

# OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

**CLASS/LEVEL:** Departmental Analyst 9-P11

**DIVISION/SECTION:** Licensing & Product Review Division/Consumer Finance Section

**DEADLINE TO RESPOND:** 1-30-09

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INTERESTED APPLICANTS SHOULD SUBMIT A RESUME, COVER LETTER, DLEG APPLICATION AND COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS ARE NOT ACCEPTED) TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 09-02, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |
| PAY RANGE               | \$17.78-\$27.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
| DESCRIPTION OF POSITION | Process registration and license renewals, amendments, and applications filed pursuant to the Secondary Mortgage Loan Act, PA 125 of 1981; Regulatory Loan Act, PA 21 of 1939; Motor Vehicle Sales Finance Act, Pa 27 of 1951; Mortgage Brokers, Lenders, and Servicers Licensing Act, PA 173 of 1987; Credit Card Act, PA 379 of 1984; Consumer Financial Services Act, PA 160 of 1988; Deferred Presentment Service Transaction Act, PA 244 of 2005; and Money Transmission Services Act, PA 250 of 2006. |                                                                                                                                 |
| EDUCATION               | Possession of a bachelor's degree in any major.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
| EXPERIENCE              | Departmental Analyst 9 - No specific type or amount is required.<br>Departmental Analyst 10 - One year of professional business and administrative experience.<br>Departmental Analyst P11 - Two years of professional business and administrative experience, including one year of experience equivalent to the intermediate (10) level in state service.                                                                                                                                                 |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OFIR 09-02                                                                                                                      |
|                         | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR09-02, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                 |
|                         | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (517) 335-1450                                                                                                                  |

Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

|                                         |
|-----------------------------------------|
| <b>1. Position Code</b><br>DEPTALTEE06N |
|-----------------------------------------|

**State of Michigan**  
**Department of Civil Service**  
 Capitol Commons Center, P.O. Box 30002  
 Lansing, MI 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.**

|                                                                                                                      |                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                        | <b>8. Department/Agency</b><br>LABOR & ECONOMIC GROWTH                                                                        |
| <b>3. Employee Identification Number</b>                                                                             | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL AND INSURANCE REGULATION                          |
| <b>4. Civil Service Classification of Position</b><br><br>DEPARTMENTAL ANALYST 9,10,11                               | <b>10. Division</b><br>LICENSING & PRODUCT REVIEW DIVISION                                                                    |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>LICENSING ANALYST                   | <b>11. Section</b><br>CONSUMER FINANCE SECTION                                                                                |
| <b>6. Name and Classification of Direct Supervisor</b><br>PAMELA BAKER, DEPARTMENTAL MANAGER 14                      | <b>12. Unit</b><br>LICENSING UNIT                                                                                             |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>MARK WEIGOLD, FINANCIAL INSTITUTIONS MANAGER 15 | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

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

Process registration and license renewals, amendments, and applications filed pursuant to the Secondary Mortgage Loan Act, PA 125 of 1981; Regulatory Loan Act, PA 21 of 1939; Motor Vehicle Sales Finance Act, Pa 27 of 1951; Mortgage Brokers, Lenders, and Servicers Licensing Act, PA 173 of 1987; Credit Card Act, PA 379 of 1984; Consumer Financial Services Act, PA 160 of 1988; Deferred Presentment Service Transaction Act, PA 244 of 2005; and Money Transmission Services Act, PA 250 of 2006.

**For Civil Service Use Only**

15. Please describe your assigned 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.

Duty 1

General Summary of Duty 1                      % of Time 70

ANALYST

**Individual tasks related to the duty.**

- Process amendments, transfers, and license and registration applications. Determine whether licensees, registrants, and applicants meet the statutory requirements under the Act identified in Item 14.
- Conduct in-house investigations and recommend appropriate actions related to amendments, transfers, license and registration applications.
- Make recommendations for on sight investigation of applicants or licensees and registrants when appropriate.
- Assist in drafting administrative actions which may include notices of denial, notices of opportunity to show compliance, cease and desist orders and notices of intention to revoke.
- Assist in processing of renewals, and other required filings and financial statements under the Act identified in Item 14.
- Conduct related activities as assigned.

Duty 2

General Summary of Duty 2                      % of Time 25

Answer questions and correspondence from persons inquiring about the Acts identified in Item 14.

**Individual tasks related to the duty.**

- Respond to telephone consumer and industry inquiries.
- Correspond with the mortgage industry and consumers regarding the requirements and responsibilities of the Acts.

Duty 3

**General Summary of Duty 3**

**% of Time** 5

Other assignments.

**Individual tasks related to the duty.**

- Perform special projects as assigned by supervisor.

Duty 4

**General Summary of Duty 4**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

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.

Determine what background investigation procedures to use; recommendations for approval or denial of license transfers or applications; recommendations for appropriate action regarding license and registration renewals and amendments; . These decisions primarily affect the licensees, registrants, or applicants who are the subject of the decisions.

17. Describe the types of decisions that require your supervisor's review.

Decisions that are not covered by licensing and registration procedures, guidelines or Office of Financial and Insurance Regulation policy.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, considerable microcomputer usage and normal office routines.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

NAME

CLASS TITLE

NAME

CLASS TITLE

20. My responsibility for the above-listed employees includes the following (check as many as apply):

Complete and sign service ratings.

Assign work.

Provide formal written counseling.

Approve work.

Approve leave requests.

Review work.

Approve time and attendance.

Provide guidance on work methods.

Orally reprimand.

Train employees in the work.

21. 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?**  
I agree.

**23. What are the essential duties of this position?**

Process transfers, amendments, and applications for registration and licensure and conduct in-house investigations.

**24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.**

New position.

**25. What is the function of the work area and how does this position fit into that function?**

This section is responsible for licensing and registration non depository financial institutions as required by the statutes listed in Item 14. This position is responsible for processing of all types of transfers, amendments, and applications for licenses and registration and for conducting in-house investigations of license applications.

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

**EDUCATION:**

Possession of a bachelor's degree in any major.

**EXPERIENCE:**

No specific type or amount is required.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Ability to learn, retain and apply complex statutory requirements and function in an office environment with on-the-job supervision.
- Ability to exercise considerable tact and diplomacy in dealing with complex, sensitive and confidential matters relating to processing applications for the licensing of nondepository financial institutions.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

*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