

**The City of Miami Fire Fighters' and Police Officers' Retirement Trust  
Is Accepting Applications for the Position:  
Pension Plan Accountant**

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**Salary Range:**

\$49,000.00 - 90,000.00 (*Reliant on Knowledge and Experience*)

**Nature of Work:**

The Pension Plan Accountant serves under the direction of the Plan Administrator. Work involves responsibility for independently maintaining a complete set of accounting records and recording detailed municipal fiscal records. Employee may also assist Administrator with more complex accounting functions and problems. Work requires independent judgment on technical accounting problems of limited variety, but account classifications and major procedures are determined by Trust regulations or by legal requirements. Work is reviewed by Administrator and will be subject to annual auditing.

**Essential Functions:**

- Responsible for recording and maintaining daily financial transactions.
- Update and maintain financial records.
- Prepares financial reports and trial balances.
- Prepare and post journals tracking payrolls.
- Balance bank statements.
- Track Trust's income and expenditures.
- Monitor administrative budget.
- Verify accuracy of all accounting transactions.
- Verify proper payments for administrative costs.
- Post and maintain proper general ledger accounts.
- Prepare reports required for annual financial audit.
- Verify accuracy of data reporting for actuarial purposes.

The examples of work listed are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment for the position.

**Desirable Knowledge, Abilities and Skills**

- An eye for detail
- The ability to meet deadlines
- The ability to communicate complex data in clear way
- Exceptional organization skills
- The ability to prioritize projects
- Excellent data entry skills
- Payroll accounting skills

### **Desirable Knowledge, Abilities and Skills (continued)**

- Considerable knowledge of professional accounting principles and procedures
- Some knowledge of governmental accounting and auditing
- Ability to comprehend and apply Generally Accepted Accounting Principles (GAAP) to the maintenance of fiscal and accounting records
- Fluency in Microsoft Office suite (Outlook, Excel, Word, PowerPoint, etc.)

### **Minimum Requirements:**

Bachelor's degree with a minimum of 2 years' experience in accounting is desired

OR

An equivalent combination of education and a minimum of 4 years' experience in accounting.

### **Documentation Requirements:**

Applicants must submit copies of the following documents **with** the application for employment. Please be sure to attach ALL required documents to your application as you will be deemed ineligible without the proper documentation.

- Copy of valid Driver's License
- Copy of Degree and/or Certifications
- Copy of Resume

### **Application Submission Process:**

Applications can be obtained thru our web site, [www.miamifipo.org](http://www.miamifipo.org), or by calling our office.

Completed application package can be:

E-mailed: [info@miamifipo.org](mailto:info@miamifipo.org)

Faxed: (305) 858-9008

Mailed: 1895 SW 3 Ave., Miami, FL 33129

Deadline for submission is FRIDAY, SEPTEMBER 16, 2022

City of Miami Fire Fighters' & Police Officers Retirement Trust

**APPLICATION FOR EMPLOYMENT**

1895 SW 3rd Ave., Miami, Florida 33129  
 (305) 858-6006 Fax (305) 858-9008  
 www.miamifipo.org/info@miamifipo.org

**PERSONAL INFORMATION**

Social Security No:		Position Applied For:			
First Name:		Middle Init.:	Last Name:		Former Surname (If Applicable):
Address (Street Number and Name):			City:	State:	Zip Code:
Home Phone: ( )		Alternate Phone: ( )		E-Mail Address:	
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		*Driver's License Number:		*State:	*Type of License:

Can you, submit proof of your legal right to work in the United States?  Yes  No

**PREFERENCES**

Preferred Salary:	Are you willing to relocate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	What type of job are you looking for? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship
Types of work you will accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem		

**EDUCATION**

Foreign degrees must be accompanied by transcript evaluations performed by accredited American colleges or universities, or NACES approved credential evaluation services.		Dates Attended	Degree Awarded	Units Earned	Major
High School:	City/State:				
College/University:	City/State:	FROM: _____ TO: _____			
Other:	City/State:	FROM: _____ TO: _____			
Other:	City/State:	FROM: _____ TO: _____			

**WORK EXPERIENCE**

Please list your work experience starting with your present or most recent employer, in as much detail as possible. If you have held various positions with the same employer, make a separate entry for each position held so that your application may be accurately evaluated. Please account for any periods of non-employment greater than 3 months. **Resumes may not be substituted for application forms.** NOTE: Previous employers may be contacted to verify information provided.

Employer (Company/Agency name):				Website:	
Mailing Address of Employer:			City:	State:	Zip Code:
Phone Number: ( )	Hrs. Per Week:	Starting Salary: \$	Ending Salary: \$	Dates Employed: From: _____ To: _____ mo. year mo. year	
Job Code/Position Title:				Reason for Leaving:	

Supervisor's Name/Title:

Duties:

**WORK EXPERIENCE (cont.)**

Employer (Company/Agency name):					Website:	
Mailing Address of Employer:			City:		State:	Zip Code:
Phone Number: (     )	Hrs. Per Week:	Starting Salary: \$	Ending Salary: \$	Dates Employed: From: ___ mo. ___ year To: ___ mo. ___ year		
Job Code/Position Title:				Reason for Leaving:		
Supervisor's Name/Title:						
Duties:						
Employer (Company/Agency name):					Website:	
Mailing Address of Employer:			City:		State:	Zip Code:
Phone Number: (     )	Hrs. Per Week:	Starting Salary: \$	Ending Salary: \$	Dates Employed: From: ___ mo. ___ year To: ___ mo. ___ year		
Job Code/Position Title:				Reason for Leaving:		
Supervisor's Name/Title:						
Duties:						
Employer (Company/Agency name):					Website:	
Mailing Address of Employer:			City:		State:	Zip Code:
Phone Number: (     )	Hrs. Per Week:	Starting Salary: \$	Ending Salary: \$	Dates Employed: From: ___ mo. ___ year To: ___ mo. ___ year		
Job Code/Position Title:				Reason for Leaving:		
Supervisor's Name/Title:						
Duties:						



**AGENCY-WIDE QUESTIONS**

1. Please enter your former name (if applicable) in its entirety, starting with the last name first. (e.g. Last Name, First Name)

2. Are you a citizen of the U.S.A.?  Yes  No  
(Some City of Miami jobs require citizenship)

3. Driver's license issue date:

4. Driver's license expiration date:

5. Driver's license restrictions:

6. Driver's license endorsements:

7. Are you presently employed by the City of Miami?  Yes  No

8. Employee Number:  
(Employee Number can be found on your City of Miami paycheck. If you do not know your Employee Number, please contact your Department Personnel Liaison.)

9. Have you ever worked for the City of Miami?  Yes  No

10. If you answered "Yes", please state the last date and department for which you were employed:

11. Have you ever been terminated from the City of Miami for cause?  Yes  No

12. Florida State Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel, and other categories outlined in Section 119.07 of the Florida State Statutes.

Do you, your spouse or parent(s) fall into one of the aforementioned categories?  Yes  No

13-15. Do you have any relative(s), either by blood or by marriage who is/are employed by the City of Miami?  Yes  No

Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister.

Name:

Relation to You:

Department Employed:

16. Have you served on active duty in the United States Military and received an honorable discharge?  Yes  No

**NOTICE:** YOU MUST SUBMIT A LEGIBLE FORM DD-214 AND OTHER RELEVANT DOCUMENTS CONCERNING ELIGIBILITY FOR VETERANS PREFERENCE. VETERAN'S PREFERENCE WILL BE AWARDED ONLY IF YOU SUBMIT, WITH YOUR APPLICATION, A LEGIBLE FORM DD-214 AND, IF APPLICABLE, PROOF OF A SERVICE-CONNECTED DISABILITY FROM A STATE APPROVED AUTHORITY LESS THAN ONE YEAR OLD (UNLESS A PERMANENT DISABILITY), BY THE JOB POSTING CLOSING DATE.

**17. VETERAN'S PREFERENCE:**

Under Section 295.07, Florida State Statutes extends veteran's preference to:

- A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
  - The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.
  - A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
- \*\*A veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), qualifies for preference in appointment, effective July 1, 2007. This service dates are defined as follows:

- Operation Enduring Freedom: October 7, 2001 to date to be determined.
- Operation Iraqi Freedom: March 19, 2003 to date to be determined.
- The unmarried widow or widower of a veteran who died of a service connected disability.
- Any armed forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal.

Do you qualify for veteran's preference based on the categories outlined in this question?  Yes  No

18. If you answered "Yes", Please select which category is applicable to you.

- Eligible for disabled veteran's preference - 30% or more
- Eligible for disabled veterans preference - Less than 30%
- Eligible for non-disabled veteran's preference
- Spouse of a permanently disabled veteran, or person missing in action (MIA) or the unmarried widow(er) of a veteran whose death was service connected.



**AFFIRMATIVE ACTION DATA SHEET**

**Your completion of this form will assist the City in compiling required information for Equal Employment Opportunity (EEO). This data will not be kept with the application form, nor used in the decision to hire. Please complete and return with your employment application.**

Name:	Last 4 Digits of Social Security Number:
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Position Applied For:	Date of Application:
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<p>26. What is your ethnicity?</p> <p><input type="checkbox"/> White (not of Hispanic Origin)</p> <p><input type="checkbox"/> Black (not of Hispanic Origin)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Asian/Pacific Islander</p> <p><input type="checkbox"/> American Indian</p>	<p>27. What is your gender?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p>28. What is your Age Group?</p> <p><input type="checkbox"/> Under 15 years of age</p> <p><input type="checkbox"/> 15-17 years of age</p> <p><input type="checkbox"/> 18 years of age</p> <p><input type="checkbox"/> 19-40 years of age</p> <p><input type="checkbox"/> 41 years of age or more</p>
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29. What is your national origin?

30. How were you informed about the vacancy for which you are applying? (check one)

<input type="checkbox"/> Community Agency <input type="checkbox"/> Miamigov.com <input type="checkbox"/> City Employment Office/Job Hotline <input type="checkbox"/> Other City Department <input type="checkbox"/> City of Miami Employee <input type="checkbox"/> Job Fair	<input type="checkbox"/> Newspaper <input type="checkbox"/> Careerbuilder.com <input type="checkbox"/> Jobing.com <input type="checkbox"/> Governmentjobs.com <input type="checkbox"/> Radio Station <input type="checkbox"/> Billboard	<input type="checkbox"/> Friend (non-City of Miami employee) <input type="checkbox"/> Job Notification Card <input type="checkbox"/> Other _____
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**REASONABLE ACCOMODATION**

**NOTICE:** THE DEPARTMENT OF EMPLOYEE RELATIONS WILL MAKE REASONABLE EFFORTS TO ACCOMMODATE PERSONS WITH DISABILITIES WHO REQUEST SAME BY COMPLETING THIS QUESTION. APPLICANTS REQUESTING REASONABLE ACCOMODATIONS ARE REQUIRED TO PROVIDE CURRENT AND RELEVANT SUPPORTING MEDICAL DOCUMENTATION ON OR BEFORE THE CLOSING DATE.

SUPPORTING MEDICAL DOCUMENTATION THAT JUSTIFIES A CURRENT NEED FOR THE REQUESTED ACCOMMODATION THAT MAY BE AVAILABLE UNDER LAW MUST BE SUBMITTED BY THE APPLICANT TO THE CITY OF MIAMI EMPLOYMENT OFFICE.

Name:	Social Security No:
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Position Applied For:	Date of Application:
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31. Do you need any accommodation in order to take a City examination, due to a physical or mental disability/condition?  Yes  No  
(This data will not be provided to the hiring department, nor used in the decision to hire.)

32. If you answered "Yes", please describe the type of accommodation needed:

33. Will you need any accommodations in order to properly perform the essential functions of the job for which you are applying?  Yes  No  
(This data will not be provided to the hiring department, nor used in the decision to hire.)

34. If you answered "Yes", please describe the type of accommodation needed: