

## **POSITION DESCRIPTION:**

<b><u>POSITION TITLE:</u></b>	<b>CBCW WATERCRAFT INSPECTOR (SEASONAL)</b>
<b><u>EMPLOYMENT STATUS:</u></b>	<b>LTE UP TO 40 HOURS PER WEEK</b>
<b><u>SUPERVISION:</u></b>	<b>FLORENCE COUNTY AIS COORDINATOR</b>
<b><u>PAY GRADE:</u></b>	<b>14</b>

**PURPOSE OF POSITION:** The purpose of this position is to assist with Land Conservation Department activities related to grant-funded Clean Boats, Clean Waters programing and other conservation and environmental protection activities.

### **FUNDAMENTAL JOB DUTIES AND RESPONSIBILITIES:**

A. **Essential Functions:** Conduct interviews and education activities with boaters regarding Aquatic Invasive Species (AIS), inspection of watercraft for AIS and collect accurate field data about boater behavior (70%). Assist in public education activities (20%). Safe operation and daily maintenance of high-pressure, heated boat washes (10%).

### **PHYSICAL DEMANDS OF THE ESSENTIAL FUNCTIONS:**

Majority of the time is spent hearing and using near and far vision. Handling and working with fingers such as operating equipment controls. Good portion of time is spent standing, sitting, walking, bending/twisting and lifting and carrying items weighing 10 to 40 lbs. A lesser amount of time is spent stooping, crouching, climbing, and reaching.

### **WORKING CONDITIONS WHILE PERFORMING ESSENTIAL FUNCTIONS:**

95% of the work time is spent outside including during hot, humid, or wet conditions with exposure to radiation from the sun. There is a 50% exposure to mechanical hazards and exposure to noise, vibrations, and fumes. 5% of the work is in an office with occasional loud noise.

### **EQUIPMENT USED TO PERFORM ESSENTIAL FUNCTIONS:**

Automobiles, high-pressure, heated, boat washes, first aid materials, personal protective equipment such as close-toe shoes, gloves, hearing, and eye protection.

### **QUALIFICATIONS NEEDED: Educational Skills**

Ability to work with the general public. The ability to effectively read, write and be able to communicate with others. Ability to create and keep detailed records. Ability to effectively work independently.

### **WORK SCHEDULE:**

Compensation is based on hours worked. A typical workweek would be Monday through Friday 8:00 a.m. to 4 p.m. Situations will require work times to vary and will include evenings, weekends and holidays.

### **WAGE / BENEFITS:**

Starting hourly wage will be \$13.00 per hour. Benefits are not offered for this position. This is a grant-funded position and will end on or before the completion of the grant(s).

### **RESIDENCY REQUIREMENT:**

There is no residency requirement for this LTE position.

This position description has been prepared to assist in defining job responsibilities, physical demands, working conditions and skills needed. It is not intended as a complete list of job duties, responsibilities and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct, and

control the work of employees under supervision. The county retains and reserves any or all rights to change, modify, amend, add to or delete from any section of this document as it deems in its judgment, to be proper.

**Employee Acknowledgement:**

I acknowledge that I have received a copy of the CBCW Watercraft Inspector job description and understand that it is my responsibility to read and understand it. I am able to perform the essential functions as outlined with or without reasonable accommodation. I understand that this job description may be used as a tool to evaluate the performance of my duties. If I have any questions about this job description or my job duties, I understand that I should ask my supervisor or department manager.

Florence County is an Equal Opportunity Employer. Florence County does not discriminate on the basis of any Wisconsin or Federal protected classification. In compliance with the ADA, Florence County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss accommodations with their employer and/or supervisor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name