EUREKA FIRE PROTECTION DISTRICT
OF ST. LOUIS AND JEFFERSON COUNTIES

The Eureka Fire Protection District will be accepting applications, resumes, and letters of intent for the position of Comptroller. Applicants should have a background and formal education in accounting, finance or other closely related field. In addition, should have knowledge of Governmental Accounting Standards Board (GASB) pronouncements and Generally Accepted Accounting Principles (GAAP).

Responsibilities of the position include:
- General ledger maintenance including reconciliations
- Preparation of monthly financial statements and reports
- Working with internal and external audits
- Assist in budgeting process and variance analysis
- Develop and enhance Internal Controls
- Reconcile fixed assets and capital expenses
- Aid in development and implementing policies and procedures
- Other duties as assigned
- Comptroller will report directly to the Chief of the District

Salary range for this position is $45,000 to $50,000 annually. Benefits package includes health insurance, dental and vision insurance, defined contribution pension program, employee based 457 pension plan, short and long term disability insurance, life insurance, paid vacation and sick leave. Potential customized work hours (based on 40 hours per week).

Applications available in person at District administrative office at 4849 Hwy 109 M-F 0800 – 1630 hours or on District website. Application, letter of intent and resumes must be turned into the District administrative office by 1630 hours on November 1st, 2019.

Eureka Fire Protection District is an Equal Opportunity Employer.
Eureka Fire Protection District
Employment Application

Date of application: ________________________

Name: ____________________________

Last  First  Middle  Social Security Number

Present Address: ____________________________

Street  City  State  Zip  Phone Number

If less than 3 years at the above address, please list previous address:

Previous Address: ____________________________

Street  City  State  Zip

Email Address: ____________________________

Driver’s License Number: ____________________________

State:  Class:  Exp date:

<table>
<thead>
<tr>
<th>Are you at least 18 years of age?</th>
<th>Are you a citizen of the U.S.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

In case of emergency notify: ____________________________

Relationship: ____________________________

Street  City  State  Zip  Phone Number

EDUCATION

<table>
<thead>
<tr>
<th>Level</th>
<th>Name of School</th>
<th>Years Completed</th>
<th>Field of Study</th>
<th>Graduate or Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMPELOYMENT RECORD (from the most current – backward)

Name of present or last Employer: ________________________________

Address: ______________________________________________________

Starting date: __________________  Leaving date: __________________  Reason for leaving: __________________

Month/year       Month/year

Your Job Title: ___________________________ Name of Supervisor: ___________________________

Description of Work:

________________________________________________________________________

________________________________________________________________________

Name Employer: ______________________________________________________

Address: ____________________________________________________________

Starting date: __________________  Leaving date: __________________  Reason for leaving: __________________

Month/year       Month/year

Your Job Title: ___________________________ Name of Supervisor: ___________________________

Description of Work:

________________________________________________________________________

________________________________________________________________________

Name of Employer: _____________________________________________________

Address: ____________________________________________________________

Starting date: __________________  Leaving date: __________________  Reason for leaving: __________________

Month/year       Month/year

Your Job Title: ___________________________ Name of Supervisor: ___________________________

Description of Work:

________________________________________________________________________

________________________________________________________________________
REFERENCES - Please list names of three persons not related to you, whom you have known at least 3 years.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Years Acquainted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MILITARY SERVICE RECORD

Branch of Service: ___________________ Rank: _______________ Dates Served: ___________________

Discharge Date: ___________________ Type of Discharge: ___________________

GENERAL ITEMS:

List any office experience you have.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Briefly describe why you would like to be employed by the Eureka Fire Protection District.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am successful in obtaining membership, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above, to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and other persons, agencies and departments, as follows, but not limited to: all law enforcement agencies for a record check, the Veterans Administration, all branches of the U.S. Armed Forces, all federal, state or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that my employment is for no definite period and may be terminated at any time without prior notice."

"I am also aware that if selected for employment, I will be asked to take a pre-placement examination performed by a licensed physician selected by the Fire District. The Fire District will pay all cost for this examination. During the aforementioned examination, I am aware that drug testing will be done to determine the presence of any foreign substance in my body and if confirmed positive, I will not be eligible for employment with the Eureka Fire Protection District."

"I acknowledge that the District may check my driver's license status."

_________________________________________  ___________________________________________
Signature of Applicant                          Date of Application

Eureka Fire Protection District – Employment Application