#### Position Description County of Clay, Indiana

POSITION:District TechnicianDEPARTMENT:Soil & Water Conservation DistrictWORK SCHEDULE:8:00 a.m. - 4:00 p.m., M-F 35 hours/wk.JOB CATEGORY:COMOT (Computer, Office Machine Operation, Technician)

## DATE WRITTEN: August 2007 STATUS: Full-time DATE REVISED: June 2023 FLSA STATUS: Non-exempt

To perform this position successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed in this document are representative of the knowledge, skill and/or ability required. The County of Clay provides reasonable accommodation to qualified employees and applicants with known disabilities who require accommodation to complete the application process or perform essential functions of the job unless the accommodation would cause an undue hardship.

Incumbent serves as District Technician for the Soil and Water Conservation District, responsible for planning and implementing conservation programs and aiding and education to County residents.

#### DUTIES:

Follows all Clay County Employee Policy Manual and District Operations Manual-ISDA www.in.gov/isda/divisions/soil-conservation/districts-tools/district-operations-manual/

Serves as liaison to various County departments, including Highway, Commissioners and Drainage Board. Reviews erosion control plans for County and monitor sites. Evaluates drainage issues throughout the County. Administers Clean Water Indiana funding and other local grants.

Serves as a board member for the Drainage Board.

Coordinates Clay County district drill rental program for the public and maintains condition of drill suitable for safe operation.

Assists the SWCD Board with coordinating field days, tillage transect, national resources inventory, conservation tillage workshops, and attend State annual Soil & Water meetings.

Assists the Natural Resources Conservation Service and the IDNR-Division of Soil Conservation implement the USDA Farm Bill, including assisting with surveys and designs of conservation practices through EQIP, FIP, WHIP and CRP. Assists with completing status reviews, reporting progress, and entering data on computer.

Answers telephone and greets office visitors cordially, providing information and assistance or directing to appropriate individual or department as needed.

Works and communicates with landowners to increase conservation in the County.

Performs related duties as assigned. Opportunities given for educational training annually.

Use QuickBooks app to clock in or out; and utilize group text to group for time off and give minimum two weeks' notice to supervisors for vacation time. Time sheets approved by District Chairperson.

#### I. JOB REQUIREMENTS AND DIFFICULTY OF WORK:

Baccalaureate Degree or equivalent combination of education and/or experience in surveying, engineering, or related field.

Through knowledge of County's geography, including roads, townships, major subdivisions, and City boundaries.

Working knowledge of surveying, drainage, and legal terminology.

Working knowledge of federal, state, and local land use codes and policies, including ordinances related to surveying, drainage, and planning.

Working knowledge of standard office procedures and ability to apply such knowledge to a variety of interrelated processes, tasks, and operations.

Working knowledge of standard English grammar, spelling and punctuation and ability to prepare detailed written reports and maintain accurate and organized files and records.

Working knowledge and ability to properly operate standard office equipment, such as computer, calculator, fax machine, copier, telephone, and survey laser.

Ability to provide public access to or maintain confidentiality of department information and records according to state requirements.

Ability to comply with all employer and department policies and work rules, including, but not limited to, attendance, safety, drug-free workplace, and personal conduct.

Ability to competently serve the public with diplomacy and respect.

Ability to effectively communicate orally and in writing with co-workers, other County Departments, and the public, including being sensitive to professional ethics, gender, cultural diversities, and disabilities.

Ability to work alone with minimum supervision and with others in a team environment.

Ability to work on several tasks at the same time and work rapidly for long periods, occasionally under time pressure.

Ability to understand, memorize, retain, and carry out written or oral instructions and present findings in oral and written form.

Ability to plan and layout assigned work projects and prepare public speaking presentation.

Ability to compute/perform arithmetic operation.

Ability to coordinate, place, make determinations and act based on data analysis and fabricate data to discover facts or develop concepts or interpretations. Ability to file, post, and mail materials. Ability to write and edit reports, contracts, and grants.

Ability to occasionally work extended and/or evening hours and travel out of town for State annual meetings or training, sometimes overnight.

Possession of a valid Indiana driver's license and demonstrated safe driving record.

#### II. RESPONSIBILITY:

Incumbent exercises some discretion in selecting appropriate methods and procedures to apply to a variety of standard and interrelated tasks and operations. Decisions are made within the prescribed policies and practice of the department. Errors in incumbent's work are primarily detected through notification from other departments, agencies, or the public. Undetected errors could result in work delays in other departments or agencies or the public. Undetected errors could result in work delays in other departments or agencies and/or inconvenience to their agencies or the public.

**Supervision:** This position is under the supervision of the district supervisors. This position does not supervise other employees.

**Performance Review:** Performance of this position will be reviewed annually by the District Supervisors and the employee.

#### III. PERSONAL WORK RELATIONSHIPS

Incumbent maintains frequent contact with co-workers, other County departments and the public for the purposes of exchanging information and rendering services.

#### **IV. PHYSICAL EFFORT AND WORK ENVIRONMENT:**

Incumbent performs majority of duties in a standard office environment, involving, sitting for long periods, standing/walking for long periods, carrying/lifting under 25 pounds, keyboarding, speaking clearly and hearing sounds/communication. Incumbent also performs duties outdoors, involving extreme hot or cold temperatures, wet/icy surroundings, and uneven terrain. Incumbent is occasionally required to work extended and/or evening hours and travel out of town for meetings, sometimes overnight.

#### APPLICANT/EMPLOYEE ACKNOWLEDGEMENT

The job description for the position of District Technician for the Soil and Water Conservation District describes the duties and responsibilities for employment in this position. I acknowledge that I have received this job description and understand that it is not a contract of employment. I am responsible for reading this job description and complying with all job duties, requirements and responsibilities contained herein and any subsequent revisions.

Is there anything that would keep you from meeting the job duties and requirements as outlines? Yes\_\_\_\_\_ No\_\_\_\_

Applicant/Employee Signature

Date

Print or Type Name

# **APPLICATION FOR EMPLOYMENT**

## County of Clay, Indiana

An Equal Opportunity Employer

The County of Clay, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. Any application not completed in its entirety will be disqualified. Position sought Last name \_\_\_\_\_ First name \_\_\_\_\_ \_\_\_\_\_ Middle initial Former name(s) Address \_\_\_\_\_ City/state/zip \_\_\_\_\_ Phone \_\_\_\_\_ Are you at least 18 years of age? Yes: \_\_\_\_ No: \_\_\_\_ Applicants for Sheriff Department: Are you at least 21 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you interested in: Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time work? Temporary work? Yes No Date available to start work \* EMPLOYMENT HISTORY AND WORK EXPERIENCE List all employment history and work experience during the previous five years, beginning with your current employer. Failure to include all past employment may be grounds for disqualification. If currently unemployed, check here \_\_\_\_\_ and skip to Previous employer below. Current employer ! Address \_\_\_\_\_ City/state/zip \_\_\_\_\_ Phone (\_\_\_\_\_\_ Hire date \_\_\_\_\_\_ Job title \_\_\_\_\_\_ Beginning salary \_\_\_\_\_ per \_\_\_\_Current salary \_\_\_\_\_ per \_\_\_\_ Supervisor \_\_\_\_\_\_ Title \_\_\_\_\_ Work phone

Briefly describe the work you do, such as duties, responsibilities, equipment you operate,

promotions:

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Why do you want to leave?

1	May we contact your current employer	? Yes:	_ No:	If no, please explain wh
ł	Previous employer			
ł	Phone ( )			
A	Address			
(	City/state/zip			
I	Dates employed	Job title		
F	Beginning salary per	Ending sa	alary	per
5	Supervisor	Title		
V	Work phone			
ŗ	Briefly describe the work you did, such promotions: Reason for leaving:			
F H N	promotions: Reason for leaving: May we contact this employer? Ye	s: N		
F H M	promotions: Reason for leaving: May we contact this employer? Yes Previous employer	s: N		
F H M H	promotions: Reason for leaving: May we contact this employer? Yes Previous employer Phone ( )	s: N		
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F H H H Z C C H	promotions: Reason for leaving: May we contact this employer? Yes Previous employer Phone ( ) Address City/state/zip Dates employed Beginning salary per	s: N	o: alary	If no, please explain wi
F H H H Z C C H	promotions: Reason for leaving: May we contact this employer? Yes Previous employer Phone ( ) Address City/state/zip Dates employed	s: N	o: alary	If no, please explain with the second s

Briefly describe the work you did, such as duties, responsibilities, equipment you operate,

promotions:

Reason for leaving:

	May we contact this employer? Yes: No: If no, please explain why:					
!	Previous employer					
	Phone ( )					
	Address					
	City/state/zip					
	Dates employed Job title					
	Beginning salary per Ending salary per					
	Supervisor Title					
	Work phone					
	Briefly describe the work you did, such as duties, responsibilities, equipment you operate,					
	promotions:					
	Reason for leaving:					
	May we contact this employer? Yes: No: If no, please explain why:					
Λ If yo	ou had additional employers within the last five years, attach additional pages as needed.					
List an	nd explain periods of unemployment in the past five years:					

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

### **EDUCATION AND TRAINING**

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This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended Attach additional pages as needed
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Name				
Addre	SS			City/state/zip
Diplo	ma?Yes	_ No	_ GED? Yes	No
Activi	ties, awards (Y	ou may exc	lude any which indic	cate race, color, religion, gender, age, national origin,
or dis	ability)			
<u>Colle</u> !	Name Dates attende Address Degree(s)	.d	to	City/state/zip
	Major/minor	course(s) of	f study	

!	Name	
	Dates attended to	
	Address	City/state/zip
	Degree(s)	

Major/minor course(s) of study

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Activities, awards (You may exclude any which indicate race, color, religion, gender, age, ï national origin, or disability.)

Seminars/workshops, special awards, articles you have published, other information that may be ļ relevant to the position you are seeking:

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If you have never ser	rved in the military on active	duty, check here	and skip	to the next section.
Military Branch	Dates of Service	<u>Highest Rank Att</u>	ained <u>Ra</u>	nk at Separation
Type of Discharge				
Citations/awards reco	eived			
	*********************			*****
•	PROFESSIONAL OR S			
Specialized training_				
Professional/special 1	icense(s) or certificate(s):			
State	Issued By Date	Issued Expiration	<u>n Type</u>	License #
Have you had any lic	cense suspended, revoked or	terminated? Yes	No	If yes, explain:
*****	*****	*****	******	*****
	PROFESSION	AL AFFILIATIO	DNS	
List current or previo	us affiliations/organizations	and related offices/p	ositions.	
Organization Name	Address	Phone	Offices/Po	<u>ositions</u>

! Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate

race, color, religion, gender, age	, nanonan ongin or aisaonny.
<u>_</u>	
 *******************************	******
	PERSONAL INFORMATION
Do you have any commitments w	which might interfere with or adversely affect your employment with us,
	Yes No If yes, please explain:
such as a second job of school?	105 110 11 yes, preuse emprunt
Have you ever been convicted	of a felony that has not been expunged or sealed?
Yes No If yes, pleas	
10511011 yes, pieus	
! Do you have an arrest record th	nat has not been expunged or sealed? Yes No
Are you currently required to re	egister as a sex offender in this or any other jurisdiction?
	use explain (including jurisdiction of registry):
List three references who are no	ot related to you and are not former employers or supervisors:
	Phone
Address	City/state/zip
Sumber of years known	
J Name	Phone
Address	City/state/zip
Sumber of years known	
Name	Phone

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Address

## **APPLICANT CERTIFICATION**

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Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer <u>before</u> initialing.

! I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

! I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

! I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

! I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and postemployment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's signature

## The following sections to be completed by Sheriff Department applicants only:

! I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

Date

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Initials:

Initials:

! I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

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Initials: \_\_\_\_\_

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