TITLE:  ENGINEERING AIDE I - SURVEY  
SECTION:  CONSTRUCTION

DEPARTMENT:  ENGINEERING

REPORTING RELATIONSHIP:

Reports to:  Survey Party Chief

Supervises the following positions:  Not applicable

DEFINITION:  Under direct supervision, to learn and perform a variety of routine surveying duties and office work.

ESSENTIAL FUNCTIONS:

1. Follows established procedures in the performance of a variety of surveying duties:
   a. Sets up traffic delineation and acts as flagman
   b. Cleans and maintains tools and equipment
   c. Maintains material stock on vehicle
   d. Clears brush in survey line and places survey stakes
   e. Performs the work of rear chainperson or rodperson.
   f. Performs basic survey techniques and practices.

2. Perform various surveying duties involving math including geometry and trigonometry, recordkeeping and basic drafting skills.

3. Communicate effectively with others.

4. Adheres to District safety practices and policies.

MINIMUM QUALIFICATIONS:

License or Certificates:  Valid California Operators license issued by the State Department of Motor Vehicles.  Department of Motor Vehicles driving record may influence employment or classification.

Experience:  Any combination of training or experience that would meet the minimum qualifications is qualifying.

Knowledge of:  Elementary principles of mathematics including Algebra, Geometry, and trigonometry.
   Safe working practices

PHYSICAL REQUIREMENTS:

1. Drives District vehicle to job sites including over rough terrain. Uses a two-way radio for communication.  Driving:  Moderate

2. Works in extreme weather conditions including heat and rain.  May work in areas containing dust, fumes, and exhaust.

3. Carry and operate various surveying equipment.

4. Wear appropriate safety equipment including hard hat and vest.

   See attached for physical assessment form.
I confirm that this job description is an accurate representation of this position as of this date.

Department Head Approval______________________  Date_____________
General Manager Approval______________________  Date_____________