

TO ALL JOB APPLICANTS:

Thank you for the interest you have shown in our Public Service Worker – Storm Sewer position in the Public Works Department. The following information must be completed and returned to me by 4:30 PM, August 22, 2008:

- ◆ City application
- ◆ City supplemental application

A copy of the job posting has been included for your information.

City of Blaine
Attention: Human Resources Department
10801 Town Square Drive
Blaine, MN 55449

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the selection process, please notify Human Resources at 785-6109.
(784-6700 TTD)

DATE RECEIVED 	APPLICATION FOR EMPLOYMENT CITY OF BLAINE 10801 Town Square Drive Blaine, MN 55449-8101 Main: (763) 784-6700 Job Line: (763) 717-2679 Fax: (763) 717-2702 www.ci.blaine.mn.us	OFFICE USE ONLY Interview: _____	
Title of Position Applying For		Date Available for Work	Today's Date
Employment Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary			
Last Name		First Name	Middle Name
Street Address		City	State Zip Code County
Email Address:			
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list birth date: ____/____/____		Are you willing to work over time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been previously employed by the City of Blaine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and position(s) held:			
Do you have any relatives working for the City of Blaine? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:			
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Name & Location: _____	
Type of School	Name & Location	Major	Degree, Certificate or Credits Earned
College/University			
College University			
Graduate School			
Technical/Vocational			
Other			
Driver's License Number	State	Expiration Date	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> CDL
List any endorsements:			

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience.
*** PLEASE NOTE "see resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application. You may attach additional sheets, if needed.**

Employer _____ Phone (____) _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason _____

Dates Employed (Mo/Yr) _____
 From _____ To _____
 Total (Yr/Mo) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for leaving or seeking other employment _____

Employer _____ Phone (____) _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No If No, please indicate reason _____

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 From _____ To _____
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Dates Employed (Mo/Yr) _____
 From _____ To _____
 Total (Yr/Mo) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for leaving or seeking other employment _____

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing Ability: Yes No _____ WPM

Speedwriting Ability: Yes No _____ WPM

Dictation Experience:
 Yes No

Computer Experience: Yes No If Yes, please list computer software programs and hardware you are skilled with. _____

List other office equipment you can operate. _____

List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for. _____

If relevant, list other registrations, licenses or certificates you have.

Type: _____ Date Issued: _____ Date Expires: _____
Type: _____ Date Issued: _____ Date Expires: _____

For Labor & Skilled Trades Only

List the equipment you are capable of operating: _____

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

Have you ever been convicted as an adult for a criminal violation? Yes No If yes, please complete the following for each offense.

Nature of Offense	Date of Offense and Location	Disposition
Nature of Offense	Date of Offense and Location	Disposition

MILITARY SERVICE: Branch of Service: _____

Period of Active Duty: From _____ To _____ Rank at Discharge: _____

Type of Discharge: _____ Date of Final Discharge _____

Describe your duties and any special training: _____

VETERAN'S PREFERENCE POINTS: Preference points are awarded to qualified veterans and spouses of disabled or deceased veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's preference points you must be: (1) a citizen of the U.S. or resident alien, and (2) separated under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a, or who has active military service certified under 38 U.S.C.A Section 106, Part I, Chapter I, or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to utilize the Veterans Preference Points.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. *You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the Veteran DD214 and FL-802 or death certificate.*

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? YES NO If yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.

PREFERENCE REQUESTED: Veteran (5pts) Disabled Veteran (10pts) Spouse of Disabled Veteran or Deceased Veteran (5pts)

Do you have a service-related disability? Yes No (_____ %)

REFERENCES: Please list 3 references (not relatives), who have known you for at least one (1) year, who can attest to your work qualities.

Name	Relationship to You	Occupation	Telephone Number
			()
			()
			()

NOTICE TO APPLICANT: Information requested on your application that is defined by Minnesota Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran’s status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained above.

NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

CITIZENSHIP STATUS: Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

Minnesota Statute Section 518.6111, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

In accordance with the Immigration Reform and Control Act of 1986, the City of Blaine hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

APPLICANT’S STATEMENT

I certify that I have read the “Notice to Applicant” regarding the Minnesota Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Blaine, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, I must submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. *Failure to sign this form may result in rejection of your application.*

Signature of Applicant

Date

The City of Blaine considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. EOE/ADA

APPLICANT DATA RECORD

The City of Blaine is an Equal Opportunity Employer in its recruitment and procedures. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with State and Federal record keeping, reporting and other legal requirements, please complete the Applicant Data Record. Periodic reports are made to the government using the following information. *This form will be filed separate from your application and it will not be used in our recruitment evaluation process.* The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is *voluntary* and inclusion or exclusion of data will not affect any recruitment selection decisions. We appreciate your cooperation. Refusal to provide this information will not disqualify you from present or future employment or adverse treatment.

Title of Position Applying For:		Today's Date	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65		
<i>Please check one of the following:</i>			
<input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other			
<i>Please check if any of the following are applicable:</i>			
<input type="checkbox"/> Disabled Individual <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled <input type="checkbox"/> Deceased Veteran			

REFERRAL SOURCE

How were you made aware of this employment opportunity?

Internet (specify site): _____

Newspaper (Specify paper): _____

Employment Agency (List name): _____

Employee Referral (Provide name): _____

Community Agency Referral (specify name): _____

Walk-In

City of Blaine Job Line

Other Source: _____

THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.

City of Blaine

Employment Application Instructions

General Information

- **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before completing the application materials. Announcements may contain special instructions & requirements.
- Submit a separate application for each job. Type or print clearly in dark ink. Legibly photocopies are accepted.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted past the application deadline as listed on the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application but not in lieu of a completed application.
- ***For position applications that require the completion of a supplemental application***, your score will be determined by an evaluation of the job related experience and training you describe on the application form and the supplemental application form. **Be complete.**
- Your application and all attachments become the property of the City of Blaine and will not be returned. Keep a copy of your completed application.

Important Facts About Information On Your Application

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Human Resources Director by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

CITY OF BLAINE
SUPPLEMENTAL APPLICATION FORM
Public Services Worker – Storm Sewer

This supplemental application form was developed specifically for the position named above and will be used to obtain enough job-related information to select the best-qualified applicants to continue in the selection process.

Completion of this form is a **requirement** of the examination process and must be submitted with your application. **CANDIDATES WHO DO NOT COMPLETE THIS SUPPLEMENTAL APPLICATION WILL BE ELIMINATED FROM THE SELECTION PROCESS.**

Continuation in the selection process will be based on information supplied in the supplemental application form and the regular application form. Having all of the minimum qualifications does not guarantee that you will be selected to continue in the process.

Be sure to answer all the questions completely and accurately. Some questions ask you to provide specific information so we may evaluate your qualifications. Describe specific, relevant examples from your background. Omitted information cannot be considered or assumed.

You may attach additional sheets of paper as needed.

Name _____

August 2008

**CITY OF BLAINE
SUPPLEMENTAL APPLICATION
Public Services Worker – Storm Sewer**

- | | | |
|---|------------|-----------|
| 1. Have you obtained your High School Diploma or GED? | YES | NO |
| 2. Do you have a commercial driver's license? | YES | NO |
| a. Do you have a tanker endorsement? | YES | NO |
| b. Do you have an air brake endorsement? | YES | NO |
| 3. Describe your experience in truck operation: | | |

Number of years of experience: _____ How often: _____

4. Describe your experience in light equipment operation:

Number of years of experience: _____ How often: _____

5. Describe your **work related** (exclude personal) experience in any of the following construction areas: **Be sure to include years of experience, how often you performed these activities, and the name and phone number of a company/supervisor who can verify the experience.**

Welding:

Carpentry:

Landscape Construction:

Masonry:

Asphalt Paving:

6. Describe your experience with heavy equipment:

Type of equipment: _____

Number of years of experience: _____ How often: _____

7. Describe your related storm sewer maintenance experience. **Be specific, including name of employer, dates of employment, job title and specific job duties. Please be sure to list all related experience with a municipality.**

Catch basin installation/repair **YES** **NO**

Storm sewer installation/repair **YES** **NO**

Ditch clearing **YES** **NO**

Culvert work **YES** **NO**

Curb & gutter construction/repair **YES** **NO**

Jet/rod/vacuum/flush storm sewers **YES** **NO**

Number of years of experience: _____ How often: _____

8. Do you have any of the following park maintenance experience:

a. Laying sod **YES** **NO**

b. Mowing **YES** **NO**

c. Other:

► **IF YES** to any of the above answers, please list experience. **Be specific, including name of employer, dates of employment, job title and specific job duties.**

9. Describe your snowplowing/sanding experience:

a. Type of plowing: lots ___ streets ___ cul-de-sacs ___ driveways ___

b. Length of time and/or how often: _____

10. Describe your experience in constructing, maintaining and repairing asphalt and concrete streets. **Be specific, including name of equipment & name of employer.**

11. Are you a certified firefighter? YES NO
IF YES, describe your firefighter experience. Be Specific.

SIGNATURE

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or any time in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. §43A.39.

In connection with this application for employment, I authorize the City of Blaine and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Blaine and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I declare that any statement in this supplemental application or information provided is true and complete and hereby acknowledge that I have read and I understand the above.

Signature (Do not print) _____ Date _____

**THE CITY OF BLAINE, MINNESOTA
ANNOUNCES AN OPENING FOR
PUBLIC SERVICE WORKER – Storm Sewer**

SALARY

\$21.80 to \$23.87 per hour per 2008-2009 I.U.O.E, Local 49 contract depending upon qualifications and experience, plus excellent benefits.

SCOPE OF JOB

This position is responsible for the maintenance of City storm sewer system. This position will operate light and heavy equipment, assist in the maintenance of other City departments and assist in performing various types of manual labor. This position will report to the Streets Supervisor.

A. ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Operates small engine equipment and light and heavy equipment in the maintenance of City storm sewer system, streets and parks.
2. Maintains, operates, and repairs public works buildings, facilities, and equipment, including light vehicle maintenance and repair.
3. Salts, sands, and removes snow from City streets, public works properties, park ice rinks, parking lots, and sidewalks.
6. Prepares ground for seed, sod, and planting, and/or lays sod.
7. Installs and repairs signs and barricades.
8. Manually digs holes and trenches.
9. Maintains storm sewers: operates, inspects, troubleshoots, repairs catch basins, cleans culverts, ditches, ponds and related structures
11. Jets, rods, vacuums, and flushes storm sewers.
12. Excavates for sewer, water, and services line installation and repair using heavy equipment.
15. Constructs, maintains, and repairs asphalt and concrete streets.
16. Constructs, maintains, and repairs curbs and gutters, catch basins, and storm sewer systems.
17. Performs and documents safety inspections on public works equipment and buildings as required.
18. Follows all safety rules and procedures as outlined in the Blaine employee safety manual, OSHA laws, and other applicable rules and regulations.

B. OTHER DUTIES AND RESPONSIBILITIES

1. Responsible for working overtime, shift changes, emergency call outs, or to be on call as necessary or assigned. Normal working hours: Monday-Friday, 7:00 AM to 3:30 PM.
2. Performs other duties as assigned or apparent.

These examples are intended only as illustrations of various types of work performed, and are not necessarily all-inclusive. The job description is subject to change as the needs of the employer and requirements of the job change.

KNOWLEDGE, SKILLS, AND ABILITIES

1. Knowledge of streets, parks, and utility maintenance practices.
2. Skill in building repair, plumbing, carpentry, heating, and roofing.
3. Skill in the care and use of hand and power tools.
4. Skill in providing basic preventative maintenance and making repairs on equipment used in this position.
5. Ability to understand and perform street maintenance activities, including patching, black topping, manhole maintenance, storm sewer operation, snow plowing, sanding, street sweeping, general summer and winter maintenance, and street inventory.
6. Ability to understand and perform parks maintenance activities, including turf renovation, irrigation, mowing, field/court maintenance, shelter building maintenance, watering, tree and shrub maintenance, ice rink and play equipment area maintenance, and general summer and winter park maintenance.

7. Ability to understand and perform water and sewer maintenance activities including operation and maintenance of lift station pumps, maintenance of well houses, water and service lines, sanitary and storm sewers, and catch basin systems.
8. Ability to operate in an efficient and safe manner all equipment and vehicles required for this position.
9. Ability to understand and follow oral and written instructions.
10. Ability to communicate effectively, in English, both verbally and in writing.
11. Ability to deal tactfully and effectively with all City personnel, outside agencies, and the public.

MINIMUM REQUIREMENTS

1. High school diploma or GED.
2. One year of experience operating trucks and light equipment.
3. One year of work experience in some area of construction such as carpentry, welding, landscape construction, masonry, or asphalt paving.
4. Valid Minnesota Class B Commercial Driver's License.

DESIRABLE QUALIFICATIONS

1. Two years experience in operation of trucks and light equipment.
2. Desire the following endorsements included with the required Valid Minnesota Class B Commercial Drivers License: air brake and tanker.

Consideration for employment will be given to qualified firefighters.

CONDITIONS OF EMPLOYMENT: Offer of employment is contingent upon successful completion of a physical exam, drug test, background check, drivers check and reference check.

APPLICATIONS

Application Information on the position and application materials can be obtained at the Human Resources Office at Blaine City Hall, 10801 Town Square Drive, Blaine, MN 55449, (763) 717-2679, or www.ci.blaine.mn.us. Applications must be received by 4:30 PM, August 22, 2008.

The position description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and the requirements of the job change.

The City of Blaine is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**Americans With Disabilities Act
Physical and Environmental Job Factor**

Physical Factors	Code	Task Numbers	Environmental Factors	Code	Task Numbers
Standing Stationary	V	A1	Work Alone	F	A1-18, B1-2
Moving About	C	A1-18, B1-2	Work With Others	F	A1-18, B1-2
Sitting	O	A1-3,5-6,12,13	Work Around Others	F	A1-18, B1-2
Physical Strengths and Demands			Public Contact	F	A1-18, B1-2
Lifting-Push & Pull While Stationary			Shift Work	V	A1-18, B1-2
<i>Sedentary-up to 10 lbs</i>	F	A1-18, B1-2	Extended Day	O	A1-16, B1
<i>Light Work-11 to 20 lbs</i>	C	A1-18, B1-2	Inside	F	A1-18, B1-2
<i>Medium Work-21 to 50 lbs</i>	F	A1-18, B1-2	Outside	F	A1-18, B1-2
<i>Heavy Work-51 to 100 lbs</i>	V	A1-18, B1-2	Confined Area	O	A1-18, B1-2
<i>Very Heavy-over 100 lbs</i>	V	A1-18, B1-2	Extreme Hot	O	A1-18, B1-2
Carrying-Push & Pull While Moving About			Extreme Cold	O	A1-18, B1-2
<i>Sedentary-up to 10 lbs</i>	F	A1-18, B1-2	Wet and/or Humid	O	A1-18, B1-2
<i>Light Work-11 to 20 lbs</i>	C	A1-18, B1-2	Noise	O	A1-18, B1-2
<i>Medium Work-21 to 50 lbs</i>	F	A1-18, B1-2	Vibration	O	A1-18, B1-2
<i>Heavy Work-51 to 100 lbs</i>	F	A1-18, B1-2	Mechanical Equipment	C	A1-18, B1-2
<i>Very Heavy-over 100 lbs</i>	V	A1-18, B1-2	Electrical Equipment	O	A1-18, B1-2
Climbing	F	A1-18, B1-2	Pressurized Equipment	F	A1-18, B1-2
Balancing	F	A1-18, B1-2	Burning Material/Equip	F	A1-18, B1-2
Stooping	F	A1-18, B1-2	Explosive Material/Eq	F	A1-18, B1-2
Kneeling	F	A1-18, B1-2	Radiant Energy	V	A1-18, B1-2
Crouching	O	A1-18, B1-2	Moving Objects	C	A1-18, B1-2
Crawling	O	A1-18, B1-2	High Places	V	A1-5,7,12
Reaching	F	A1-18, B1-2	Fumes/Odors	F	A1-18, B1-2
Twisting - Sitting	F	A1-18, B1-2	Dirt/Dust	F	A1-18, B1-2
Twisting - Standing	F	A1-18, B1-2	Gases	F	A1-18, B1-2
Handling	F	A1-18, B1-2	Poor Ventilation	V	A1-3, 9-11
Fingering	F	A1-18, B1-2	Other (specify)		
Feeling	C	A1-18, B1-2	Other (specify)		
Talking	F	A1-18, B1-2			
Hearing	C	A1-18, B1-2			
Seeing – Near Vision	C	A1-18, B1-2			
Seeing - Far Vision	C	A1-18, B1-2			
Seeing - Depth Perception	C	A1-18, B1-2			
Seeing - Accommodation	C	A1-18, B1-2			
Seeing - Color Vision	C	A1-18, B1-2			
Seeing – Field of Vision	C	A1-18, B1-2			
Smelling	C	A1-18, B1-2			
Walking	C	A1-18, B1-2			
Reading	F	A1-18, B1-2			
Driving	F	A1-18, B1-2			
Other (specify)					
Other (specify)					
			Codes:		
			Blank - Not Present		
			V = Very Infrequent - 1 to 2 times a week		
			O = Occasional - Up to 1/3 of time a week		
			F = Frequent - 1/3 to 2/3 of time		
			C = Constant - More than 2/3 of time		