### COLUMBIA CITY POSITION DESCRIPTION

An Equal Opportunity Employer

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POSITION TITLE: Concession Stand Operator

CLASS TITLE:

**DEPARTMENT:** Park Department

REPORTS TO: Park Director

EMPLOYMENT STATUS: Seasonal

F.L.S.A.:

# JOB RESPONSIBILITIES:

Operates concession stand; takes orders from customers; and balances cash register

### **ESSENTIAL FUNCTIONS:**

Stocks supplies for concession stand; runs cash register and food and drink equipment; and prepares food.

Takes orders from customers; serves customers; totals purchases; and receives money for goods sold.

Cleans concession stand and restrooms; mops; sweeps; washes dishes and equipment, etc.

Fills out receipt forms.

Answers telephone.

Demonstrates regular and predictable attendance.

# OTHER DUTIES AND RESPONSIBILITIES:

Performs other related duties as assigned.

### **POSITIONS SUPERVISED:**

None.

Date Adopted: 10/10/95 Date Revised: 5/17/02

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POSITION TITLE: Concession Stand Operator

#### KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: Board of Health rules and regulations\*; department policies and procedures\*; custodial methods; math; safety policies and procedures\*; and food equipment

Skill in: communication.

Ability to: carry out simple instructions; prepare food; operate equipment; perform basic addition and subtraction; copy and record figures accurately; answer routine telephone inquiries; and demonstrate physical endurance.

#### **EQUIPMENT OPERATED:**

Popcorn popper, hot dog machine, nacho machine, slush puppy machine and grease fryer.

#### **WORKING CONDITIONS:**

Works inside concession stand; stands for long periods of time; and stoops and bends frequently.

#### **QUALIFICATIONS:**

Any combination of education, training, and experience which provides the necessary knowledge, skills, and abilities to perform the work of this position.

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LICENSURE OR CERTIFICATION REQUIREMENTS	
responsibilities to be performed by the posi-	tes or implies that these are the only duties and tion incumbent. The incumbent will be required duties required by the incumbent's supervisor,
My signature below signifies that I have revidescription. I am aware of the requirements my ability, the job requirements specified in the	ewed and understand the contents of my position s of my position, and will perform to the best of his position description.
Approval of Department Head	Date /
Employee's Signature	/

Date

Date Adopted: 10/10/95 Date Revised: 5/17/02