



## Central Cashier Job Description

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### General Summary:

Under direct supervision of the Finance Director, or his/her designee, greets and directs visitors entering City offices, serves as the central collection point for all revenue, answers and directs phone calls, distribute mail, inventory, distribute and order office supplies, create and maintain City filing system.

### Principal Duties and Responsibilities:

1. Collect and post incoming revenue to correct accounts.
2. Reconcile cash, checks, register tape and payment stubs daily.
3. Prepare daily deposit slip(s).
4. Prepare daily worksheet and spreadsheet for Finance Director.
5. Create and maintain a secure and central filing system for the City.
6. Serve as main focal point for all customer service, including answering the phones.
7. Organize office supplies in a locked, central location. Control issue of office supplies, keep inventory, and re-order as needed.
8. Able to react to change productively and handle other essential tasks as assigned.
9. Discuss certain aspects of Zoning Permit requirements to citizens and business owners.
10. Perform other duties as assigned from time to time.

### Knowledge, Skills and Abilities Required

1. Ability to remain professional under stress
2. Must be very organized, have the ability to create organization.
3. Customer service oriented, continuous interaction with citizens.
4. Analytical ability required in determining errors affecting reconciliation of register and/or other problems.
5. Must be friendly and courteous. Written and spoken grammar should be appropriate for professional business environment.
6. Neat and professional appearance.
7. High School Diploma or equivalent required.



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 NEW CARLISLE, OHIO 45344  
 PHONE: 937-845-9492  
 FAX: 937-845-2338  
 WWW.NEWCARLISLE.NET

**APPLICANT INFORMATION**

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

**EDUCATION**

High School				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

**REFERENCES**

*Please list three professional references.*

Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
Address	

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans of Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

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NEATNESS:

CHARACTER:

PERSONALITY:

ABILITY:

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVAL: DEPT HEAD \_\_\_\_\_ MANAGER \_\_\_\_\_ CITY MANAGER \_\_\_\_\_