



Josephine County, Oregon

Human Resources Office

Josephine County Courthouse
500 NW 6th Street Dept 11 / Grants Pass OR 97526
(541) 474-5217 / FAX (541) 474-5218 / TTY (800) 735-2900

POSITION DESCRIPTION

Job Title: Department Assistant
Department: Multi Department
FLSA Status: Non-Exempt
Job Code: 18
WC Code: 8810
Effective Date: 1/1/1991
Last Revised: 09/01/2008
Pay Grade: A07
Union: AFSCME

SUMMARY

Performs clerical duties of a routine nature to maintain and process records and forms such as typing, word processing, filing, data entry, recordkeeping and receptionist work; does related work as required.

ESSENTIAL DUTIES AND RESPONSIBILITIES

An employee in this classification performs work involving the operation of a typewriter, word processor, calculator, copy machine and other standard office equipment. Incumbents in this classification typically work under close supervision with work being reviewed at frequent intervals for quality and/or quantity. The duties performed generally require following clearly established work procedures or specific instructions. Supervision is not normally a responsibility of positions in this classification.

EXAMPLES OF WORK: (Illustrative Only. Any single position in this classification will not necessarily involve all of the listed duties below and other positions will involve duties which are not listed. These duties represent the essential functions needed of persons in this classification.)

1. Organizes, files and catalogs material.
2. Traces records that have been removed from files or misfiled.
3. Gathers data, posts, sorts, checks and maintains records; receipts money.
4. Operates computer/CRT to access and update various files.
5. Types forms, letters, memos, reports and file cards.
6. Makes copies; collates and assembles information.
7. Answers telephone and provides general information responses to inquiries.
8. Greets visitors.
9. Takes messages and makes appointments.

10. Gathers information from the public necessary to initiate records and services.

SUPERVISORY RESPONSIBILITIES

None

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Some knowledge of different filing systems including alphabetical, numerical and chronological; business English, spelling and punctuation; general office practices and procedures.

EDUCATION AND EXPERIENCE

High school graduation or equivalency, preferably supplemented with office experience; or any satisfactory combination of experience and training which demonstrates the knowledge, skills and ability to perform the above described duties.

JOB IMPACT

The most common consequence of error would involve financial loss due to improper processing of payments and/or posting of records or the necessity of re-doing the work; possible litigation; and/or public embarrassment.

JOB CONTACTS

This position generally has contact with the general public, other agencies and with other County departments.

LANGUAGE SKILLS

Ability to communicate effectively both verbally and in writing; establish and maintain effective working relationships with other employees and the public; read and interpret documents such as operating and maintenance instructions, and procedure manuals; write routine reports and correspondence; and communicate effectively.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ration, and percent and to draw and interpret bar graphs.

REASONING ABILITY

Ability to exercise initiative and judgment in completing tasks and responsibilities; solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists; and interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

OTHER SKILLS AND ABILITIES

Organize, file and retrieve materials and documents; deal courteously and tactfully with the general public; follow verbal and written instructions; perform basic mathematical operations; maintain confidentiality; work effectively with other employees. Operation of standard office equipment, including the operation of a computer to access/update files; typing.

CERTIFICATES, LICENSES, REGISTRATIONS

PHYSICAL DEMANDS

The physical requirements outlined 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 individuals with disabilities to perform the essential functions.

WORK ENVIRONMENT

Work is performed in an office environment. Incumbents are occasionally required to lift and/or carry boxes. The position is impacted by the need to meet established deadlines; repetitiveness of tasks; attention to detail/accuracy; uncontrollable work flow; and uncontrollable interruptions and distractions.

BACKGROUND INVESTIGATION

May be subject to background check depending on position assignment.

PHYSICAL REQUIREMENTS

Check if required for essential job function	Activity	Never 0%	Occasionally 1-33%	Frequently 34-66%	Continuous 67-100%
<input checked="" type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sitting - 1/2 hour plus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Moving about work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bending forward	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Stoop position - 1 minute plus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Climbing stairs - 1 floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Crawling - hands & knees	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reaching overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Lifting strength	# of pounds = 25 lbs			
<input checked="" type="checkbox"/>	Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Patient Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Lifting Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Moving carts, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Carry items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Dexterity/Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Keyboard Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Rapid-mental/hand/eye coord.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Operation of motor vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speech, Vision & Hearing

<input checked="" type="checkbox"/>	Distinguish colors	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
<input type="checkbox"/>	Distinguish shades	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Depth perception	Describe: For Driving
<input checked="" type="checkbox"/>	Ability to hear	Normal Speech Level: Telephone & in person & recordings
<input type="checkbox"/>	Other Spec. Hearing Req.	Describe:

Exposure - Environmental Factors

<input checked="" type="checkbox"/>	Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wet Area/Slippery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Smoke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chemical Solutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Uneven Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ladder/Scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ionization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Body Fluids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>