PICKAWAY COUNTY – THE CROSSROADS FOR BUSINESS CONNECTIONS

Prepared on October 19, 2026

Finance & Administration Specialist

Position Overview

As the economic development organizations serving Pickaway County and its municipalities, the Pickaway County Port Authority (PCPA) and Pickaway Progress Partnership (P3) have three primary objectives: Promote and market the advantages of locating and doing business in Pickaway County. Strengthen the local business environment by supporting the retention and expansion of existing employers. Provide a seamless network of economic development services and value-added programs to existing businesses, local governments, and prospective companies throughout Pickaway County.

The Finance & Administration Specialist will support the organization's financial, administrative, governance, and operational needs. Reporting to the Executive Director, this position works independently to manage daily accounting, board and committee support, records and compliance, and office operations. The ideal candidate is organized, detail-oriented, dependable, and able to balance financial responsibilities with the broader administrative needs of the organization.

Essential Duties and Responsibilities

Finance & Accounting

- Manage daily accounting functions, including accounts payable, accounts receivable, invoicing, deposits, reconciliations, and expense tracking.
- Maintain accurate financial records, monitor cash flow, and assist with financial statements, budgets, grants, and contract reporting.
- Prepare financial records for audits and ensure appropriate internal controls, documentation, and compliance.

Public Records & Records Management

- Serve as the agency's records custodian and manage public records requests in accordance with Ohio law.
- Maintain organized physical and electronic records, including retention, archiving, and official agency documents.

Board & Committee Support

- Coordinate Board and committee meetings, including scheduling, notices, agendas, packets, and meeting materials.
- Attend meetings as needed, prepare minutes, maintain official records and resolutions, and track follow-up items.

Office Administration & Operations

- Oversee daily office operations, including vendors, supplies, equipment, technology, and office systems.
- Provide administrative support to the Executive Director and Assistant Director and assist with special projects and organizational priorities.

Desired Skills & Experience

- Effective communication and people skills with the ability to build professional relationships with business leaders, elected officials, government representatives, and community partners.
- Highly organized, detail-oriented, and able to manage multiple priorities, meet deadlines, and maintain accuracy.
- Ability to work independently in a small-office environment while managing confidential information and managing multiple priorities.
- Professional and trustworthy when managing confidential financial, business, and organizational information.
- Strong problem-solving and research skills with the ability to balance detailed tasks with broader organizational priorities.
- Proficient in Microsoft Office, particularly Excel, Word, and PowerPoint.
- Ability to learn and apply Ohio public records, open meetings, and records retention requirements.
- Ability to travel throughout Pickaway County and occasionally throughout the region or state as needed.

Qualifications

- Associate or bachelor's degree in accounting, finance, business administration, public administration, or a related field preferred.
- 3–5+ years of experience in accounting, bookkeeping, business administration, office management, operations, or a related field; experience with an Ohio nonprofit, government agency, or public-private organization is preferred.
- Proficiency with accounting software, such as QuickBooks Online, Microsoft Office, and cloud-based file management systems.
- Knowledge of basic accounting principles, financial reporting, internal controls, and audit preparation.

Benefits & Compensation:

- Employment: This position will be contracted through the Pickaway County Commissioners under the direction of Pickaway County Port Authority (PCPA).
- Schedule: Part-time position with regular business hours and some schedule flexibility and the potential to transition to a full-time position.
- Compensation: Competitive pay, negotiable based on qualifications and relevant experience.
- Paid Leave: Paid sick leave.

Qualified applicants should complete the application provided below and submit a cover letter and resume to: tanderson@pickawayprogress.com

PICKAWAY COUNTY

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED IN THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____ DATE: _____

NAME: _____

Last First Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____

HOW DID YOU HEAR ABOUT THIS JOB OPENING? _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? YES _____ NO _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR JOB DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

_____

_____

_____

_____

_____

REASON FOR LEAVING?

_____

_____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

_____

_____

_____

WHY DID YOU LEAVE?

_____

_____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

_____

_____

_____

WHY DID YOU LEAVE?

_____

_____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

_____

_____

_____

WHY DID YOU LEAVE?

_____

_____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: FROM: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

_____

_____

_____

WHY DID YOU LEAVE?

_____

_____

EDUCATION

THIS SECTION IS INTENDED TO PROVIDE INFORMATION ABOUT THE EDUCATION AND TRAINING THAT YOU HAVE COMPLETED AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES YOU POSSESS TO PERFORM THE JOB DUTIES OF THIS POSITION.

HIGH SCHOOL ATTENDED**:** _____

GRADUATION DATE: _____

POST-SECONDARY EDUCATION

COLLEGE/UNIVERSITY: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____

DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC. THAT YOU POSSESS THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

_____
_____
_____
_____
_____
_____
_____
_____

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (i.e. second job, school, etc.) WHICH MIGHT INTERFERE WITH OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?

YES _____ NO _____

IF YES, PLEASE EXPLAIN:

_____

_____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES _____ NO _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES _____ NO _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____

ARE YOU A RESIDENT OF PICKAWAY COUNTY? YES _____ NO _____

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT? YES _____ NO _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ PHONE: _____

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

PLEASE READ EACH ONE OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

If employed, I understand and accept that I may be required to work evenings, nights and/or weekend days.

Initials: _____

I understand and accept that if any information required on this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any unlawful activity.

Initials: _____

I CONFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

_____ _____

Applicant's Signature Date

AN EQUAL OPPORTUNITY EMPLOYER APPLICATION

EEO DATA: VOLUNTARY DISCLOSURE FORM

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____

SEX: _____

RACIAL AND ETHNIC CATEGORIES:

- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

HIRED: _____ YES____ NO____ POSITION _____

DEPT. _____

SALARY/WAGE _____

DATE REPORTING TO WORK _____ SHIFT _____