

# **PULASKI COUNTY SWCD Education Coordinator/Office Assistant Position Description**

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**Position:** Education Coordinator/Office Assistant

**Department:** Pulaski County Soil & Water Conservation District

Date Written: October 2018

**Status:** Seasonal -  
Part Time  
(1288 Hours)

**Position Summary:**

This position provides educational, clerical, and financial support for the Pulaski County Soil & Water Conservation District Supervisors in carrying out the District's program in conformance with the purpose of the District as defined in the Indiana District Law (IC 1432). This position requires experience in education, communication, office administration, and grant financial management. The employee may be asked to provide some assistance for agricultural programs when assisting SWCD partner agencies or other conservation agencies.

**Primary Responsibilities:**

- Work professionally and courteously with the other conservation agency staff in the office to represent the SWCD Supervisors.
- Coordinate soil and water resource based educational programs for both adult and youth. This includes coordination with teachers, schools, caterers, and the news media. Educational supplemental material may need to be created and provided such as schedules, worksheets, posters, flyers, and displays.
- Provide timely service to county schools on programming and create programming to fit Indiana State Standards and teachers' needs.
- Provide positive public relations for the agriculture sector and the environmental community while working for the SWCD.
- Maintain a position on the Arrow Head Country RC & D Education Committee and volunteer for their yearly events of Envirothon and the River Rafting Expedition
- Work as a team with the Pulaski County District Support Coordinator on office business including the annual meeting and provide reports to the ISDA and Indiana Gateway per our annual requirements.
- Assist with researching the availability of grants and summarizing prioritization of the needs of the District with other staff members and Supervisors. Assist with grant writing and administer grant in order to accomplish addressed needs.

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- Maintain current knowledge of applicable legislation governing SWCD activities and related programs, goals, and procedures.
- Attend training sessions, meetings, and conferences as approved and directed by the governing SWCD Supervisors.
- Attend monthly evening meetings of the Board of Supervisors with prepared financial reports.

## **Position Requirements:**

- High School Diploma
- Working knowledge of basic conservation practices and functions of the Soil & Water Conservation Districts and related agencies.
- Working knowledge of standard office policies and procedures and the ability to apply such knowledge to a variety of interrelated processes, tasks, and operations.
- Ability to type with speed and accuracy and properly operate a variety of standard office equipment including a computer, printer, copier, and calculator.
- Working knowledge of Standard English grammar, spelling and punctuation, and the ability to compose and prepare correspondence, media releases, grant applications, student lesson plans, and reports.
- Effective communicator while scheduling programming with teachers and while presenting educational programs for the youth.
- Ability to understand and follow oral and written instructions and work alone or with others in a team environment with minimum supervision.
- Ability to work extended and/or weekend hours and occasional travel out of county for trainings/meetings (sometimes overnight) - with appropriate reimbursement.
- Ability to assist with river rafting (as a captain, co-captain, or a member of the land crew).
- Ability to lift 40 pounds and walk long distances in corn fields for stalk sampling.
- Possession of a valid driver's license and demonstrated safe driving record.
- Willingness to undergo a lengthy federal background check.

# APPLICATION FOR EMPLOYMENT

## County of Pulaski, Indiana an Equal Opportunity Employer

**The County of Pulaski, 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: \_\_\_\_\_

Are you related to a current County employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of employee: \_\_\_\_\_

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Temporary work? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work \_\_\_\_\_

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### 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:

Why do you want to leave?

May we contact your current 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:

! 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:

! 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:

*^ If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

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

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

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EDUCATION AND TRAINING

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.

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_ No \_\_\_\_ GED? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_

College(s) or Trade School(s) attended Attach additional pages as needed.

Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

! Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next

section. Military Branch      Dates of Service      Highest Rank Attained      Rank at Separation

\_\_\_\_\_  
\_\_\_\_\_

Type of Discharge \_\_\_\_\_

Citations/awards received \_\_\_\_\_

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PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State                      Issued By                      Date Issued      Expiration      Type                      License #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name                      Address                      Phone                      Offices/Positions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



N Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Number of years known \_\_\_\_\_

! Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain (including jurisdiction of registry):

\_\_\_\_\_  
\_\_\_\_\_

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### APPLICANT CERTIFICATION

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 before initialing.

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

! 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.

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

! 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.

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

! 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.

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

! 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 post-employment 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.

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Applicant's signature

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Date

***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: \_\_\_\_\_

! 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.

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