

## 01144 - Internal Auditor

**Contact Information -- Person ID: 36477755**

Name: Julia Yuval Davidyan Address: [REDACTED]  
 Home Phone: [REDACTED] Alternate Phone: [REDACTED]  
 Email: [REDACTED] Notification Preference: Email  
 Former Last Name: [REDACTED] Month and Day of Birth: [REDACTED]

**Personal Information**

Driver's License: Yes  
 Can you, after employment, submit proof of your legal right to work in the United States? Yes  
 What is your highest level of education? Doctorate

**Preferences**

Minimum Compensation: \$140,000.00 per year  
 Are you willing to relocate? Yes  
 Home purchased in Boca Raton, FL last year. I am moving to reside permanently in Boca Raton in June 2018.  
 Types of positions you will accept: Regular  
 Types of work you will accept: Full Time  
 Types of shifts you will accept: Day

**Objective****Education**

**Graduate School**  
*University of Wisconsin*  
 uww.edu  
 2014 - 2017  
 Whitewater, Wisconsin

Did you graduate: Yes  
 College Major/Minor: Accounting  
 Degree Received: Doctorate

**Graduate School**  
*University of Illinois*  
 uic.edu  
 2007 - 2008  
 Chicago, Illinois

Did you graduate: Yes  
 College Major/Minor: Accounting  
 Degree Received: Master's

**College**  
*University of Illinois*  
 uic.edu  
 2005 - 2007  
 Chicago, Illinois

Did you graduate: Yes  
 College Major/Minor: Accounting  
 Degree Received: Bachelor's

**Work Experience**

**Chief Audit Officer**  
 6/2011 - Present

Illinois Municipal Retirement Fund  
<https://www.imrf.org/>  
 Oak Brook, Illinois

Hours worked per week: 35  
 Monthly Salary: \$0.00  
 # of Employees Supervised: 7  
 Name of Supervisor: Brian Collins - Executive Director  
 May we contact this employer? No

**Duties**

Build and establish consistent practices and procedures for IMRF, which serves nearly 3,000 employers with approximately \$40B in assets and provides local units of government and school districts in Illinois with efficient system for payment of retirement, disability, and death benefits. Oversee audits of IMRF's internal operations and work closely with the external (independent) auditors on the annual CAFR. Ensure the fund maintains compliance with Illinois pension code and other regulatory requirements. Prepare and monitor unit's annual budget. Lead audit efforts of participating pension employers. Report results to the audit committee and provide updates on approximately 200 audits performed annually.

**Reason for Leaving**

Currently on FMLA after birth of daughter in May 2018.

**External Audit Senior**

10/2008 - 6/2011

Hours worked per week: 40

Monthly Salary: \$0.00

May we contact this employer? No

DELOITTE & TOUCHE, LLP

Chicago, Illinois

**Duties**

Contributed to the overall success of engagements as part of an audit team and ultimately led teams comprised of junior staff, interns and temporary staff assigned to audits of Fortune 500 companies. Assisted with quarterly review procedures on GAAP financials and regulatory filings. Supervised, trained and evaluated audit staff members.

**Reason for Leaving**

Work-life balance; desire to explore internal audit career.

**Certificates and Licenses**

Type: Certified Government Auditing Professional

Number: 5446

Issued by: The Institute of Internal Auditors

Date Issued: 2 /2017 Date Expires: 12 /2019

Type: Certified Public Accountant

Number: 065036734

Issued by: Illinois Department of Professional Regulation

Date Issued: 12 /2009 Date Expires: 9 /2018

**Skills**

Office Skills

Typing:

Data Entry:

Languages

Hebrew - Speak, Read, Write

Russian - Speak, Read

**Additional Information****References**

Professional

**Kosiba, Louis**

Professional  
**Engstrom, Glenn**

Professional  
**Samz, Doug**  
Partner at Wipfli LLP (former Internal Audit Manager)

**Resume****Text Resume****Attachments**

Attachment	File Name	File Type	Created By
Davidyan_Julia_Resume_06_2018.pdf	Davidyan_Julia_Resume_06_2018.pdf	Resume	Job Seeker
Davidyan_Julia_Cover_06_2018.pdf	Davidyan_Julia_Cover_06_2018.pdf	Cover Letter	Job Seeker

**Agency-Wide Questions**

1. Q: **The application MUST be completed whether you submit a resume or not. It is important that your application show all the relevant education and experience you possess. Applications may be rejected if incomplete. Resumes alone WILL be rejected. PLEASE NOTE THAT ONCE YOU SUBMIT YOUR APPLICATION, YOU WON'T BE ABLE TO ADD OR CHANGE ANYTHING and you will NOT be able to reapply for the same position.**

A: Acknowledged, I entered all my education and experience information in this application. I understand that my application may be rejected if incomplete. Also, I understand that application needs to be completed whether I submit a resume or not and I understand that resumes alone will be rejected. I checked my application before submitting and I understand that I won't be able to change or add anything once the application is submitted.

2. Q: The City of Delray Beach does not discriminate on the basis of race, color, national origin, sex, religion, age or disability, marital status, family status or sexual orientation in employment or the provision of services.

A: Acknowledged

3. Q: May inquiry be made of your present employer?

A: No

4. Q: Were you ever dismissed from any public employment for disciplinary reasons? If yes, explain in EXPLANATIONS Field.

A: No

5. Q: EXPLANATIONS: Use this space to explain.

A:

6. Q: If you are NOT a U.S. Citizen, enter Alien Registration# (enter N/A if not applicable)

A: N/A

7. Q: Have you previously been employed by the City of Delray Beach?

A: No

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**8.** Q: Do you have any relatives employed by the City of Delray Beach?

A: No

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**9.** Q: EXPLANATION: If you entered yes on question #8, what is the name of the relative and your relationship. (Please indicate N/A if not applicable)

A: N/A

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**10.** Q: How did you hear about this agency/opportunity?

A: Other

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**11.** Q: If "Other" is selected on question #10, please specify:

A: Florida GFOA Job Posting

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**12.** Q: 1. The information that I have provided on this application is accurate to the best of my knowledge and subject to validation by the City of Delray Beach. 2. I authorize the persons, schools, current employers (if approved by me in the Experience section) and other employers named in this application to provide the City of Delray Beach with any relevant information that may be required to arrive at an employment decision. 3. I understand that persons applying for a position which involves contact with children are required to be fingerprinted for the purpose of a background check in accordance with Florida law. 4. In the event that I am accepted for employment with the City of Delray Beach, I agree to sign a notarized statement to uphold the constitution of the United States and the State of Florida.

A: Acknowledged

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**13.** Q: 5. I understand and agree that: A. Any misrepresentation or omission of a fact in my application may be justification for refusal of, or if employed, termination from the City's employment. B. Although, management makes every effort to accommodate individual preferences business needs may, at times, make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. C. A medical examination including drug screening will be required by the City, at the City's expense. I understand that any offer of employment will be conditional on successful completion of this medical examination. I agree to sign a release of medical information in connection with this medical examination, and I understand that the results thereof relating to my capacity to perform as a City employee will be communicated to the City. D. In the event of employment, I understand that I am required to abide by all employee's rules and regulations of the City of Delray Beach. E. This application is continuing in nature for twelve (12) months from the date of signature, and I understand and agree that any information contained herein, shall be updated by me to provide all current information or changes in the information contained, herein, whenever such changes occur, until the expiration of the Employment Application twelve (12) months from the date of my signature and date set forth below. Specific attention should be addressed to items including, but not limited to, present address, education completed and degrees received, employment record, currency of any professional registration, licenses or certifications, suspension or revocation of Driver's License, and a conviction having been found guilty of violation of any law, police regulation or ordinance, including minor traffic violations, but excluding parking tickets.

A: Acknowledged

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**14.** Q: Do you possess a **valid Florida Driver's License**? If yes, please mark the class of your license.

A: My driver's license is valid but it is not a Florida driver's license because I currently reside in another state.

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**15.** Q: What is your highest level of education completed?

A: Doctorate Degree

**16. Q: Valid e-mail address is necessary to be able to receive notifications from Human Resources department including but not limited to notices to schedule typing test, interview, application received or rejected notices, etc. Most correspondence will be done through e-mail notifications. Please ensure that valid e-mail address shows on your application and that you remember your login information.**

A: Acknowledged. It is my responsibility to provide a valid e-mail address for correspondence and e-mail notifications. I understand that if I don't check my e-mails or forget my login information, I might miss important messages regarding the position I applied for, and/or any tests or pre-requisites that might be required of me, which could result in missing the opportunity to be considered for the position.

**17. Q: Are you claiming Veteran's Preference? If so, you must scan and attach a copy of your DD214 to this application in order to be considered.**

A: No

**18. Q: VETERANS' PREFERENCE INFORMATION** Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Completion of the Veterans' Preference section below is made on a voluntary basis and kept confidential in accordance with the Americans with Disabilities Act. Section 295.07, Florida Statutes (F.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Listed below are Veterans' Preference categories. 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. [section 295.07(1)(a), F.S.] 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [section 295.07(1)(b), F.S.] 3. A wartime veteran as defined in section 1.01(14), F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [section 295.07(1)(c), F.S.] 4. The un-remarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.] 5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [section 295.07(1)(e), F.S.] 6. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [section 295.07(1)(f), F.S.] 7. . A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [section 295.07(1)(g), F.S.] If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs. A complaint must be filed within 60 calendar days of the applicant receiving notice of the hiring decision made by the employing agency.

A: Acknowledged

**19. Q: IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING?**

A: This does not apply to me

**20. Q: NOTE: If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD 214 (Certificate of Release or Discharge from Active Duty), Veterans' Preference Claim Form and any other required supporting documentation with your application; otherwise you will not be considered. You must scan and upload the documents as an attachment to your application. Download Veterans' Preference Forms <http://www.mydelraybeach.com/Veteran's%20preference%20claiming%20form.pdf>**

A: Acknowledged

**21. Q: VETERANS' PREFERENCE CLAIM** I am claiming Veterans' Preference

A: No

**22. Q:** Please note that you may be required to show proof of required college degree, certifications, licenses, high school diploma or G.E.D., from an accredited institution at the time or prior to an interview.

A: Acknowledged

**23. Q:** The City of Delray Beach is a Non-Tobacco Workplace. The City will not consider applicants who have used tobacco or nicotine products for a period of at least three months prior to application for employment. The definition of "tobacco or nicotine products" includes but is not limited to, cigarettes, cigars, chewing tobacco, pipes, snuff, e-cigarettes and nicotine patches or gum.  
\*One year for safety positions\*

A: I acknowledge

**24. Q:** I understand that as a condition of my employment with the City of Delray Beach that I must currently possess or obtain within 30 days after employment the following Federal Emergency Management Agency (FEMA) Independent Study (IS) course certificates: IS-100 - Introduction to Incident Command System IS-700 - National Incident Management System - NIMS an Introduction

A: I acknowledge

**25. Q:** I understand that as a condition of my employment with the City of Delray Beach that I MAY be called to work before, during or after an incident to support the City during a declared emergency. When called to work it may be assigned to other departments, tasks or responsibilities outside my normal permanent position. This flexibility is necessary for the general welfare and operation of the City during a designated emergency.

A: I acknowledge

### Supplemental Questions

**1. Q:** The City will not consider applicants who have used tobacco products for a period of at least three months prior to application for employment. The definition of "tobacco products" shall include, but is not limited to, cigarettes, e-cigarettes, cigars, chewing tobacco, pipes and snuff. Have you used any tobacco products for a period of at least three months prior to your application for employment?

A: No

**2. Q:** Do you possess a Bachelor's Degree in accounting or related field supplemented by a CPA or CIA Certification?

A: Yes

**3. Q:** How many years of verifiable experience do you have as an internal or external auditor of government accounting systems?

A: Seven to ten years

**4. Q:** Please describe your professional experience (task, duties, responsibilities, etc) as an internal or external auditor of government accounting systems?

A: Since 2011 worked in internal audit of a large public pension fund and prior to that worked in external audit for about three years (Big 4 experience). Head of the internal audit department since 2013, responsible for all internal audit operations. Hold a CPA and a CGAP (Certified Government Auditing Professional) certifications. Have a Bachelor's, Master's and a Doctorate Degree in Accounting. Please refer to the resume and cover letter for more details.

**5. Q:** Are you claiming Veterans preference in employment? If so, the claim form and other required documents must be attached to this application before you submit it; otherwise your claim will not be considered.

A: No