL.					
e. ARE YOU OVER 18 YEARS OF AGE?					NO			
g. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH, FLUENTLY?  IF SO, PLEASE SPECIFY:					NO			
h. WHAT WRITTEN PROOF OF LEC TO WORK IN THE UNITED STAT card, or social security card <b>PLUS</b> d	ES? (e.g., birth certific river's license.)	ate, certificate of natu				alien		
	EDUCA F NOT, DO YOU POSS		H SCHOOL EQUIVALI					
YES NO	HIGHEST GR	ADE COMPLETED:	YES N	Ю П				
NAMES AND LOCATIONS OF ALL COLLEGES AND UNIVERSITIES ATTENDED:	FULL OR PART TIME:	NO. OF UNITS EARNED:	MAJOR SUBJECT:		REE OR TIFICAT			

EMPLOYMENT HISTORY
LIST ALL JOBS YOU HAVE HELD WITHIN THE LAST TEN YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION. IF ADDITIONAL SPACE IS NEEDED, SUBMIT AN ADDITIONAL DOCUMENT. THIS SECTION MUST BE FULLY COMPLETED.

	T			$\neg$
FROM (MO/YR)	COMPANY NAME		PHONE	
TO (MO/YR)	COMPANY ADDRESS		NAME AND TITLE OF SUPERVISOR	
HOURS WORKED/WK	TITLE OF POSITION		'	
DESCRIPTION OF DUTIES	l			
FROM (MO/YR)	COMPANY NAME		PHONE	
TO (MO/YR)	COMPANY ADDRESS		NAME AND TITLE OF SUPERVISOR	
HOURS WORKED/WK	TITLE OF POSITION			
DESCRIPTION OF DUTIES				
FROM (MO/YR)	COMPANY NAME		PHONE	
TO (MO/YR)	COMPANY ADDRESS		NAME AND TITLE OF SUPERVISOR	
HOURS WORKED/WK	TITLE OF POSITION			
DESCRIPTION OF DUTIES				
FROM (MO/YR)	COMPANY NAME		PHONE	
TO (MO/YR)	COMPANY ADDRESS		NAME AND TITLE OF SUPERVISOR	
HOURS WORKED/WK	TITLE OF POSITION			
DESCRIPTION OF DUTIES				
		REMARKS		
	Provinces Directively on	AT A F A CT TOWN O DEV A DA F DE	DOOMS OF THE TWO VERY LITTLES WAYS A DE	
PROVIDE THE FOLLOWING SUFFICIENTLY FAMILIAR V	REQUESTED INFORMATION ON A WITH YOUR QUALIFICATIONS AN	AT LEAST TWO RELIABLE PE D CHARACTER TO FURNISH	RSONS, OTHER THAN RELATIVES, WHO ARE DEFINITE INFORMATION ABOUT YOU.	
NAME		OCCUPATION		
TELEPHONE		ADDRESS	CITY	
TELEPHONE				
PLEASE LIST ANY EOUIPM		F-CERTIFICATION OF SKILL AIDS (RELEVANT TO YOUR PO	S OSITION) YOU HAVE USED AND LEVEL OF	
-			,	
PROFICENCY (e.g. WPM):				
KNOWLEDGE. I AUTHORIZ LIMITED TO THE REQUIRE MATTERS, AS THEY RELAT DECISION, I HEREBY RELE WITH MY APPLICATION. I EMPLOYMENT SELECTION	EMENTS MADE IN THIS APPLICA ZE THE POMONA VALLEY TRANS MENTS FOR THIS POSITION, OF M E TO THE REQUIREMENTS OF TH ASE EMPLOYERS, SCHOOLS OR F UNDERSTAND THAT ANY FALSE PROCESS WILL SUBJECT ME TO	PORTATION AUTHORITY TO I MY EMPLOYMENT, FINANCIA IE POSITION FOR WHICH I AM PERSONS FROM ANY LIABILI OR MISLEADING INFORMATI DISOUALIFICATION OR DISM	ANT RE TRUE AND COMPLETE TO THE BEST OF MY MAKE INVESTIGATIONS AND INQUIRIES THAT AR L AND MEDICAL HISTORY AND OTHER RELATED APPLYING. IN ARRIVING AT AN EMPLOYMENT TY IN RESPONDING TO INQUIRIES IN CONNECTIO ON GIVEN IN MY APPLICATION OR ANY STEP IN THISSAL. I FURTHER UNDERSTAND THAT AN A PHYSICAL EXAMINATION AND BACKGROUND	N

\_\_\_\_\_ DATE \_\_\_\_

SIGNATURE\_