Career Opportunity
This is not a Federal Position

We are currently accepting applications to fill the following vacancy:

Senior Divisional Accountant
Announcement Number SE-21-0121

OPEN DATE: July 20, 2021
CLOSING DATE: August 3, 2021
PAY BAND: J
SALARY RANGE: $64,349 - $83,689 (Commensurate with Experience)
POSITION TYPE: Trust Fund
APPOINTMENT TYPE: Indefinite
SCHEDULE: Full Time
DUTY LOCATION: Washington DC

Who may be considered for employment: All qualified candidates eligible for employment in the United States. The Smithsonian provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for the application or hiring process, please call 202-633-6409 (TTY).

The Smithsonian Institution is an Equal Opportunity Employer. We believe that a workforce comprising a variety of educational, cultural and experiential backgrounds support and enhance our daily work life and contribute to the richness of our exhibitions and programs. See Smithsonian EEO program information: www.si.edu/oeema

KEY REQUIREMENTS

- Pass Pre-Employment Background Check and Subsequent Background Investigation
- Complete a 1-year Probationary Period
- Maintain a Bank Account for Direct Deposit/Electronic Transfer
- Males born after 12/31/59 must be registered with Selective Service
- Authorized to work in the U.S. without sponsorship

This position is a part of the Accounting department within Smithsonian Enterprises, reporting to the Senior Accounting Manager. Incumbent is responsible for providing accounting and financial support, including the preparation, analysis, and interpretation of financial statements, maintenance of accounting records, and modification of accounting processes and procedures for the assigned division.

- Prepare and process journal entries (including Recurring, Manual, and Upload entries) with appropriate supporting documentation as backup.
- Review trial balance for assigned division and prepare correcting/adjusting journal entries.
- Ensure revenue and expense recognition is in compliance with executed contracts, GAAP, and SE/SI Accounting Policies.
- Process and record divisional system interfaces; complete reconciliation schedule between Lawson financial system; report and resolve any variances or unusual activities.
- Review subledger activities including Cash, Accounts Payable, and Activity codes; reports and resolves issues timely.
- Complete monthly Journal Entry Checklist in compliance with the monthly calendar.
- Prepare monthly divisional financial statements and review with manager and Division Financial Manager.
• Perform assigned balance sheet account reconciliations, complete Balance Sheet Account Reconciliation Checklist and identify, explain, and resolve reconciling items over 30 days old.
• Maintain divisional schedules to support A/R, Prepaid/Deferred Income/Expense, Revenue and Expenses analysis.
• Identify and report Out-of-Period Adjustments.
• Prepare and provide analysis for Divisional Balance Sheets, P&L’s, and Accounts Receivable Aging Reports; work with Division Finance Managers to resolve any issues.
• Train and mentor other staff as necessary in accounting procedures and processes.
• Prepare and participate in developing project plans as assigned.
• Document accounting procedures and processes for all areas of responsibilities; review, provide recommendations for improvements, and update existing procedures as necessary.
• Advise Financial Managers and staff on appropriate accounting policies and procedures.
• May serve a lead role in assigned projects, including the continuing study, upgrade, and modification of existing systems, and improvement and adjustment of internal control procedures.
• Participate in offsite physical inventories as assigned.
• Support internal and external audits by preparing and providing required analysis and/or supporting documentation for all areas of responsibility.
• Act as a liaison with Divisional Managers to ensure their needs for accounting data are met.

Education and or Minimum Qualifications
• Bachelor’s Degree in Accounting, Finance or related discipline, and 6-8 years related experience.
• Knowledge of general accounting and good internal control practices.
• Ability to independently perform assignments using conventional methods and techniques.
• Knowledge of accounting systems and processes applicable to the accounting function.
• Meticulous attention to detail required, as well as reliability, accuracy, and timeliness in performance of responsibilities.
• Experience gathering, assembling, consolidating, and analyzing data.
• Knowledge of and experience in applying Generally Accepted Accounting Principles, theories, techniques, and procedures.
• Excellent written and oral communication skills.
• Advanced level of technological, organizational, and analytical skills.
• Ability to establish and maintain effective relationships with and gain the cooperation of all levels of staff to resolve problems and provide advice and assistance.
• Proficient with Microsoft Office applications.

Applicants, who wish to qualify based on education completed outside the United States, must be deemed equivalent to higher education programs of U.S. Institutions by an organization that specializes in the interpretation of foreign educational credentials. This documentation is the responsibility of the applicant and should be included as part of your application package.

Any false statement in your application may result in your application being rejected and may also result in termination after employment begins.

Smithsonian Enterprises is a division of the Smithsonian Institution, the world’s largest museum and research organization. Established in 1846 with a bequest from English Scientist James Smithson, the Institution currently encompasses 19 museums and galleries, the National Zoo and 9 research centers. The Smithsonian has facilities in 7 states, the District of Columbia and the Republic of Panama supporting over 6,200 employees.

Smithsonian Enterprises encompasses the Retail Group, Media Group, and Consumer Education Products and Licensing.

The Smithsonian Institution values and seeks a diverse workforce. Join us in "Inspiring Generations through Knowledge and Discovery."
To Apply:

Please forward a resume, salary requirements and cover letter to: SECareers@si.edu
Application materials submitted without salary information will not be considered.

Please include the position title in the subject line.

Once the vacancy announcement closes, a review of your resume will be made compared to the qualifications and experience as it applies to this job. **What to expect next:** After a review of applicants is complete, qualified candidates résumés will be referred to the hiring manager.

Relocation expenses are not paid.

The Smithsonian offers a number of exceptional benefits to its employees who qualify. Benefit programs include:

Health, Dental & Vision Insurance, Life Insurance, Transit/Commuter Benefits, Accidental Death and Dismemberment Insurance, Annual and Sick Leave, Family Friendly Leave, 403b Retirement Plan, Discounts for Smithsonian Memberships, Museum Stores and Restaurants, Credit Union, Smithsonian Early Enrichment Center (Child Care), Flexible Spending Account (Health & Dependent Care).

The attached Applicant Survey Form should be completed by all candidates, except **Smithsonian Institution employees**, and returned with application materials. This form is for gathering statistical information and will not be a part of the application.
YOUR PRIVACY IS PROTECTED

This information is used to determine if our equal employment opportunity efforts are reaching all segments of the population, consistent with Federal equal employment opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be placed in your Personnel file nor will it be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information.

Completion of this form is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Thank you for helping us to provide better service.

1. **How did you learn about this position? (Check One):**
   - □ Agency Internet Site recruitment
   - □ Private Employment Web Site
   - □ Other Internet Site
   - □ Job Fair
   - □ Newspaper or magazine
   - □ Agency or other Federal government on campus
   - □ School or college counselor or other official
   - □ Friend or relative working for this agency
   - □ Private Employment Office
   - □ Agency Human Resources Department (bulletin board or other announcement)
   - □ Federal, State, or Local Job Information Center
   - □ Other

2. **Sex (Check One):**
   - □ Male
   - □ Female

3. **Ethnicity (Check One):**
   - □ Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
   - □ Not Hispanic or Latino

4. **Race (Check all that apply):**
   - □ American Indian or Alaska Native - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
   - □ Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
   - □ Black or African American - a person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

5. Disability/Serious Health Condition

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

A. Do you have any of the following? Check all boxes that apply to you:

- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing even when wearing glasses
- Missing an arm, leg, hand, or foot
- Paralysis: Partial or complete paralysis (any cause)
- Significant Disfigurement: for example, severe disfigurements caused by burns, wounds, accidents, or congenital disorders
- Significant Mobility Impairment: for example, uses a wheelchair, scooter, walker or uses a leg brace to walk
- Significant Psychiatric Disorder: for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)
- Developmental Disability: for example, cerebral palsy or autism spectrum disorder
- Traumatic Brain Injury
- Dwarfism
- Epilepsy or other seizure disorder
- Other disability or serious health condition: for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment (if this applies to you, please go to Section A.1.)

If you did not select one of the options above, please indicate whether.

- None of the conditions listed above apply to me.
- I do not wish to answer questions regarding disability/health conditions.

A.1. Other Disability or Serious Health Condition (Optional)

You indicated that you have a disability or a serious health condition. If you are willing, please select any of the conditions listed below that apply to you. As explained above, your responses will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law. See the Privacy Act Statement below for more information.

Please check all that apply:

- I do not wish to specify any condition.
- Alcoholism
- Cancer
- Cardiovascular or heart disease
- Crohn’s disease, irritable bowel syndrome, or other gastrointestinal impairment
- Depression, anxiety disorder, or other psychological disorder
- Diabetes or other metabolic disease

Privacy Act Statement: Your responses to these questions will not be shown to the panel rating the applications, to the selecting official, or to anyone else who can affect your application. All responses will remain private to the extent permitted by law.
□ Difficulty seeing even when wearing glasses
□ Hearing impairment
□ History of drug addiction (but not currently using illegal drugs)
□ HIV Infection/AIDS or other immune disorder
□ Kidney dysfunction: for example, requires dialysis
□ Learning disabilities or ADHD
□ Liver disease: for example, hepatitis or cirrhosis
□ Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder
□ Morbid obesity
□ Nervous system disorder: for example, migraine headaches, Parkinson’s disease, or multiple sclerosis
□ Non-paralytic orthopedic impairments: for example, chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body
□ Orthopedic impairments or osteo-arthritis
□ Pulmonary or respiratory impairment: for example, asthma, chronic bronchitis, or TB
□ Sickle cell anemia, hemophilia, or other blood disease
□ Speech impairment
□ Spinal abnormalities: for example, spina bifida or scoliosis
□ Thyroid dysfunction or other endocrine disorder
□ Other. Please identify the disability/health condition, if willing:________________________

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

Purpose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. Effects of Nondisclosure: Providing this information is voluntary. No individual personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.