JOB ANALYSIS QUESTIONNAIRE

<u>Employee</u>: Please review the questionnaire carefully before you begin. Answer each question as accurately and completely as possible. If a question does not apply to your position, write "does not apply." You may attach additional sheets if you need more room on any question. When you are finished, please submit your completed form to your supervisor for review and comments.

<u>Supervisor</u>: Please review the completed questionnaire. Do not change any of the information. Complete the last page and submit the entire questionnaire to the Human Resources Officer.

Name:	Position Title:				
Department:	Division:				
Supervisor:	Supervisor's Title:				
Current Work Schedule:					
GENERAL PURPOSE. Briefly describe the job's primary purpose or contrib	oution to the department or organization.				
ESSENTIAL DUTIES AND RESPONSIBILITIES: Please describe in detail exactly what you do. List the job's essential or most important functions and responsibilities. The task, which you consider most important, should be given first, followed by the next most important task, and ending with the minor tasks. Try to list at least five to ten critical duties/responsibilities. Make your description so clear that anyone who reads it, even if he knows nothing about your specific job, will understand what you do. Be specific; do not use general phrases. Then after describing each duty, indicate how often the task is performed (i.e., daily, weekly, monthly) and the percentage of time spent on each task. The total must equal 100%. Performance indicators are those indicators that are used to measure your performance. Examples include: observations by your supervisor; review or audit of your work product; feedback from customers. Also indicate what type of errors are possible in the performance of that duty and what consequences would result from such an error. You may attach additional pages if you need more room.					
EXAMPLE - Duty performed: Transcribes and types minutes of meetings.					
How often? Twice per month.	Percent of time spent performing task: 5%				
How the task is done: Record meeting on tape recorder and takes notes in shorthand. Using a personal computer, I organize the appropriate information into "minutes" format and submit to supervisor for review.					
Performance Indicator: Employee will be evaluated as to the accuracy and completeness of transcription and typing.					
Consequence of error: Minutes will not accurately reflect what happened at meeting.					
1. Most important duty performed:					
How often? Percent of time spent performing task:					
How the task is done:					
Performance Indicators:					
Consequence of error:					

ESSENTIAL DUTIES AND RESPONSIBILITIES (Continued)				
2. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
3. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
4. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
5. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
6. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				

ESSENTIAL DUTIES AND RESPONSIBILITIES (Continued)				
7. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
8. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
9. Duty performed:				
How often?	Percent of time spent performing task:			
How the task is done:				
Performance Indicators:				
Consequence of error:				
10. Duty performed:				
How often?	Percent of time spent performing task:			
How the task was done:				
Performance Indicators:				
Consequence of error:				

ESSENTIAL DUTIES AND RESPONSIBILITIES (Continued)				
Describe the MOST DIFFICULT (not necessarily the most important) duty you perform:				
Minutes and facilities in a construction of the first of the facilities and				
Why do you feel this is your most difficult duty?				
What (if any) laws, rules, regulations, or established procedures affect how you perform your duties?				
PERIPHERAL DUTIES AND RESPONSIBILITIES. List the job's duties, which are not essential functions, but are "peripheral" or "secondary" to the				
job. These are generally duties that are also performed by people in other positions and thus may not be an essential duty of this position. Examples may				
include serving on an employee committee, backing-up or filling-in for other positions.				
1.				
2.				
3.				
4.				
5.				
INDEPENDENCE OF ACTION				
Who generally assigns your work?				
In your work assignments, are you usually given:				
[] Detailed Instructions				
[] General Instructions				
[] No Direction, as work follows standard departmental procedures				
[] No Direction, as work involves creative or innovative techniques				
[] Other (Please describe):				
Who establishes your priorities and deadlines?				
What type of deadlines are you required to meet?				
Trinke type of dedunited are you required to meet:				
Please describe any original or creative thinking required to perform your job duties:				

INDEPENDENCE OF ACTION (Continued)				
What decisions do you make in your job and how often?				
Decisio	on:	How Often?		
What p	roblems do you solve in your job and how often?			
Proble	m:	How often?		
From w	vhom or what purpose do you obtain authoritative advice or di	rection when handling a special problem or unusual situation?		
What s	ensitive information are you required to work with?			
Please	describe your responsibility for controlling expenditures (Che	ck one):		
[]	My work involves no responsibility for expenditures.	·		
[]	I make recommendations to my supervisor(s) regarding expenditures for:			
[]				
[]	I am responsible for maintaining expenses within the amounts budgeted for certain line items including:			
[]	I am responsible for maintaining all expenses within the amounts budgeted within the following accounts:			
[]	Other (Please describe):			
Please	describe your budgeting responsibilities Check one):			
[]] My work involves no responsibility for budgeting			
[]				
[]	I am responsible for recommending the amounts budgeted for certain line items including:			
[]	I am responsible for proposing all expenses within the following accounts:			
Other (Please describe):				
How often is your work checked/reviewed? (Check one):				
[] Daily [] Weekly [] Monthly				
[] Other (Please describe):				
How does your supervisor review your work?				

SUPERVISORY DUTIES AND RESPONSIBILITIES. If this job supervises others, give the names of divisions or departments supervised and the number of employees supervised. If there are subordinate supervisors, list them by title also.							
Please d	escribe your supervisory responsibilities. (Chec	ck all that apply.)					
[] [] [] [] []	My work involves no supervision. I assign work to other employees. I instruct/train other employees. I do written evaluations of other employees. I make recommendations concerning the sala Other (Please describe):	I check/review the work of other employees. I participate in the hiring process of other employees. I make recommendations for disciplinary actions of other employees.					
below.	AL DEMANDS. How much on-the-job time is s	pent in the following act	ivities? Snow the amount of	or time by checking the ap	propriate boxes		
	Physical Activity		Amount	of Time			
		None	Frequently	Some of the Time	Occasionally		
	Stand						
	Walk						
	Sit						
	Talk or hear						
	Use hands to finger, handle, or feel						
	Climb or balance						
	Stoop, kneel, crouch, or crawl						
	Reach with hands and arms						
	Taste or smell						
Does this job require that weight is lifted or force is exerted? If so, how much and how often? check the appropriate boxes below.							
	Amount of Weight Lifted		Amount	of Time			
		None	Frequently	Some of the Time	Occasionally		
	Up to 10 pounds						
	11 to 25 pounds						
	26 to 50 pounds						
	51 to 100 pounds						
	More than 100 pounds						

PHYSICAL DEMANDS (Continued)						
TOOLS AND EQUIPMENT. Please list the tools and equipment you commonly use to perform the essential duties of your job (e.g. dump truck, phone,						
personal computer, copier, hand tools, etc.):						
OPERATION OF A MOTOR VEHICLE. If you drive a motor vehicle	e during the course of	your duties, please	describe what you drive	e and where you drive		
t:						
Type of license required:						
Does this job have any special vision requirements? Check all that a	apply:					
No special vision requirements		•	at 20 inches or less)			
Distance vision (clear vision at 20 feet or more)	•	•	an area that can be se es are fixed on a given	·		
Depth perception (3-dimensional vision, ability to judge of		-	es are fixed off a giver	point		
Ability to Adjust Focus (ability to adjust the eye to bring a	•					
List any other physical demands not listed above that your job requi	res.					
List any comments you would like to make on the essential job dutie	es that require the phy	sical demands sele	cted above.			
WORK ENVIRONMENT. How much exposure to the following envi	ironmental conditions	does this iob require	e? Show the amount of	time by checking the		
appropriate boxes below:		, ,		, ,		
Environmental Conditions Amount of Time						
	None	Frequently	Some of the Time	Occasionally		
Wet, humid conditions (non-weather)						
Work near moving mechanical parts						
Work in high, precarious places						
Fumes or airborne particles						
Toxic or caustic chemicals						
Outdoor weather conditions						
Extreme cold (non-weather)						
Extreme heat (non-weather)	Extreme heat (non-weather)					
Risk of electrical shock						
Work with explosives						
Risk of radiation						
Vibration						

WORK ENVIRONMENT (Continued)					
How much noise is typical for the work environment of this job? Check the appropriate level below.					
[] Very Quiet (e.g. forest trail, isolation booth) [] Quiet (e.g. library, private office) [] Moderate noise (e.g. standard business office) [] Loud noise (e.g. heavy traffic, contractor's equipment) [] Very loud noise (e.g. jack hammer, rock concert)					
List any other environmental conditions not listed above that you are exposed to while performing required job duties.					
List any comments you have on specific job duties that are affected by the environmental conditions selected above.					
Please describe any requirements to work outside of regularly scheduled days and times (such as night meetings, weekend call-backs):					
WORKING RELATIONSHIPS. Describe the job-related contacts you have both within and outside your department include the reason for the contact, the frequency, and whether the contact is in person, by telephone, or by mail.					
Contacts within your department:					
Contacts with other City and County departments:					
Contacts with other public jurisdictions or agencies:					
Contacts with private industry (such as contractors or vendors):					
Contacts with the public:					

QUALIFICATIONS. Describe the minimum level of education, experience, knowledge, skills and abilities required for your position.						
Educational Requi	rements (Select appropriate leve	el):				
[]	None	[]	High Sch	nool Graduate or GED []	2 years of	college
[]	Baccalaureate Degree	[]	Masters	Degree	[]	Other (Describe)
Indicate if course v	ork should be in a particular fiel	ld (e.g. enç	gineering, p	public policy, computer science):	
Indicate minimum	GPA:					
Experience Requir	ements (Select appropriate leve	el):				
[]	None		[]	months of specialized ex	perience	
[]	years of specialized expe	rience	[]	Other (Describe)		
What basic knowle	dge would a person need to kno	ow to perfo	orm your jol	o?		
What basic skills (capability to perform a physical task with ease and precision) would a person need to have to perform your job?						
What basic abilities	s would a person need to have t	o perform	your job?			
What certification, registration, or license is required to perform your job?						
What desirable qua	alifications would you recommer	nd for this j	ob?			
What is your educa	ational and experience backgrou	und as it ap	oplies to thi	is position?		
Additional comments you would like to make about your position.						
Employee Signatu	re:				Date:	

PLEASE GIVE THIS COMPLETED FORM TO YOUR SUPERVISOR

SUPERVISOR'S COMMENT SECTION

It is important that you, the supervisor, review this questionnaire, since you may have a different perspective of the position described. DO NOT CHANGE THE INCUMBENT'S DESCRIPTION OF THE POSITION, but list your comments below.						
Employe	ee's Name:			Position Title:		
Essentia	al Duties and Responsibilities: nt:	[]	No comment			
Peripher Comme	ral Duties and Responsibilities: nt:	[]	No comment			
Indepen	dence of Action: nt:	[]	No comment			
Supervis Comme	sory Duties and Responsibilities: nt:	[]	No comment			
Physica Comme	l Demands: nt:	[]	No Commen	t		
Work Er	vironment: nt:	[]	No comment			
Working Comme	Relationships: nt:	[]	No comment			
Qualifica Comme		[]	No comment			
Which of the following statements most clearly describes the nature and extent of supervision received by this incumbent?						
[] The supervisor usually outlines steps involved in completing assignments OR standard procedures are available to enable the employee to work in a routine fashion. Work is routinely, but not always, checked or monitored.						
[] Supervision received depends upon the assignment. In some cases, the supervisor outlines steps involved in completing assignments OR standard procedures are available to enable the employee to work in a routine fashion. This work is routinely monitored. In other cases, the supervisor provided only general direction; procedures used to accomplish assignments are left up to the employee. The end results of this work are checked.						
[] General policy guidelines and direction are provided; procedures used to accomplish assignments are usually left up to the employee. Work is periodically, but not routinely monitored; end results are checked.						
[] Limited supervision is received. The employee works from departmental goals and objectives.						
Check or	ne of the following:					
[]	I agree with the incumbent's description of the position as written.					
[]	[] I have discussed the above modifications with the incumbent and the incumbent agrees with the modifications.					
[]	[] I have discussed the above modifications with the incumbent and the incumbent disagrees with the modifications.					
Supervi	sor's Signature:			Date:		

PLEASE SUBMIT THIS COMPLETED FORM TO THE HUMAN RESOURCES DIVISION