

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☒ Yes ☐ No If yes, please list all employee names.

Kim Emerson, Randy Langstraat

Andrew Rothwell, Otis Spurgin

Division: Information Systems

Department: Information Systems

For Individual Questionnaires Only:

Employee Name: Emerson Kim D
(Last) (First) (Middle Initial)

Current Classification Title: Information Systems Support Specialist

Division Information Systems **Department** Information Systems

Total Length of Time with organization 1 Years 8 months

Total Length of Time in Current Position 1 Years 8 months

Assigned Hours/Week:: from 8:00 t o 5:00 **Assigned Days/Week** 5

Email: kime@gjcity.org **Work Phone:** 970-256-4074

Immediate Supervisor:

Immediate supervisor reports to:

Name: Richard White

Name: Jim Finlayson

Title: Systems Support Supervisor

Title: Information Services Manager

Work Phone 970-244-1526

Work Phone: 970-244-1525

E-mail: richardw@gjcity.org

E-mail: jimf@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To perform technical tasks including analyzing, moving, installing, upgrading, testing, repairing, servicing and customizing personal computer hardware, peripherals, and software to meet the needs and requirements of all City users. To also provide technical assistance and training to computer system users within various departments of the City; respond to user inquiries in a courteous manner; provide information within the area of assignment; and to resolve complaints in an efficient and timely manner.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

Systems/Network Analysts 2
Telecommunications Analyst 1

YOUR DIRECT REPORTS' JOB TITLES

Please indicate the nature of the group supervised and the number supervised

☐ Full Time ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
City Council	As often as the need requires.	Troubleshoot and diagnose basic/complex user problems with computer hardware or software. Provide training and assist users in the correct use of the City's standard and non-standard software and hardware systems.
All City Hall Staff	"	"
Communications Center	"	"
All Fire Staff	"	"
All Parks Staff	"	"
All Persigo Staff	"	"
All Police Staff	"	"
All Shops Staff	"	"
Two-Rivers Staff	"	"
All VCB Staff	"	"
All Water Staff	"	"

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Dell	As the need requires.	Warrantee support.
MPC	"	Warrantee support.
Downtown Development Authority	"	Troubleshoot and diagnose basic/complex user problems with computer hardware or software. Provide training and assist users in the correct use of the City's standard and non-standard software and hardware systems.
Special Investigations Unit	"	"

3. ESSENTIAL DUTIES.

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

Essential Duties: Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

Decisions Required: List the decisions you make to carry out the essential duties.

Frequency: Indicate how often you perform each duty - D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Provide technical assistance to all computer system users including City Council, management, and staff by providing recommendations or solutions to all inquiries and/or problems in a courteous, efficient, and timely manner.	Analyze and diagnose users problems then determine whether a solution can be provided either over the phone, by traveling to their site, or escalating it to the next level of support.	Daily	25%
2	Perform procedures to properly diagnose equipment and software problems including analyzing, moving, installing, upgrading, testing, repairing, servicing and customizing. Determine cause and replace failed components as needed. Communicate with service vendors as to the nature of specific problems and diagnostic results. Perform network backup procedures as assigned.	Work with users to determine hardware & software requirements, determine hardware location, set up time for installation, and network connectivity. Analyze and diagnose faulty hardware components or software issues, determine best procedure to follow which will produce a fully functional computer system.	Daily	35%
3	Design, develop, and provide training including documentation, outlines and related materials for use in training all City users in the use of all standard and non-standard software and hardware either over the phone, individually or in a classroom setting.	Must decide which teaching strategy or methodology to use which will result in learning that will positively impact the computer users within the organization.	Daily	10%

4	Offer technical assistance to include GroupWise connectivity or troubleshooting for electronic devices used for mobile voice or data communication over a network of specialized base stations including mobile devices, cell phones, or personal digital assistants (PDA's).	Choose appropriate software to be installed on either the computer and/or mobile device for connectivity purposes. Decide which method to use for troubleshooting connectivity issues.	Occasionally	5%
5	Provide troubleshooting for network connectivity problems.	Analyze and diagnose each component, including TCP/IP address, for a solution.	Monthly	5%
7	Work with managers, supervisors or users to create, modify, or delete user configurations for accessing the network and/or e-Mail system.	Decide appropriate action to take for setting up, modifying, or deleting user profile.	Occasionally	5%
6	Use imaging software to create, modify, or re-image computer systems.	Determine drivers and basic software required for image creation or modification on new machines; age of machine for re-imaging.	Occasionally	5%
7	Participate in professional development activities; read manuals, periodicals, and technical reports to stay current on recent developments.	Select qualified professional classes, online publications, or technical magazines.	Monthly	5%

4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

Knowledge: refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

Skills: refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge – Skills
1, 2, 3, 4, 5, 6, 7	Requires a comprehensive working knowledge of personal computer systems; basic PC based office automation software tools; familiarity with the fundamentals of networking and client/server environments; and basic telephone equipment systems.
1, 2, 3, 4, 5, 6, 7	Must have troubleshooting skills, and the ability to analyze data and develop logical solutions to problems with personal computer hardware and software related issues.
1, 2, 3, 4, 5, 6, 7	Ability to communicate effectively, both verbally and written.
1, 3	A general knowledge of teaching strategies or methodologies to be most effective in a training environment.
1, 2, 5	Have the ability to identify and repair connectivity issues, knowledge of basic TCP/IP, understanding of patch panels, switches and hubs.
1, 2, 3, 4	Knowledge of GroupWise e-Mail system and Console One.
4	Must have a clear understanding of all types of mobile devices including the different Operating Systems and connectivity conduits.
6	Knowledge of Windows Deployment Software and ZENworks environment.
7	Knowledge of Internet search engines for research.

All	Must have strong organizational skills and an ability to work on a variety of simultaneous projects with frequent interruptions.
All	Requires the ability to work cooperatively with others or independently with little supervision.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

Kim Emerson

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Software Helpdesk	2 years	Experience in both software	2 years
Experience with many types of hardware and software.	20+ years	and hardware.	years
Teaching software to varying levels of users.	20+ years		years
Microsoft Office Specialist	8 years		

a. What field (s) should training or degree be in?

Should have at least a CompTIA A+ certification. Degree should be in either Computer Information Systems or Management of Information Systems.

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

A valid Drivers' License

Must be able to pass a thorough background investigation.

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
All	All computer components, networks, servers, phones, A/V equipment, hand tools, tape safes and tape drives, printers, fax machines, copiers, label makers, engravers, and hand-trucks.	Daily
4	Mobile phones or PDA's.	Occasionally
5	Fluke network testers, network toner, cable crimper, punch down tool.	Occasionally
1, 2, 3, 4, 5, 7	Operate and use automobiles.	Daily

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 1. Customer Service: In order to provide the best possible customer service, we must be able to analyze and diagnose user problems quickly and efficiently. We must then determine whether the problem is an emergency or not, and if we can resolve the issue either over the phone, by traveling to the site, whether we need to contact an outside vendor, or whether it needs to be escalated to the next level of support. Non-emergencies will be resolved as soon as possible.
 2. Training: Every time we answer the phone or come in contact with someone who has a question, we must determine whether the issue is software or hardware related, then recommend an appropriate solution for their situation. Whenever there is a new piece of software being installed or an update to a product for an individual, a department, or Citywide; we need to decide if a class will be required or just documentation. Classes require designing, developing and providing content and documentation with easy-to-follow instructions for users at all levels of abilities.
 3. Procedures: All hardware issues require step-by-step procedures to follow when analyzing or diagnosing their malfunctions. We must determine which procedure to follow or create new documentation for procedures not currently in place.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

0 – Never

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	2--Very Important	1,2,3,7
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	0
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1,2,3,5,6,7
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,3,5,6,7
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2,3,7
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	1,2,3,7
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2,3,5,6,7
Standing: Particularly for sustained periods of time.	3--Monthly	2--Very Important	4
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,2,3,5,6,7
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	2--Very Important	2,3

Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	2,3
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	All
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	2--Very Important	1,2,3,5,6,7
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	2,3
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	1, 2, 4, 5
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	All
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the	5--Daily	3--Extremely Important	All

worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	All
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	0
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	0

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: Jim Emerson

Date: 12/15/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

☒ I agree with the incumbents' position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature:

Otis L. Spurgeon

Date:

1-13-09

Supervisor
Signature:

[Signature]

Date:

1/13/09

Department Head
Signature:

[Signature]

Date:

1/13/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

Kim Emerson, Randy Langstraat

Andrew Rothwell, Otis Spurgin

Division: Information Systems

Department: Information Systems

For Individual Questionnaires Only:

Employee Name: LANGSTRAAT RANDY
(Last) (First) (Middle Initial)

Current Classification Title: Information Systems Support Specialist

Division Information Systems

Department Information Systems

Total Length of Time with organization 0 Years 9 months

Total Length of Time in Current Position 0 Years 9 months

Assigned Hours/Week: 8:30 to 5:30 **Assigned Days/Week** 5

Email: RANDY@GJCITY.ORG **Work Phone:** (970) 244-1528

Immediate Supervisor:

Immediate supervisor reports to:

Name: Richard White

Name: Jim Finlayson

Title: Systems Support Supervisor

Title: Information Services Manager

Work Phone 970-244-1526

Work Phone: 970-244-1525

E-mail: richardw@gjcity.org

E-mail: jimf@gjcity.org

All	Must have strong organizational skills and an ability to work on a variety of simultaneous projects with frequent interruptions.
All	Requires the ability to work cooperatively with others or independently with little supervision.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

Randy Langstraat

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Hardware Troubleshooting/Repair	9 years		2 years
Software/OS Troubleshooting	9 years		2 years
Network Environment	9 years		1 years

a. What field (s) should training or degree be in?
Information Technology/ Information Systems

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

CompTIA A+ Certification

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____

Date: _____

12/15/08

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☒ Yes ☐ No If yes, please list all employee names.

Andrew Rothwell, Kim Emerson, Otis Spurgin, Randy Langstraat

Division: Finance Department: Information Services

For Individual Questionnaires Only:

Employee Name: Spurgin Otis L.
(Last) (First) (Middle Initial)

Current Classification Title: IS Support Specialist

Division Finance Department Information Services

Total Length of Time with organization Years 31 months

Total Length of Time in Current Position Years 8 months

Assigned Hours/Week; from 7 to 16:00 Assigned Days/Week 5

Email: otiss@ci.grandjet.co.us Work Phone: 244-1523

Immediate Supervisor: Immediate supervisor reports to:

Name: Richard White Name: Jim Finlayson

Title: Systems Support Supervisor Title: Information Services Manager

Work Phone: 244-1526 Work Phone: 244-1525

E-mail: richardw@ci.grandjet.co.us E-mail: jimf@ci.grandjet.co.us

All	Must have strong organizational skills and an ability to work on a variety of simultaneous projects with frequent interruptions.
All	Requires the ability to work cooperatively with others or independently with little supervision.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

Otis Spurgin

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

**You
Have** **You
Need**

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain): |

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
PC Hardware	10 years		2 years
PC Software	8 years		2 years
Networking	10 years		2 years

a. What field (s) should training or degree be in?

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: Chris L. Spurgin Date: 12-11-08

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Kim Emerson, Randy Langstraat

Andrew Rothwell, Otis Spurgin

Division: Information Systems

Department: Information Systems

For Individual Questionnaires Only:

Employee Name:	Rothwell	Andrew	D
	(Last)	(First)	(Middle Initial)

Current Classification Title: Information Systems Support Specialist

Division	Information Systems	Department	Information Systems
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Total Length of Time with organization 4 Years 6 months

Total Length of Time in Current Position 4 Years 6 months

Assigned Hours/Week;: from t o 8am – 5pm **Assigned Days/Week** 5

Email: andrewr@gjcity.org

Work Phone: 970-244-1530

Immediate Supervisor:

Immediate supervisor reports to:

Name: Richard White

Name: Jim Finlayson

Title: Systems Support Supervisor

Title: Information Services Manager

Work Phone 970-244-1526

Work Phone: 970-244-1525

E-mail: richardw@gjcity.org

E-mail: jimf@gjcity.org

All	Must have strong organizational skills and an ability to work on a variety of simultaneous projects with frequent interruptions.
All	Requires the ability to work cooperatively with others or independently with little supervision.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

Andrew Rothwell

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Wee experienced in the inner workings of a PC case, the ability to strip and rebuild hardware comfortably.

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Technical Support	14 years		2 years
Systems Administration	6 years		years
Teaching IT Based Classes	14 years		years

a. What field (s) should training or degree be in?

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ Does Not Apply

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Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____

Date: _____

12/19/2008

