

Farren Reinbold, Coordinator (509)-725-3646 E-mail: freinbold@co.lincoln.wa.us

FIELD TECHNICIAN

(Full-time seasonal - 5 1/2 months)

JOB DESCRIPTION

The Field Technician reports directly to the Coordinator and Program Assistant. The field technician is responsible for enforcing the Washington State Noxious Weed Control Law RCW 17.10., following the Rules & Regulations adopted by the Lincoln County Noxious Weed Control Board and using the Program Procedures to accomplish desired tasks. The specific duties and responsibilities are:

- ✓ Develop a sound weed control program within his/her area of the county as determined by the coordinator. Offer technical advice and assistance to landowners pertaining to good weed control practices.
- ✓ Inspect properties to determine the degree of infestation of noxious weeds, document findings, work out satisfactory solutions and weed control programs with landowners based on approved noxious weed control techniques and RCW 17.10.
- ✓ Offer knowledgeable advice and technical assistance on a continuing basis to landowners whose weed control programs may require follow-up and are long-term in nature.
- ✓ Keep records of all property visits.
- ✓ Attend ALL meetings & training programs as directed by the coordinator.
- ✓ Answer all calls pertaining to information, complaints, and requests for assistance in a polite, courteous, and expeditious manner.
- ✓ Because of the nature of the work and the need to meet personally with landowners, it may be necessary from time to adjust the working schedule to an evening and meeting in the field.
- ✓ Work with landowners on using the "full circle" approach when controlling noxious weeds.

DESIRABLE QUALIFICATIONS AND TRAITS

- This position requires moderate physical activity. The work may require walking over uneven ground, opening and closing gates and crossing fences and streams.
- > Ability to spend a large portion of your work driving in the vehicle provided.
- Ability to work in summertime conditions in the field including extreme heat, & possible presence of bees, badgers, rattlesnakes, etc.
- > Present paperwork that is neat and presentable.
- > Possess good organizational skills.
- > Present a neat personal appearance.
- > Knowledge of weeds, growing conditions and control measures
- > Have in possession a current WSDA Public Operator's Pesticide License.
- > Apply herbicides on county Rights-of-Ways.
- Ability to get along well with people. Ability to deal with and speak to the landowners and to understand and comprehend individual situations. Ability to solve situations in a satisfactory manner while often under pressure due to the nature of this position.
- > Ability to communicate ideas, make sound judgments, and timely decisions.
- > Previous work in the noxious weed field.
- > Knowledge and experience with GPS mapping.
- Properly identify noxious weeds.

EDUCATIONAL QUALIFICATIONS

We provide on-the-job training.

- > Must have at least a high school diploma.
- Must have a valid driving license.



Lincoln County Noxious Weed Control Board

PO Box 241 405 Ross St. Davenport, WA. 99122

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Application for Noxious Weed Field Technician

| Name: | |
|------------------|--|
| Mailing address: | |
| ×. | |
| Email address: | |
| Home Phone: | |
| Cell Phone: | |
| Date of Birth: | |

EDUCATION

| | Diploma/Degree | |
|-------------|--------------------------|-------|
| Name | Diploma/Degree Yes/No | Major |
| High School | | |
| College | | |
| Vocational | | |
| or Other | | |

SKILLS - Please circle any of the following in which you have experience.

| Computer | Ipad | Reading Maps | Reading Legal D | escrip | otions |
|---------------|---|-------------------------|------------------|--------|----------|
| Microsoft Wo | rd/Exce | el Public Relations | Vehicle Maintena | ance | GPS Unit |
| Noxious Weed | d ID | Knowledge of | Herbicides | | Mapping |
| Do you posses | ss a valio | l WA State Driver's Lic | ense? Yes N | Jo | |
| | Do you possess a valid WA State Public Pesticide License? Yes No If no would you be willing to get one? Yes No | | | No | |

Have you ever been convicted of a felony? Yes No If yes, please explain_____

Is there any reason why you would not be able to perform the duties of this position?

WORK EXPERIENCE

Start with your last or present position. Include self-employment, military service, and volunteer service. Additional pertinent information may be attached to the completed application.

| Employer: | Location: | | | |
|-------------------------------|---------------------------------------|----------|-----|--|
| Job Title: | Dates Employed: | From: | То: | |
| Specific Duties: | · · · · · · · · · · · · · · · · · · · | | | |
| Immediate Supervisor: | | Phone #: | | |
| Reason for leaving: | | | | |
| May we contact this employer? | Yes No | | | |

| Employer: | Location: | | | |
|--|-----------------|----------|-----|--|
| Job Title: | Dates Employed: | From: | То: | |
| Specific Duties: | | | | |
| Immediate Supervisor: Reason for leaving: | | Phone #: | | |
| May we contact this employer? | Yes No | | | |

| Employer: | Loca | | ······································ | |
|-------------------------------|-----------------|----------|--|---------------------------------------|
| Job Title: | Dates Employed: | From: | То: | |
| Specific Duties: | | | | · · · · · · · · · · · · · · · · · · · |
| Immediate Supervisor: | | Phone #: | | |
| Reason for leaving: | | | | |
| M | | | | |
| May we contact this employer? | Yes No | | | |

<u>References-</u> Give the name, address and telephone number of three people not related to you.

| 1. | |
|----|--|
| 2. | |
| 3. | |

Lincoln County is an Equal Opportunity Employer and encourages applications from all persons regardless of race, color, religion, sex, national origin, age, disability, veteran status or status in any other group protected by federal, state, or local law. (State Law: Chapter 49.60 RCW and WAC 162)

All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed. I authorize the release of information pertaining to previous employment, education, military service, or any other statements in this application.

Signed_____

Submit Application and Resume by March 18th, 2024.