

Position Description
Dickinson College

Title:
Job Status:
Reports to:
Department:
POSN:

Salary Grade:
Schedule:
Date:
Completed by:

General Summary of Responsibilities:

Education and Experience Required:

Supervisory Responsibilities:

Essential Functions:

Marginal Functions:

Equipment Used:

Software Programs Used:

Physical Requirements:**Definitions:**

Occasional (Occ) 33% work day

Frequent (Freq) 67% work day

Constant (Con) 68-100% workday

Squatting	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Kneeling	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Stairs	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Bending/Twisting	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Prolonged walking	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Use of Right Arm	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Use of Left arm	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Use of Right Leg	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Use of Left Leg	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Lifting above waist	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Lifting above shoulder	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Driving Truck/Bus	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly
Ladders	<input type="checkbox"/> No	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Frequently	<input type="checkbox"/> Constantly

Personal Protective Equipment:**Blood borne Pathogens:****Confidentiality Statement:**