

JOB DESCRIPTION



JOB IDENTIFICATION

| | | | |
|------------------------|--|-----------------------------|--|
| <i>Job Title:</i> | | <i>Pay Grade:</i> | |
| <i>Department:</i> | | <i>FLSA Status:</i> | |
| <i>Location:</i> | | <i>Reports to Position:</i> | |
| <i>Effective Date:</i> | | | |

JOB SUMMARY

ESSENTIAL JOB DUTIES AND/RESPONSIBILITIES

The following duties are normal for this position. The omission of specific statement of the duties does not exclude them from the classification if the work is similar, related, or a logical assignment for this position. Other duties may be required, assigned and expected aside from those set forth below to address operational needs and changing operational practices.

QUALIFICATIONS

Education and Experience Guidelines

Any combination of education and experience that would like provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities required for this position would be:

Education and Training

Experience

Licenses or Certification Required

The following generally describes the knowledge and abilities required in order to successfully perform the assigned duties of the position:

Knowledge of:

Ability to:

PHYSICAL DEMANDS AND WORKING ENVIRONMENT

The conditions herein are representative of those that must be met by an employee to successfully perform the essential functions of this job. In compliance with the Americans with Disabilities Act, the City encourages both prospective and current employees to discuss potential accommodation needed to perform the essential duties of this position.

Environment:

Physical Demands: See Accompanying Page

Key Working Relationships:

APPROVAL/ACKNOWLEDGEMENT

| | | |
|-----------------------------------------------|---------------------|-------|
| _____ | _____ | _____ |
| Department Head | Title | Date |
| _____ | <u>HR Director</u> | _____ |
| Human Resources Director | Title | Date |
| _____ | <u>City Manager</u> | _____ |
| City Manager | Title | Date |
| _____ | _____ | _____ |
| Incumbent Employee Printed Name and Signature | | Date |

PHYSICAL REQUIREMENTS –

Rare 0%-10% of the time Occasional 11%-33% of the time Frequent 34%-66% of the time Continuous 67%-100% of the time

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| LIFT/CARRY | | | | |
|------------|--|--|--|--|
| 1-10 lbs | | | | |
| 11-20 lbs | | | | |
| 21-50 lbs | | | | |
| 51-75 lbs | | | | |
| 76-100 lbs | | | | |

| EQUIPMENT USE & OPERATION | | | | |
|------------------------------------------------------|--|--|--|--|
| Motor Vehicle | | | | |
| Heavy Equipment (Backhoe, dump truck) | | | | |
| Large Apparatus (Fire Truck, Street Sweeper) | | | | |
| Small Equipment (Mower) | | | | |
| Handheld tool/equipment (tamps, weed eaters, shovel) | | | | |

| PUSH/PULL | | | | |
|------------|--|--|--|--|
| 1-10 lbs | | | | |
| 11-20 lbs | | | | |
| 21-50 lbs | | | | |
| 51-75 lbs | | | | |
| 76-100 lbs | | | | |

| WORK WITH/NEAR | | | | |
|----------------|--|--|--|--|
| Machinery | | | | |
| Electricity | | | | |
| Power Tools | | | | |
| Impact Tools | | | | |
| Chemicals | | | | |
| Fumes | | | | |
| Heights | | | | |

| MOVEMENT | | | | |
|----------------------------|--|--|--|--|
| Bend/Stoop/Twist | | | | |
| Crouch/Squat | | | | |
| Kneel/Crawl | | | | |
| Reach Above Shoulders | | | | |
| Reach Below Shoulders | | | | |
| Repetitive Arm Use | | | | |
| Repetitive Wrist Use | | | | |
| Repetitive Hand Use | | | | |
| a) grasping | | | | |
| b) squeezing | | | | |
| Climb Stairs/Ladder | | | | |
| Uneven Walking Surface | | | | |
| Even Walking Surface | | | | |

| ENVIRONMENT | | | | |
|-----------------|--|--|--|--|
| Indoors | | | | |
| Outdoors | | | | |
| Extreme Heat | | | | |
| Extreme Cold | | | | |
| Dusty | | | | |
| Excessive Noise | | | | |
| Other (explain) | | | | |

| ENDURANCE | | |
|-----------|-------------------|------------------------------|
| Task | Hours at One Time | Total Hours in an 8 Hour Day |
| Sit | | |
| Stand | | |
| Walk | | |

Additional Considerations (including clarification of any of the above)

| HEARING/VISION/DEXTERITY | | | |
|--------------------------|-----|---------|-----|
| | N/A | AVERAGE | LOW |
| Hearing Acuity | | | |
| Visual Acuity | | | |
| Manual dexterity | | | |