



CONTROLLER

Chesapeake/Delaware Bays Bioregion
Baltimore, Maryland

Biohabitats, a leading conservation planning, ecological restoration, and regenerative design firm based in Baltimore, MD is seeking a Controller to join our mission driven team. With eight Bioregion offices nationwide, Biohabitats works throughout the country and internationally with public, private, and non-profit organizations to *'restore the earth and inspire ecological stewardship.'*

The Controller will be responsible for the overall accounting operations including, but not limited to, creating and maintaining all financial records and preparing weekly/monthly reports to ensure timely and accurate financial reporting for the Company.

Primary Responsibilities

- » Financial reporting and maintenance of the general ledger
- » Develop, direct, and manage company and department budgets and financial projections
- » Work with accounting firm on annual third party review and tax return
- » Coordinate and assist in timely, consistent, and accurate invoicing
- » Monthly analysis and maintenance of P&L and reconciliation of balance sheet accounts for each Bioregion
- » Review monthly benefit bills in coordination with HR Department
- » Interpret operating results and make specific recommendations for cost reduction and profit improvement
- » Work directly with Senior Management on a day-to-day basis

Position Requirements

- » 10-15+ years of experience in all areas of accounting, including financial statement preparation, billing, month-end close, collections, and client and vendor relations
- » Experience in Public Accounting and/or the A&E industry preferred
- » Experience with Deltek Vision a big plus
- » Strong communication skills
- » Ability to multi-task and meet deadlines required
- » Bachelor's degree in Accounting/Finance, CPA preferred
- » Must have advanced-level Microsoft Excel and Word skills including Pivot Tables and Charting

Biohabitats offers great [benefits](#) along with a fun and rewarding atmosphere. Salary commensurate with experience and skill level.

To Apply

Please send in pdf format to careers@biohabitats.com:

- » Cover letter
- » Resume
- » References
- » Equal employment opportunity self-identification form

If you really want to make a difference then we want you!

Biohabitats is an equal opportunity employer.



PLEASE COMPLETE ALL PAGES

Date _____

Name _____
last first middle maiden

Present address _____
number street city state zip

How long at present address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ - _____ Email Address _____

Position applied for _____ Desired salary _____

How many hours can you work weekly? _____ What hours are you available to work? _____

Employment desired Full-Time Part-Time Temporary

When are you available to begin work? _____

Have you applied for a position with or worked for Biohabitats, Inc. in the past? Yes No

If so, when? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION <i>complete mailing address</i>	NUMBER OF YEARS COMPLETED	MAJOR AND DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME other than a traffic violation? Yes No

If yes, please explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, and sentence(s).

Are you legally eligible for employment in the United States? Yes No

Biohabitats Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, creed, sex, sexual orientation, national origin, citizenship, age, genetic information, familial status, marital status, veteran status or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

EMPLOYMENT (last last employer first)

Employer _____

Address _____

Position _____

Telephone (____) _____ - _____

Dates of Employment *from* _____ *to* _____

Salary _____

Supervisor _____

Telephone (____) _____ - _____

May we contact this supervisor? Yes No

Duties _____

Reason for Leaving _____

=====

Employer _____

Address _____

Position _____

Telephone (____) _____ - _____

Dates of Employment *from* _____ *to* _____

Salary _____

Supervisor _____

Telephone (____) _____ - _____

May we contact this supervisor? Yes No

Duties _____

Reason for Leaving _____

=====

Employer _____

Address _____

Position _____

Telephone (____) _____ - _____

Dates of Employment *from* _____ *to* _____

Salary _____

Supervisor _____

Telephone (____) _____ - _____

May we contact this supervisor? Yes No

Duties _____

Reason for Leaving _____

Please list two (2) **professional** references. Additional references can be supplied on a separate piece of paper.

Name _____

Position _____

Company _____

Address _____

Telephone (_____) _____ - _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

WORK EXPERIENCE (please attach your resume to provide information on your work experience)

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Biohabitats, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I, the applicant, authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that **my employment relation with the Company is terminable at will for any reason by either party.**

Signature of applicant _____ Date _____

Thank you for completing this application form and for your interest in our business.

FOR INTERNAL USE ONLY

Contacted Interviewed Offer Extended Hired

INITIAL REVIEW

Application Received Date _____ Application Reviewed Date _____

REASONS FOR DISQUALIFICATIONS

- Ineligible for Rehire Does not meet minimum qualifications Falsification of information on application
 Position filled/closed Unable to contact Declined offer Background Check No show
 Pay requirement No US Work Authorization Poor work history/references



EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM

Biohabitats, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Biohabitats, Inc. invites candidates and employees to voluntarily self-identify their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. We are a company that values diversity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW. THANK YOU FOR YOUR COOPERATION.

I. GENERAL INFORMATION

Name _____ Date _____

II. PLEASE COMPLETE EACH SECTION

Race or Ethnic Identity (please select only from one category)

- Hispanic or Latino
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan
- Two or more races

Veteran Status (select all that apply)

- Vietnam Era Veteran
- Special Disabled Veteran
- Newly Separated Veteran
- Other Protected Veteran

Date of Discharge _____

Other

- Individual with Disabilities

Gender

- Male Female

If you prefer to not identify for any categories, please check below.

- I do not wish to self-identify

signature

date

DEFINITIONS

HISPANIC OR LATINO

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

WHITE (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK OR AFRICAN AMERICAN (not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (not Hispanic or Latino)

ASIAN (not Hispanic or Latino)

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 Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN OR ALASKA NATIVE (not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO OR MORE RACES (not Hispanic or Latino)

All persons who identify with more than one of the above five races.

INDIVIDUAL WITH DISABILITIES

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodations, can perform the essential functions of the job in question.

SPECIAL DISABLED VETERAN

Defined as a veteran who served on active duty in the U.S. military ground, naval, or air service and (1) who was discharged or released from active duty because of a service-connected disability, or (2) who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) for certain disabilities under laws administered by the Department of Veterans Affairs (i.e., disabilities rated at 30 percent or more, or at 10 or 20 percent if the veteran has been determined to have a serious employment handicap).

VETERAN OF THE VIETNAM ERA

Defined as a veteran of the U.S. military, ground, naval, or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. "Vietnam era veteran" also includes any veteran of the U.S. military, ground, naval, or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975. NOTE: JVA eliminated Vietnam era veterans as a protected category under VEVRAA. However, most Vietnam era veterans will continue to be protected under other categories.

NEWLY SEPARATED VETERAN

A "newly separated veteran," with respect to federal contracts and subcontracts entered into before December 1, 2003, means any veteran who served on active duty in the U.S. military ground, naval, or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty. With respect to federal contracts and subcontracts entered into on or after December 1, 2003, "newly separated veterans" means any veteran who served on active duty during the three-year period beginning on the date of such veteran's discharge or release from active duty.

OTHER PROTECTED VETERAN

Defined as any other veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than a special disabled veteran, veteran of the Vietnam era, or recently separated veteran.