

POSITION DESCRIPTION

TOWN OF GRAY MAINE

POSITION TITLE: TRANSFER STATION ATTENDANT DATE CREATED/ REVISED: 4/1/2019

Classification: Part Time/Regular

Narrative: Individuals in these positions have a moderate level of responsibility as they take on a variety of tasks in and around the transfer station. They must assure that the materials being deposited are properly sorted and that they may be assigned to specific equipment tasks to facilitate the ongoing collection, storage, handling and eventual transfer of solid waste being delivered to the facility. Utmost to their position is the constant interaction with the public and each individual must demonstrate appropriate work habits and communications that are informative and educational.

Level of Supervision: Supervision is provided to this position by the Director of the facility.

This position generally does not provide supervision to other personnel except when others are assigned to assist in a specific task.

ESSENTIAL TASK SKILLS AND REQUIREMENTS:

Illustrative only and not all inclusive:

- Individuals must be able to lift weights above their shoulders in excess of 50 pounds
- Be able to reach, stretch, bend and grasp on a very frequent basis
- Individuals must be able to communicate respectfully with the public
- Attendance is extremely important to assure a safe and productive working environment

EXAMPLES OF POSITION TASKS: ILLUSTRATIVE ONLY AND NOT ALL INCLUSIVE:

Assignment may be to the various aspects of the transfer station including but not limited to separation and sorting work, baling, packaging, welding, machinery repair, assisting citizens in unloading and loading materials, assisting in the transfer of processed materials to approved vendors and the like.

Individuals must be able to assist the public either with information or physically assist them as needed, all in a pleasant and respectful manner.

POSITION ELIGIBILITY STANDARDS:

Minimum education: ☐ High School Diploma ☐ G.E.D ☐ Associates Degree
☐ Bachelor's Degree ☐ Advanced Degree

Prior Experience: One (1) year of direct experience in this position or directly related to the field.

Specialized Training:

Acknowledgement

I have received a copy of this position description and having reviewed it, agree with its description and requirements and understand that it is the basis for my performance and evaluations.

Name of Employee: _____ Date: _____

Name of Supervisor: _____ Date: _____

PHYSICAL REQUIREMENTS/OTHER

Title/Department					
Shift Length	<input type="checkbox"/> <8 hrs	<input checked="" type="checkbox"/> 8-12 hrs	<input type="checkbox"/> >12 hrs	<input type="checkbox"/> 24/7	<input type="checkbox"/> On call
Shift Type	<input checked="" type="checkbox"/> Days	<input type="checkbox"/> Nights	<input type="checkbox"/> Evening	<input type="checkbox"/> Rotating	
Lifting/Carrying	NEVER 0 hours	RARELY <10 minutes/shift or up to 1 hour per week	OCCASSIONALLY up to 1/3 shift	FREQUENTLY 1/3-2/3 shift	CONSTANTLY >2/3 of shift
0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-25 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25-50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
>100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical distance carried:	<input type="checkbox"/> within area <input type="checkbox"/> between areas <input checked="" type="checkbox"/> throughout facility				
Postures/Tasks	NEVER 0 hours	RARELY <10 minutes/shift or up to 1 hour per week	OCCASSIONALLY up to 1/3 shift	FREQUENTLY 1/3-2/3 shift	CONSTANTLY >2/3 of shift
Grasp with hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mousing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/lift above shoulders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reach/lift below knees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<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"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Demands/Sensory Requirements					
<input checked="" type="checkbox"/> See	<input checked="" type="checkbox"/> Hear		<input checked="" type="checkbox"/> Distinguish color		
<input type="checkbox"/> Work in diminished lighting	<input type="checkbox"/> Make critical decisions		<input checked="" type="checkbox"/> Perform in fast-paced environment		
<input checked="" type="checkbox"/> Speak	<input type="checkbox"/> Work at a set pace/rate		<input checked="" type="checkbox"/> Remember accurately		
<input checked="" type="checkbox"/> Work under deadlines	<input checked="" type="checkbox"/> Perform multiple tasks		<input checked="" type="checkbox"/> Work independently		
<input checked="" type="checkbox"/> Understand verbal instructions	<input checked="" type="checkbox"/> Understand written instructions		<input checked="" type="checkbox"/> Work outdoors in extreme/mild elements		
<input type="checkbox"/> Other:					