

JOB ANALYSIS QUESTIONNAIRE

To the employee,

Please complete this form by answering each question. If you do not have enough space to complete one of the questions, use the back of the page. The information you provide will NOT be used to evaluate your performance or your qualifications for the position you now fill. Instead, it will be used to write a job description for your position.

If for any reason you are unable to complete the *Questionnaire*, please inform either your supervisor. Arrangements will be made to assist you. Also, feel free to contact your supervisor if you have questions regarding the *Questionnaire*.

QUESTIONS ABOUT YOU AND THE DEFINITION OF YOUR JOB

- 1. Your name**
- 2. Title of your position**
- 3. How long have you worked in this position?**
- 4. Name and title of your immediate supervisor**
- 5. What kind of continuous instructions have you been given regarding your work? Or, what kind of instructions does your supervisor give you when assigning new or one-time activities? (check one)**
 - Instructions are detailed and specific, covering all aspects of my work.**
 - Instructions are somewhat general; many aspects of the work are covered specifically, but I also must use some of my own judgement.**
 - Instructions are very general. I must use my own judgement most of the time.**

6. Check one of the following:

My work varies slightly and seldom an I required to take different, new, or unusual approaches in completing my work.

I am required to occasionally consider different courses of action, or deviate from standard operating procedures, to get the job done.

My job frequently requires me to refine existing work methods and develop new techniques, concepts, or programs within established limits or policies.

7. How does your supervisor (or another employee) review your work? (Check all that apply).

Spot checks what I am doing as I do it.

Spot checks my completed work.

Reviews most or all of my work while I am doing it.

Reviews most or all of my completed work.

Does not review my work.

Other. (Describe fully).

QUESTIONS ABOUT THE EQUIPMENT YOU USE AND THE LOCATION OF YOUR JOB

8. List any tools, equipment, vehicles and machines you use while performing your job.

9. Describe the physical demands of your job by checking all that apply:

Typically sitting at a desk or table.

Intermittently sitting, standing, or stooping.

Typically standing or walking.

Lifting light objects (less than 25 pounds).

Lifting heavy objects (more than 25 pounds).

Work is typically performed in an office.

Work is typically performed outdoors.

Work is performed in a noisy place.

Work exposes me to machinery and its moving parts.

Work exposes me to fumes, chemicals, or toxic substances.

Work is performed outdoors regardless of the weather.

Work requires being in high places or working with dangerous machinery and sharp tools.

**QUESTIONS ABOUT THE ESSENTIAL FUNCTIONS OF YOUR JOB
AND ADDITIONAL WORK YOU MAY PERFORM**

10. For which of the following are you responsible?

I make departmental policy decisions. OR, my recommendations greatly influence departmental policy decisions.

Supervising expenditures.

Submitting budget recommendations.

11. List the various activities that you do on your job. Describe these activities so specifically that they will be clear, even to someone who is not familiar with your work. Give examples where appropriate. Please list each activity in order of importance, from most important to least important. **ESTIMATE THE AMOUNT OF TIME THAT YOU SPEND ON EACH ACTIVITY.** Although this may be difficult, you are better able to do this than anyone else. State the number of hours each day you spend on an activity. If you perform any of these activities on an irregular basis (weekly, monthly, quarterly, etc.), please note this and explain. If you perform duties of a supervisory nature, describe those duties specifically and in detail. If you need more space, use the back of the page or additional sheets.

Hours Per Day

List activities in order of importance

_____	1.	_____
_____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____
_____	9.	_____
_____	10.	_____
_____	11.	_____
_____	12.	_____
_____	13.	_____

14.

15.

12. Of the activities listed on the previous page, which would you consider to be **ESSENTIAL FUNCTIONS** of your job? **ESSENTIAL JOB FUNCTIONS** are those basic duties for which your job was created which can't normally be transferred to another position without disruption in the flow or process of work (list the numbers only).

13. *Answer this question only if you supervise or are responsible for the work of others.* Regarding your role as a supervisor, check all that apply:

Responsible for guiding and training others.

Responsible for assigning routine work to others.

I am responsible for others who work in several diverse activities.

Responsible for directing work through other supervisors.

I make promotional decisions. OR, my recommendations greatly influence promotional decisions.

I initiate disciplinary action.

I make hiring decisions. OR, my recommendations greatly influence hiring decisions.

14. List the names and titles of all employees who work under your supervision.

**QUESTIONS ABOUT THE KNOWLEDGE AND ABILITIES
REQUIRED TO PERFORM YOUR JOB**

- 15. List the basic knowledge, skills, and abilities required to perform your job. (For example: knowledge of laws and ordinances; skill in operating a typewriter; skill in the operation of power equipment; ability to direct the work of others, etc.).**

- 16. What specific laws, ordinances, or administrative guidelines do you use or follow in your work? (Laws, ordinances, or policy and procedure manuals that you must know and use as a reference to perform your job).**

- 17. Describe the kind of people you routinely deal with in carrying out your work? (for example, co-workers, employees outside your department, members of other organizations, the media, general public, etc.).**

**QUESTIONS ABOUT THE QUALIFICATIONS
REQUIRED TO PERFORM YOUR JOB**

- 18. List the qualification requirements you believe a new employee should have in order to adequately perform your job (For example: level of education, number of years experience, etc.).**

19. How long does it take to learn your job for someone with no previous experience or specialized training?

_____ Less than 3 months.

_____ 3 to 6 months

_____ 6 months to 1 year.

_____ 1 to 1/2 years.

_____ 1/2 to 2 years.

_____ More than 2 years.

20. What licenses or certificates are required to perform your work?

21. Provide any additional information about your duties, responsibilities or qualification requirements you consider to be important, but which have not been previously mentioned:

I certify that the above information is accurate and complete.

Signature of Employee _____ Date _____

Thank you for taking the time to complete this form. After your job description has been written, you'll receive a copy. For now, please give this completed form to your supervisor. He or she will complete the remainder.

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THIS SECTION TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR

To the Supervisor:

Review this employee's *Questionnaire* carefully to see that it is accurate and complete, and then fill out the section below. **DO NOT FILL IN THIS SECTION UNLESS YOU SUPERVISE THE EMPLOYEE DIRECTLY.**

Your signature below certifies that you accept responsibility for the accuracy and completeness with which the entire *Questionnaire* describes the duties and responsibilities of the employee's job. If the *Questionnaire* does not express your idea of the duties and responsibilities that you have assigned to the employee, it will be necessary for you to qualify or elaborate on the *Questionnaire* in the space provided below.

Two things are very important: **UNDER NO CIRCUMSTANCES SHOULD YOU CHANGE OR ALTER THE EMPLOYEE'S ENTRIES ON THE QUESTIONNAIRE ITSELF. ALSO, DO NOT MAKE ANY STATEMENT OR COMMENTS ABOUT THE INDIVIDUAL EMPLOYEE'S WORK PERFORMANCE, COMPETENCE, OR QUALIFICATIONS.** This *Questionnaire* will be used to evaluate the duties that constitute the position, not the performance or qualifications of the employee.

Sign and date the certificate showing that you consider the entire *Questionnaire* to be accurate and complete, given the exceptions you've noted in the space below.

In this space, state any additions or exceptions to statements or indications made by the employee in the *Questionnaire*:

I certify that the above information is accurate and complete.

Signature of Supervisor _____ Date _____