

November 2018

## **APPLICATIONS ADMINISTRATOR**

### **NATURE OF WORK**

This is a professional level position responsible for the implementation of software applications and systems upgrades. Analyze installation and monitoring of computer systems and ensuring that operating information is complete and up to date.

Work is performed with considerable independence under the general supervision of the Deputy Executive Director.

### **CRITICAL ELEMENTS OF PERFORMANCE**

Monitors the operation and efficiency of SPSA's computer applications and systems. Confers with management to identify needs and shortfalls of the systems and develops plans and implementation strategies to solve the situations. Analyzes the impact of applying or upgrading data systems. Proactively develops improvement ideas and presents them to SPSA senior management. Assists the executive staff with streamlining work processes by researching ways to improve organizational efficiency through the use of technology.

Creates manuals and guidelines for proper use of systems.

Trains staff on proper use of new or updated systems.

Responsible for knowing programming and query tools; managing databases for optimum performance; and developing and adhering to procedures for control of programs and documentation.

Creates and maintains company website and intranet, ensuring that it is user friendly.

Maximizes productivity through the right use of computer applications.

Responsible for developing and adhering to security procedures for user access to forms and tables. Sets security policies for access and the sharing of common resources, internet usage, and email.

Coordinates and maintains application upgrades and other software changes to minimize downtime and ensure maximum system availability. Executes performance testing and tuning as required. Ensures that any anticipated downtime is communicated to end users beforehand to allow adequate time to adjust work schedules to maximize efficiency.

Reviews all computer related proposals and budgets and makes recommendations for action to the appropriate departments and the Deputy Executive Director. Provides input for annual operating and capital budgets and control expenditures within budget guidelines.

Responds to user request for assistance. (Help Desk)

Reviews security policies and settings, adjusting when necessary. Writes reports based on user requirements.

Performs other duties as needed and/or required.

### KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED TO PERFORM JOB

Ability to communicate effectively, both orally and in writing.

Knowledge and ability to create user manuals and train staff on proper use of new or updated systems.

Ability to make independent decisions as required.

Ability to coordinate application upgrades and other changes to SPSA's computer systems to ensure maximum performance of the system.

Ability to consult with users to determine their information system needs and to develop a plan to fulfill those needs, including the hardware, software and operating system requirements.

Ability to perform complex analysis of various information technology issues and provide solutions that is based on sound business and information technology practices. Ability to develop short and long range plans to maximize operations and to successfully implement those plans.

Skill in interpersonal relations and the exercise of good judgment and discretion in order to deal effectively with employees, vendors, customers, government officials, and the general public.

### MINIMUM QUALIFICATIONS

Any combination equivalent to graduation from a college or university with a Bachelor's Degree in Information Systems / Computer Sciences or related field and three years of progressively responsible experience in systems or applications programming including at least one year of experience as a database administrator and at least one year of experience as a systems programmer/manager. Certification as a Microsoft Certified Systems Engineer (MCSE) is desirable.

Possess a valid driver's license with a demonstrable safe driving record. As this position may require operating a motor vehicle owned by, leased by or loaned to SPSA; All policies, rules and directives concerning personal driving records, motor vehicle violations and the reporting thereof will be strictly enforced.

Must be able to perform the essential functions of the job.

## ACCOUNTABILITIES

### APPLICATIONS ADMINISTRATOR

1. Leadership - Demonstrates effective leadership skills in managing SPSA's applications and systems. Follows and ensures compliance with SPSA policies, procedures, and Standards of Conduct.
2. Management - Provides a positive example by executing job duties in a professional manner. Maintains any required training and licenses. Effectively assist in system-wide policy development, planning, and decision-making which impact applications, software and the achievement of SPSA's overall objectives. Sets security policies for access and the sharing of common resources.
3. Administration – Effectively plan, coordinate and manage SPSA's applications and systems. Ensure efficient, timely, and cost effective operation of SPSA's systems in accordance with acceptable technological and business standards. Administer operations within budget, and looks for ways to make existing operations more cost effective. Investigate ways in which the IT systems can help SPSA departments run their operations more effectively and meet the organization's changing needs.
4. Communications - Communicate effectively with other departments, co-workers, SPSA employees at all levels of the hierarchy, government officials and vendors. Interact professionally with internal and external contacts in person, by telephone, or by e-mail. Develop relationships within SPSA that promote the use of Information Technology staff in an advisory role to assist SPSA employees in the effective accomplishment of their goals and objectives. Develop relationships that enhance operations, follow good business practices, and provide customer service that meets SPSA's Vision, Mission and Values. Demonstrates verbal and writing skills sufficient to communicate complex issues clearly and accurately.

ALL APPLICANTS MUST READ AND SIGN THIS FORM AS PART OF THE APPLICATION PROCESS

**AMERICANS WITH DISABILITIES ACT  
ESSENTIAL FUNCTIONS LIST**

**JOB TITLE: Applications Administrator**

ESSENTIAL FUNCTIONS	MENTAL, PHYSICAL AND EQUIPMENT REQUIREMENTS	% OF TIME
1 Reviews user needs and develops software specifications to fulfill those needs.	Mental ability to conduct research, interprets, make, and substantiate logical recommendations. Ability to communicate verbally and in writing using the English language. Ability to analyze the impact of applying or upgrading data systems, gather facts, and write concise reports and letters.	40%
2 Troubleshoots system and software problems. Monitors the operation and efficiency of SPSA software, provides support to users and assures that systems operate at peak efficiency.	Physical and mental ability to utilize computerized information systems using automated equipment. Physical and mental ability to enter data on computer, read computerized files, manipulate data, produce reports, interpret data from computerized sources, and written documents. Manual dexterity required. Ability to work well under pressure and in crisis situations.	45%
3 Coordinate application upgrades and system changes. Execute performance testing and tuning. Train users on new software.	Mental ability to read, writes, and interprets data. Ability to assemble and gather information using logic to solve complex problems. Ability to comprehend English technical documentation relating to hardware and software. Manual dexterity for utilizing a standard computer keyboard, type and use a PC or terminal and related equipment such as printer and tape drivers with a 5 feet reach requirement. Physical ability to lift and/or move up to 25 pounds. Physical ability to drive to various SPSA locations.	15%

**\*Sufficient vision and hearing required to perform the essential functions of the job listed above\***

**ADA STATEMENT**

The specific position requirements will determine whether the function is essential or marginal, and it may vary for positions with the same job title.

This is not an expressed or implied contract for employment and does not alter the "at will" status of SPSA employment. I have read and understand the job description and stated job functions and certify that I can perform all the essential functions of the position for which I am applying with or without a reasonable accommodation. I understand SPSA management reserves the right to change or modify the job duties and content of any and all SPSA positions, as it deems necessary, in its sole discretion. If there are essential functions which I cannot perform, I acknowledge it is my responsibility to request a reasonable accommodation during an employment interview if I am asked to demonstrate my ability to perform the essential functions of the job, or after a job offer is made, and that SPSA management will evaluate any such request to determine whether or not the accommodation would create an undue hardship.

Applicant/Employee Signature:	Date:
Please Print Name:	



**Department of Human Resources**  
 723 Woodlake Drive  
 Chesapeake, VA 23320  
 Office (757) 420-4700, FAX (757) 962-7695  
<http://www.spsa.com>

## APPLICATION FOR EMPLOYMENT

**Effect of Nondisclosure:** Because this application requests both optional data (other skills, training, etc) and mandatory data (qualifications, biographical, etc.), it is in your best interest to answer all questions. Omission of any items means you might not receive full consideration for a position in which this information is needed. A misstatement of material facts on the employment forms may be used as grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation. All information you give will be considered in reviewing your employment forms.

### PERSONAL INFORMATION

Position Applied For:	Req #:	Position #:
Name:		
Last	First	Middle
Address:		
Number/Street	City	State      Zip Code
Primary Contact Number: (      )		check one:    home    work    cell    pager
Alternate Contact Number: (      )		Best time to reach you:

	Yes	No
Are you currently employed by SPSA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by SPSA? If Yes, please give dates of last employment: From:                        To:                        Position Held:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives currently employed by SPSA? If Yes, please give name, relationship, and department:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If No, do you have the legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a <b>Felony</b> <input type="checkbox"/> or <b>Misdemeanor</b> <input type="checkbox"/> (including driving-related convictions)? If Yes, please explain and list city, state, and date of every conviction:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any <b>Felony</b> <input type="checkbox"/> or <b>Misdemeanor</b> <input type="checkbox"/> charges pending against you (including driving-related charges)? If Yes, please explain and list city, state, and date of every pending charge:	<input type="checkbox"/>	<input type="checkbox"/>

### COMPUTER SKILLS

Indicate Software Skills & Proficiency level: Indicate level as Beginner, Intermediate, or Advanced under each application as necessary.	Word <input type="checkbox"/>	Excel <input type="checkbox"/>	Access <input type="checkbox"/>	Power Point <input type="checkbox"/>
List any additional software experience:				
No previous computer/software experience <input type="checkbox"/>				

## EDUCATIONAL BACKGROUND

Check highest level completed:																					
High School												Received (check one, if applicable)				College		Graduate			
1	2	3	4	5	6	7	8	9	10	11	12	Diploma	<input type="checkbox"/>	GED	<input type="checkbox"/>	13	14	15	16	17	18
Name of High School:																					
Name of College/University				Location				Hours Completed				Degree Earned		Major or Specialty							
Other (i.e., vocational, technical, business, etc.)																					

## LICENSES AND CERTIFICATIONS

List any licenses/certifications or other authorization you possess to practice a trade or profession (CPA, CPR, PE, etc.) including state and expiration date:	State	Expiration
Indicate type of Driver's License: Standard <input type="checkbox"/>	Commercial (CDL) <input type="checkbox"/>	Class

## EMPLOYMENT AND VOLUNTEER EXPERIENCE

The Application for Employment and any Supplementary Experience Form(s) must be completed. Starting with your most recent position, describe all paid, military, or applicable volunteer experience, as well as any periods of unemployment, including reasons for unemployment. Describe those duties and responsibilities which best demonstrate your qualifications for this position. A resume may be attached but the application must be completed in full. If additional pages are needed to properly list entire work history, request supplemental work experience forms from the receptionist.

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	
Dates of Employment - From: To:	Salary: start final
Reason for Leaving:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Job Duties (DO NOT use "see resume"):	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	
Dates of Employment - From: To:	Salary: start final
Reason for Leaving:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Job Duties (DO NOT use "see resume"):	



## PRIVACY ACT NOTICE

This information is provided pursuant to the Privacy Protection Act of 1976, under Virginia Code, Section 26, for individuals supplying information to include in a system of records. The authority to collect information requested by this form is derived from the Southeastern Public Service Authority (SPSA) administrative policies. The principle purpose of employment forms is to collect information needed to determine qualifications, suitability, and availability of applicants for SPSA employment and of current SPSA employees for reclassification, transfer, promotion, and demotion. Your completed application may be used to examine and/or assess your qualifications; to determine if you are entitled to employment under certain laws and regulations and any applicable requirements; and to contact you concerning availability and/or an interview. All or part of your completed employment form may be disclosed outside the Department of Human Resources to:

- Executive Director and staff or supervisor upon a request for a list of eligibles to consider for employment, reinstatement, reemployment, transfer, promotion, or demotion.
- SPSA investigators to determine your suitability for SPSA employment.
- Federal, state or local agencies to create other personnel records after you have been employed by SPSA.
- Appropriate federal, state, or local agency to the extent the information is relevant to the requesting agency's decision.
- A requesting federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation of the law.
- Anyone requesting statistical information (without your personal identification) and for statistical reporting within the confines of SPSA.
- Any requesting information system after obtaining your voluntary release and the requesting company's assurance for the information protection.

**Information regarding disclosure of Social Security Number, if applicable.** Disclosure of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or process that you are seeking. Solicitation of the SSN by SPSA is authorized under the provisions of the Social Security Act. Your SSN will be used primarily to identify your records on file with SPSA and to report wages earned, required by law.

## ACKNOWLEDGMENT AND CERTIFICATION

- I certify eligibility for employment under the Immigration Reform Act of 1986.
- I acknowledge the Privacy Notice above concerning my application with SPSA.
- I acknowledge, understand, and agree that SPSA has the authority, in accordance with the Fair Labor Standards Act, to award compensatory time at the time and one-half rate in lieu of overtime worked under SPSA's overtime policy for non-exempt employees.
- If employment is offered by SPSA, such employment shall be conditional upon successful completion of a job-related physical, drug screen, criminal background check, and certain waiting periods, in addition to a one year period for access to portions of the grievance procedure. I understand that during my employment with SPSA, I shall be subject to all policies and procedures of SPSA (a copy is available for review). I understand that SPSA retains its right to add, delete, or modify any policy, procedure, or benefit pertaining to employment. I understand that employment is not for a specific or definite term, but that my employment is terminable at will, by me or SPSA, at any time, for any reason, including such factors as unsatisfactory performance, conduct, continued need for the position, or any other facts as determined by SPSA to be in the best interest of SPSA. I understand that no contract of employment will alter my "at-will" relationship with SPSA except the Executive Director of SPSA may enter into any agreement for employment that may modify this "at-will" relationship only if such agreement is in writing and signed by me and the Executive Director.
- I, the undersigned, hereby authorize SPSA to contact firms or agencies I have indicated and to investigate background information which is pertinent to my employment and to hold harmless and release those firms or agencies from any claims for damages of any kind that may occur to me by reasons of furnishing such information.
- By typing my name below, I understand that I am applying my electronic signature and certifying that this application was completed by me and that all statements made in this application and any other pre-employment statements are true to the best of my knowledge and belief. I understand that any misstatement or omission of material facts therein may forfeit consideration for employment with SPSA or be grounds for my discharge once employed.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Receipt by \_\_\_\_\_ Date \_\_\_\_\_

**The Southeastern Public Service Authority complies with EEO/ADA guidelines  
and is a drug-free workplace.**