



St. Olaf College Student Employee Job Description

Job Title: Greenhouse Worker

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: Charles Umbanhowar

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

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

Student workers in the greenhouse perform duties to keep the plants healthy and the greenhouse thriving. The hours are flexible and can fit with most any schedule.

Transferable Skills:

- Problem Solving
- Organization/Planning
- Creating
- Technical
- Essential Work Skills

Duties and Responsibilities:

- Water plants as necessary
- Sweep & clean floors and bench tops
- Make new soil, clean pots
- Trim dead leaves from plants
- Check for pests and spray or wipe leaves with alcohol
- Fertilize plants as instructed by greenhouse manager
- Repot as instructed
- Weed greenroof and fertilize as necessary

Qualifications: (Education/Experience/Skills)

- A strong interest in working with plants
- Past gardening and/or greenhouse experience
- Dependable and punctual
- Able to work with limited supervision

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing stationary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking/traversing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping (bending at waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting/pivoting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing/balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (<50 lbs.)	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feeling by touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loud noise (need raised voice to be heard)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights or cramped quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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

Comments: