



## St. Olaf College Student Employee Job Description

**Job Title:** TA-BIO 243 (Cadaver Team)

**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:** Sarah Amugongo/Kevin Crisp

**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 prepare cadavers for transport to St. Olaf prior to the start of each academic year. These student then continue into the academic year prepping the cadavers for specific labs and individual projects.

**Transferable Skills:**

- Communication
- Motivation/Leadership
- Organization/Planning
- Human Relations
- Essential Work skills
- Technical
- Problem Solving
- Supervising/Management

**Duties and Responsibilities:**

- Prep teaching materials for BIO 243 lab
- Keep lab, RNS 254A organized
- Enrolled in BIO 291 (Fall)
- TA for Bio 243
- Show cadavers to BIO 123 students twice (Fall)

**Qualifications: (Education/Experience/Skills)**

- Strong attention to detail
- Completion of BIO 243 with a B or better
- Dependable and punctual
- Able to work with limited supervision
- Available to TA Fall or Spring
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**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing in person/on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemicals (includes solvents and oils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vibrations (exposure to oscillating movements of extremities or whole body)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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:** 5% 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:**