



St. Olaf College Student Employee Job Description

Job Title: Ciliate Collections

Classification: Student Employee (non-exempt)

Name and Address of Employer: St. Olaf College, 1520 St. Olaf Ave, Northfield, MN 55057

If the position requires the student to work off campus, provide the name and address here:
N/A

Department Name: Biology

Unit Number (5 digits): 11120

Length of Position: See Employment Authorization

Contact Person/Supervisor: Eric Cole, Laura Listenberger, Kim Kandl

Pay Rate (Check One) x Standard Hourly Rate __ Supervisory/Special Skills Hourly Rate

Description of the Position: (Purpose of the Position):

Students work with supervising professors to maintain cell cultures, make media, and organize/clean lab and research materials.

Transferable Skills:

- Communication
- Essential Work Skills
- Technical
- Human Relations
- Research/Quantitative
- Problem Solving
- Organization/Planning

Duties and Responsibilities:

- Prepare media to culture cells
- Clean and organize lab
- Safely dispose of lab waste using autoclave
- Sterilize media (using autoclave)
- Transfer live cells
- Wash glassware

Qualifications: (Education/Experience/Skills)

- Experience with Ciliate Collections
- Microscopy skills
- Experience with PH meter, scale, and making solutions (molarity)
- Able to work with minimal supervision
- Dependable and punctual

This job description is for general information purposes. It is not intended to list all duties and responsibilities of the position. This job description is subject to change at any time by St. Olaf College, with or without prior notice.

Physical and Environmental Factors

(Indicate frequency required in a typical shift for this position.)

Physical Activity	Not Applicable	Rarely	Occasionally	Frequently	Continually
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing stationary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/traversing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching (bending at knees)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling/crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping (bending at waist)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting/pivoting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing/balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping/handling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (< 20 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (<50 lbs.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive motions (constant for 15+ mins; typing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Activity	Not Applicable	Rarely	Occasionally	Frequently	Continually
Talking in person/on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing in person/on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision for close work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision for distance or depth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling by touch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noise (need raised voice to be heard)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Exposures	Not Applicable	Rarely	Occasionally	Frequently	Continually
Respiratory (dust/gas/fumes/steam/odors/poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals (includes solvents and oils)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations (exposure to oscillating movements of extremities or whole body)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet or humid conditions (indoor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (below 32 degrees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (above 100 degrees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity hazards (moving mechanical parts, moving vehicles, electrical current, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights or cramped quarters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective equipment required (mask, gloves, eyewear, ear plugs, steel toe shoes, respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travel: 0% of time
 Operate Hand Tools: Yes No
 Operate Equipment/Machinery: Yes No
Required Dress Attire: Business Casual
 Business Formal
 Uniform
 Other:
 Casual Lab Attire

Comments: