



## **APPLICANT INFORMATION**

Complete and return the following forms:

- Completed Application for Employment
- Resume

To apply for the position, please send the above-described forms to:

Melissa Tremelling at [melissat@elcowater.org](mailto:melissat@elcowater.org)

OR

Mail to:

PO Box 2044  
Fort Collins, CO 80522

If your application is selected for consideration, you will be contacted to schedule an interview.



## **East Larimer County Water District** **Billing Specialist**

### **Summary**

Coordinates monthly customer billings for water utility by performing various duties throughout the month.

### **Essential Duties and Responsibilities include the following.**

- Works with other staff member(s) in preparation of all information necessary to generate monthly billing for approximately 9,000 customer accounts.
- Works closely with out-source vendor to ensure bills are mailed in an accurate and timely manner.
- Responsible for processing all changes in customer accounts including change of address, meter exchange, meter location.
- Processes final billing requests from title companies and tenants, including preparation of service request, final bill estimate, assignment form, final bill and refund if applicable.
- Processes pre-note and draft file for automated payments drafted from customers' bank accounts.
- Responds to questions regarding customer accounts, rates, delinquencies and billing procedures.
- Processes cash receipt payments to customer accounts using computerized utility billing system.
- Responsible for loading information into meter reading software.
- Uploads meter readings to utility billing system in preparation for monthly billing.
- Establishes payment plans to help customers manage payment of bills.
- Prepares and sends reminder notices and final notices to delinquent accounts.
- Schedule delinquent accounts for termination.
- Researches and corrects erroneous charges or account balances.
- Researches ownership records using county assessor's web site and other means.
- Accurately maintains billing department records and reports for use by auditor and office staff.
- Maintains up-to-date department manual detailing utility billing processes.
- Efficiently operates office equipment including office computer, copier, scanner, email, calculator, and telephone.
- Process returned payments.

**\*Additional duties may be assigned\***

### **Supervisory Responsibilities**

This job has no supervisory responsibilities.

### **Minimum 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.

- Provide effective and efficient customer service.
- Manages difficult or emotional customer situations.
- Responds promptly to customer needs.
- Operate standard office equipment including multi-line telephone system, scanner, email and standard office programs including Word, Excel, Outlook and Adobe.

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- Use initiative, discretion and judgement within established procedural guidelines.
- Strong communication skills both verbally and in writing.
- Completes administrative tasks correctly and on time.
- Meets commitments.
- Balances team and individual responsibilities.
- Works with integrity and ethically.
- Follows policies and procedures.
- Exhibits sound and accurate judgment.
- Adapts to change in the work environments and the ability to deal with unexpected events.
- Accepts responsibility for own actions.
- Observes safety and security procedures; reports potentially unsafe conditions; uses equipment and materials properly.
- Attendance/Punctuality - Is consistently at work and on time.
- Asks for and offers help when needed.
- Strives to continuously build knowledge and skills, shares expertise with others.
- Respond in a positive manner to directions.
- Must work well with others.

### **Education and/or Experience**

High school diploma or general education degree (GED); preferably twelve (12) months customer service experience and/or training; or equivalent combination of education and experience.

Must pass pre-employment background and drug test.

### **Certificates, Licenses, Registrations**

Current driver's license is required. Notary public preferred.

### **Physical Demands and Working Environment**

Work is performed in a standard office environment. Individual is regularly required to sit, reach with hands and arms. May be required to perform a full range of motion with lifting and/or carrying items weighing up to 25 pounds.

### **Schedule**

Full-Time Monday – Friday; 8am – 4:30pm  
On-Site Office Environment

### **Compensation**

\$26.00 - \$34.60 per hour depending on experience.

### **Benefits**

Health, Dental & Vision Insurance  
Health Reimbursement Arrangement (HRA)  
Paid Time Off and Sick Leave Accrual  
Life Insurance  
Public Employees Retirement Association (PERA) <https://www.copera.org/>  
401(K) & 457 Plan

**To apply for the position, an application can be found on the District's website at [www.elcowater.org](http://www.elcowater.org). A resume is recommended to be submitted along with the application. This position will remain open until filled.**

# EAST LARIMER COUNTY WATER DISTRICT

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Email Address			

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation?  
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.) . . . . . Yes  No   
If yes, give details \_\_\_\_\_  
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business  
or employment outside of our job? . . . . . Yes  No   
If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? . . . . . Yes  No   
Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_  
Have you had your driver's license suspended or revoked in the last 3 years? . . . . . Yes  No   
If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			
What machines or equipment can you operate that relate to the job for which you are applying? _____			

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	REASON FOR LEAVING
SUPERVISOR(S)	TELEPHONE
NAME OF EMPLOYER	JOB TITLE AND DUTIES
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Have you worked or attended school under any other names? . . . . . Yes  No   
 If yes, give names: \_\_\_\_\_

Are you presently employed? . . . . . Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? . . . . . Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization's representative for details.