



St. Olaf College Student Employee Job Description

Job Title: Natural Lands Technician

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): 47008

Length of Position: See Employment Authorization

Contact Person/Supervisor: Natural Lands Manager

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

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

Students work as a team to care for the St. Olaf Natural Lands performing seasonally appropriate maintenance measures.

Transferable Skills:

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

Duties and Responsibilities:

- Remove invasive species
- Pull weeds
- Spray herbicides
- Identify plants
- Collect seeds from native plants
- Cull saplings
- Participate in prairie burn
- Plant and water trees as needed

Qualifications: (Education/Experience/Skills)

- Experience operating hand tools
- Experience with small machinery (e.g. weed whip)
- Strong interest in Land/Prairie Management
- Dependable and punctual
- Able to work in a team environment

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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (< 20 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<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"/>
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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" 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:
 Outdoor Wear

Comments: