1. Position Code DEPT OF STATE AIDE 6/7/E8 (03/30/09)

# State of Michigan

**Department of Civil Service** Capitol Commons Center, P.O. Box 30002

Lansing, MI 48909

Lansing, WI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

### **POSITION DESCRIPTION**

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.

2.	Employee's Name (Last, First, M.I.) COMPOSITE	8.	Department/Agency STATE
3.	Employee Identification Number	9.	<b>Bureau (Institution, Board, or Commission)</b> BUREAU OF CUSTOMER SERVICE
4.	<b>Civil Service Classification of Position</b> Department of State Aide 6/7/E8	10.	<b>Division</b> BRANCH OPERATIONS
5.	Working Title of Position (What the agency titles the position) DEPARTMENT OF STATE AIDE	11.	Section
6.	Name and Classification of Direct Supervisor Department of State Branch Supervisor	12.	Unit
7.	Name and Classification of Next Higher Level Supervisor DEPARTMENT OF STATE BRANCH SUPERVISOR/DEPARTMENTAL MANAGER	13.	Work Location (City and Address)/Hours of Work VARIED/VARIED

#### 14. General Summary of Function/Purpose of Position

The primary function of this position is to determine an applicant/caller's needs/requirements and to provide assistance in obtaining driver licenses, license plates, registrations, permits and voter registrations. This position provides efficient, courteous, knowledgeable and helpful customer service. This position serves in a Bureau of Customer Service (BCS) branch office.

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15.	Please describe your <u>assigned</u> duties, percent of time spent performing each duty, and explain what is done to complete each duty.		
	List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.		
<u>Duty</u>	<u>/1</u>		
Gen	eral Summary of Duty 1 % of Time		
Assi	sts customers/callers by providing information about services available at the Secretary of State branch offices.		
Indi	vidual tasks related to the duty.		
	Determines what services the applicant/caller needs-		
	Identifies the requirements for the transaction		
	Determines if applicant/caller has the necessary documents for the transaction Offers suggestions on how customers may obtain needed documents		
	Directs customers to where services may be obtained		
	Offers any additional information that may be helpful to customers		
	Provides customer service that is expedient, friendly, courteous, knowledgeable and helpful		
<u>Duty</u>			
Gen	eral Summary of Duty 2 % of Time		
Issue	es drivers license and personal identification		
	vidual tasks related to the duty.		
	Issues driver licenses and ID's, (chauffeur, operator, graduated, moped and restricted licenses, personal ID's, blind ID's, motorcycle and CDL endorsements)		
	Determines applicant's eligibility by use of computer terminal and supporting documents		
	Requests, reviews, and documents required identification. Checks for fraudulent documents. Administers appropriate tests such as vision, written, and road sign.		
	Makes proper referrals for ineligible applicants		
•	Makes testing arrangements for applicants who are handicapped, foreign speaking, or in need of assistance for testing purposes.		
	Reviews doctor's statements, and if questionable, refers to manager.		
	Processes transactions using the proper checks for accuracy		
	Collects proper fees, takes photographs and issues temporary license-		
	Compiles and prepares daily reports		

Duty 3	
General Summary of Duty 3 % of Time	_
Assists customers with various vehicle transactions	
Individual tasks related to the duty.	
Obtains proper legal documents	
• Examines documents to establish ownership	
<ul> <li>Looks for signs of fraudulent activity</li> <li>Verifies Department records by use of computer terminal</li> </ul>	
<ul> <li>Vernies Department records by use of computer terminar</li> <li>Processes applications.</li> </ul>	
<ul> <li>Dispenses required plates, tabs and permits.</li> </ul>	
<ul> <li>Determines and collects appropriate fees and taxes</li> </ul>	
• Provides service to Michigan automobile, watercraft, and	mobile home dealers
Compiles, prepares and completes daily reports	
Duty 4	
Duty 4	
General Summary of Duty 4 % of Time	_
Cash control	
Individual tasks related to the duty.	
<ul> <li>Serves as cashier.</li> </ul>	
<ul> <li>Balances cash/checks with transactions</li> </ul>	
<ul> <li>Compiles and prepares deposits</li> </ul>	
<ul> <li>Deposits monies collected</li> </ul>	
<ul> <li>Complies with cash control procedures</li> </ul>	

Duty 5
General Summary of Duty 5 % of Time
Inventory control
Individual tasks related to the duty.
• Uses and dispenses inventory in conjunction with established inventory control procedures
- Oses and dispenses inventory in conjunction with established inventory control procedures
Duty 6
General Summary of Duty 6 % of Time
Voter registration
Individual tasks related to the duty.
• Affords all persons the opportunity to register to vote
• Assists in the completion of voter registration applications
• Reviews, sorts and forwards applications to appropriate city, township or county clerk

Duty 7	
General Summary of Duty	% of Time
Training	
-	
Individual tasks related to the duty.	
• At the E8 level, employee is expected to	o assist in training of other Department of State Aides
Duty 8	
General Summary of Duty	% of Time
Miscellaneous	
Individual tasks related to the duty.	
Assists office manager with correspond	
	sary for the operation of a branch office
	Department policies, rules, and procedures
	edge for proper referral of inquiries to other agencies
<ul> <li>Assists in investigations, including givin</li> <li>Participates in housekeeping chores</li> </ul>	ng testimony when required
<ul> <li>May serve as timekeeper</li> </ul>	
<ul> <li>Completes beginning and end of day ac</li> </ul>	tivities
	eration: IT (Intelligent Terminals), validation stamps, vision testing machine, phones
fax, PC, and related computer equipment, ca	imera, calculator.

16.	Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.			
	Most phone calls and transactions are handled independently. If guidelines or instructions are not available, assistance is sought from supervisor, Departmental Manager, Division Director, or Lansing in-house units.			
17.	Describe the types of decis	ions that require your superviso	nr's review	
1/1	Questionable identificati	on or other questionable docum	nentation, customer requests that	are out of the normal scope of
	branch practices, situatio	ns where issues or solutions are	e unclear.	
10				
18.			What environmental conditions ar h activity and condition. Refer to i	e you physically exposed to in your instructions on page 2.
				ormed while standing (for up to 8 bank to make deposits or obtain
				edules, including Saturday hours.
19.			ees whom you immediately supervi e number of employees in each clas	ise or oversee on a full-time, on-going ssification.)
	NAME	CLASS TITLE	NAME	CLASS TITLE
20	Mar man an aibiliter fan tha			-1-).
20.	_		the following (check as many as ap	ргу):
	Complete and sign Provide formal wri		Assign work.	
	Approve leave requ	Ū.	<ul> <li>Review work.</li> </ul>	
	Approve time and	attendance.	<b>Provide guidance on w</b>	ork methods.
	Orally reprimand.		<b>Train employees in the</b>	work.
21.	I certify that the above	e answers are my own and a	are accurate and complete.	
	I certify that the above answers are my own and are accurate and complete.			
		Signature		Date

## NOTE: Make a copy of this form for your records.

	TO BE COMPLETED BY DIRECT SUPERVISOR		
22.	Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?		
	Yes		
23.	What are the essential duties of this position?		
	To provide courteous efficient customer service, determining the needs of the customer, communicating the requirements for the transaction, offering suggestions and alternatives, interpreting applicable procedures and policies. Work also involves processing transactions, collecting fees and taxes, and preparing reports.		
24.	Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.		
25.	What is the function of the work area and how does this position fit into that function?		
	The function of branch office is to provide information and excellent customer service to the citizens of the State of Michigan. Branches issue personal ID cards, driver license, voter registration, titles, vehicle registrations and permits. Employees establish identity, eligibility, and ensure applicants are qualified for a driver license to operate motor vehicles on the highway, inspect documents, and issue license plates and registrations, titles and various permits; assist customers who wish to register to vote, and collect and secure large sums of money.		
	Department of State Aides serve the citizens of Michigan by providing information from the BCS branch office counter		

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

#### EDUCATION:

Possession of high school diploma or GED Certificate

#### **EXPERIENCE:**

Department of State Aide 6 - No specific type or amount of experience is required

Department of State Aide 7 - One year of experience equivalent to a Department of State Aide 6.

Department of State Aide E8 - Two years of experience equivalent to a Department of State Aide, including one year equivalent to a Department State Aide 7.

### KNOWLEDGE, SKILLS, AND ABILITIES:

Excellent telephone skills. Ability to meet and deal effectively with the public. Ability to collect and handle large amounts of money under high volume conditions. Must possess a professional manner, pleasing personality, professional dress and appearance. Employee must maintain a valid Michigan driver license as outlined in the Department of State's Driver Policy.

At the 8 level, the ability to explain instructions and guidelines to others effectively, to organize and coordinate the work of the office, and to determine work priorities and assignments during the training of other DOS Aides or new employees.

#### CERTIFICATES, LICENSES, REGISTRATIONS:

CDLKTEX - Pursuant to the Commercial Motor Vehicle Safety Enhancement (CMVSE) Act and the requirements established by the Federal Motor Carrier Safety Administration (FMCSA), this designation requires a nationwide criminal history background check prior to position appointment. The employee, once appointed, is required to successfully complete a formal CDL training course, and knowledge test prior to certification as a CDL Knowledge Test Examiner. Additionally, the incumbent will be required to pass refresher training and examination every four years.

SECCHDPOS - Position requires incumbent be a United States Citizen and pass a thorough background investigation to comply with Public Act 7 of 2008, Public Act 23 of 2008, and the Memorandum of Agreement between the State of Michigan and the Department of Homeland Security.

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.

Supervisor's Signature

Date

### TO BE FILLED OUT BY APPOINTING AUTHORITY

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. I certify that the entries on these pages are accurate and complete.

Appointing Authority's Signature

Date