WICHITA COUNTY



Job Announcement

Posting Number: 2019-003

POSITION: Felony Legal Secretary

LOCATION: Criminal District Attorney's Office

Wichita County Courthouse

SUPERVISOR: Criminal District Attorney/First Assistant District Attorney

HOURS: 8:00 a.m. – 5:00 p.m., Monday – Friday

(Additional hours may occasionally be required.)

SALARY: Up to \$36,000 Annually (plus County Benefits)

POSTING DATE: January 10, 2019

CLOSING DATE: Open Until Filled

▶ GENERAL DESCRIPTION:

Performs all legal secretarial duties for the assigned felony Assistant District Attorneys.

ESSENTIAL DUTIES:

- Performs general secretarial duties, including handling of mail, answering the telephone, and electronic correspondence.
- Coordinates the calendars of the assigned Assistant District Attorneys.
- Assists in preparing legal documents for assigned Assistant District Attorneys, including plea papers, motions, responses, subpoenas, warrants, etc.
- Maintains all case files for assigned Assistant District Attorneys.
- Sets a good example of character, work habits, and professional decorum for others.
- Possesses and demonstrates a proficiency in word processing using Microsoft Word.
- Proficient in data entry.
- Performs other job related duties as assigned.

► MINIMUM REQUIREMENTS:

- Must be at least 18 years of age.
- Must be a high school graduate or equivalent (GED).
- Must possess and demonstrate the ability to coordinate all office procedures relating to preparations of papers, documents and reports pertaining to criminal cases. Secretarial experience is preferred.
- Must have a working knowledge of office practices, procedures and their application.
- Must possess and demonstrate the ability to work independently on clerical tasks and to keep well-organized clerical records.

- Must be able to conduct self in a professional and courteous manner and effectively develop and maintain good working relationships with co-workers, supervisors, County officials and the public.
- Must have a professional telephone etiquette and possess an equal ability to handle inquiries in a courteous and professional manner, both by telephone and in person.
- Must be able communicate effectively with others, both verbally and in writing.
- Must be computer literate and have a working knowledge of applicable software programs.
- Must be able to type a minimum of 60 WPM with minimal errors. Final applicant will be tested.
- Must be able to operate various types of office equipment such as adding machines, copiers, printers, facsimile machines, etc.
- Must possess and demonstrate considerable knowledge of business English, spelling, punctuation, syntax and proofreading.
- Must have an understanding of basic mathematical calculations and computations.
- Must be able to maintain strict office privacy and confidentiality.
- Must be able to handle stressful situations in a professional manner.
- Must pass a pre-employment physical exam and drug test paid by Wichita County.
- Must be able to pass a thorough background investigation conducted by Wichita County.

► CONDITIONS OF EMPLOYMENT:

- Regular attendance and punctuality are mandatory.
- Must be dependable and of good moral character.
- Must be able to occasionally lift and move loads weighing up to fifty (50) pounds.
- The Criminal District Attorney's Office is a non-smoking environment.

APPLY TO:

To be considered for employment, please complete the Employment Application found on the Wichita County Human Resources website at http://www.co.wichita.tx.us/Human Resources/. Please submit your completed Wichita County Employment Application, cover letter and resume to:

Office of the Criminal District Attorney
Wichita County, Texas
ATTN: LaDonna Bedford
900 7th Street, Suite 352
Wichita Falls, Texas 76301

Or email to: <u>LaDonna.Bedford@co.wichita.tx.us</u>

EQUAL OPPORTUNITY EMPLOYER: It is the policy of Wichita County to recruit, hire, train, and promote persons in all job categories without regard to race, color, national origin, religion, sex, age, or disability. It is the policy of Wichita County to consider qualified individuals according to ADAAA standards. If notified in advance, requested accommodations will be considered. Final reasonable accommodations will be determined in accordance with ADAAA standards by departments after appropriate consultation. Rejected accommodations will be documented and retained on file.

TEXAS RELAY: TDD (800) 735-2989, VOICE (800) 735-2988. For candidates requesting Braille, Mobility requests, etc., please call (940) 766-8108. HR/ADAAA Compliance Office, Wichita County Courthouse, 900 7th Street, Room 132, Wichita Falls, Texas 76301.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Wichita County Criminal District Attorney's Office. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position in that office. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Wichita County Criminal District Attorney's Office.

The following are examples of the type of information being requested:

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Criminal arrest records	Officer's notebook notatio	ns Traffic citations
Court records/reports	Performance evaluations	Polygraph results
Traffic accident reports/records	Detentions, field citations	Jail and custody information
Disciplinary reports	Probation/parole reports/re	
Booking information	District Attorney records	Field interviews
Employment records	Credit history	Laboratory reports/results
I authorize the Wichita County Crimin to assess my suitability as an employee		read, review, or photocopy any documents to allow them
of having, or have been engaged in i	llegal activities, the information	should uncover information that I have, or am suspected will likely bar me from further consideration for this te law enforcement agency that has jurisdiction over
This waiver is valid for a period of two to be considered as valid as an original		of my signature. A photocopy of this notarized waiver is contain an original signature.
I hereby release you, your organization requested.	n, and others from liability or da	amage which may result from furnishing the information
Print Name	Social Security Number	Date of Birth
Signature (MUST be notarized)	Date	_
This instrument was acknowledged bef		_ by
	(Date)	(Name of person acknowledging)
Notary Public		
•		
Printed Name	My Commission Expires	_