

# 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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Carol Collins, Scott List, Steve Johnson

Aaron Mathis, Brian Chadez, Jeremy Duncan

**Division:** IS

**Department:** Admin

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Chadez	Brian	V
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Systems/Network Analyst

<b>Division</b>	IS	<b>Department</b>	Administration
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**Total Length of Time with organization**                      **Years** 10 **months**

**Total Length of Time in Current Position**                      **Years** 10 **months**

**Assigned Hours/Week::; from** 40 **t o** OPEN                      **Assigned Days/Week** 5

**Email:** briancha@gjcity.org

**Work Phone:** 970-256-4071

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Jeff Rome

**Name:** Jim Finlayson

**Title:** Systems Analyst Supervisor

**Title:** IS Manager

**Work Phone** 244-1588

**Work Phone:** 244-1525

**E-mail:** jeffr@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.

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of integrated technology systems, databases, and networks. Provide project management, technical expertise, specification designs, and recommendations in assessing new IT software/system projects and prototypes based on implementation feasibility and cost, as well as initiatives to support and enhance our existing system requirements. Develop plans and programs to convert existing data from legacy systems to newly implemented systems, as well as resolving any conversion and/or production issues. Install and maintain servers; analyze, test, modify and debug organizational systems and programs as necessary; design, program, integrate reporting tools, system and office automation software; install and maintain network communication equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures including user training material.

## 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).	
<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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	city wide
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	city wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	city wide

- 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

Web Coordinator
Systems/Network Analysts

### 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 wide	daily	for technology needs; see summary and tasks

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	daily	for technology needs; see summary and tasks
Other municipalities	daily	for technology needs; see summary and tasks
Mesa County	daily	for technology needs; see summary and tasks

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b>  (Not to exceed 100%)
1	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Design, code, test and deploy new customized in-house applications	Create a solution to fit the organizational need	Monthly	5%
3	Maintain city-wide, mission-critical and other systems/applications by performing periodic maintenance, patch installation and release upgrades. Develop methods to integrate various systems and share common data	Scheduling issues, user impact, communication, problem resolution	Daily	10%
4	Provide operational support of systems/applications by analyzing and correcting logic, performance or other execution problems	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	10%
6	Develop technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%
7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware issues	Appropriate means of communication, establishment of expectations	Daily	10%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	10%
9	Act as escalation point for technical issues as necessary in order to provide high level technical support to end-users and Support Specialists.	Prioritization, level of urgency, system-wide impact	Daily	10%

10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, and maintenance.
1, 2, 3, 4, 8, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.

1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, Web development, and user support.
2, 3, 5, 10	Background in database design and data querying in SQL Server, Oracle, and other dbms environments, as well as software development and programming utilizing Microsoft.NET, Visual C#, HTML, XML, and other programming tools.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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:

<b>You Have</b>	<b>You Need</b>	
<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 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 checked="" 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**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
	years	Systems/ Network support	4 years
	years		years

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years

years

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

Information Technology, Computer Science, or related field

**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.

Valid driver's license, Ability to pass a CBI background check





## **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
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> 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	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1 thru 10
<b>Light Work:</b> 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	4--Weekly	2--Very Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 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 checked="" 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: \_\_\_\_\_

**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:

Brian Chachy

Date:

01/14/09

Supervisor  
Signature:

Jeff Romey

Date:

1/14/09

Department Head  
Signature:

[Signature]

Date:

1/14/09

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.
--	---

Carol Collins, Scott List, Steve Johnson

Aaron Mathis, Brian Chadez, Jeremy Duncan

**Division:** IS

**Department:** Admin

### For Individual Questionnaires Only:

<b>Employee Name:</b>	List	David	"Scott"
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Systems/Network Analyst

<b>Division</b>	IS	<b>Department</b>	Admin
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**Total Length of Time with organization** 13 Years 2 months

**Total Length of Time in Current Position** 1 Years 1 months

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

**Email:** scottl@gjcity.org

**Work Phone:** 970-256-4010

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Jeff Rome

**Name:** Jim Finlayson

**Title:** Systems Analyst Supervisor

**Title:** IS Manager

**Work Phone** 244-1588

**Work Phone:** 244-1525

**E-mail:** jeffr@gjcity.org

**E-mail:** jimf@gjcity.org

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Example: Computer Support Technician

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

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of integrated technology systems, databases, and networks. Provide project management, technical expertise, specification designs, and recommendations in assessing new IT software/system projects and prototypes based on implementation feasibility and cost, as well as initiatives to support and enhance our existing system requirements. Develop plans and programs to convert existing data from legacy systems to newly implemented systems, as well as resolving any conversion and/or production issues. Install and maintain servers; analyze, test, modify and debug organizational systems and programs as necessary; design, program, integrate reporting tools, system and office automation software; install and maintain network communication equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures including user training material.

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<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
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<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	city wide
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	city wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	city wide

- 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

Web Coordinator
Systems/Network Analysts

### 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 wide	daily	for technology needs; see summary and tasks

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**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b> (Not to exceed 100%)
1	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Design, code, test and deploy new customized in-house applications	Create a solution to fit the organizational need	Monthly	5%
3	Maintain city-wide, mission-critical and other systems/applications by performing periodic maintenance, patch installation and release upgrades. Develop methods to integrate various systems and share common data	Scheduling issues, user impact, communication, problem resolution	Daily	10%
4	Provide operational support of systems/applications by analyzing and correcting logic, performance or other execution problems	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	10%
6	Develop technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%
7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware issues	Appropriate means of communication, establishment of expectations	Daily	10%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	10%
9	Act as escalation point for technical issues as necessary in order to provide high level technical support to end-users and Support Specialists.	Prioritization, level of urgency, system-wide impact	Daily	10%

10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, and maintenance.
1, 2, 3, 4, 8, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.

1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, Web development, and user support.
2, 3, 5, 10	Background in database design and data querying in SQL Server, Oracle, and other dbms environments, as well as software development and programming utilizing Microsoft.NET, Visual C#, HTML, XML, and other programming tools.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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:

<b>You Have</b>	<b>You Need</b>	
<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 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 checked="" 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**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Geographic Information Systems Analyst	10 years	Systems/ Network support	4 years
	years		years

---

years

years

---

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

Information Technology, Computer Science, or related field

**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.

Valid driver's license, Ability to pass a CBI background check



**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
1 thru 10	Workstations, Laptops, servers, networking, and peripheral devices	daily
1 thru 10	Software - email, project management applications, Microsoft Office Suite, analysis and development tools, database and software management/development tools,	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. Prioritization of projects and tasks
  - 2. Impact of system solutions, modifications, and implementations on users and system-wide processes and procedures
  - 3. Identify opportunities that can improve efficiency of overall system processes

## 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

**How frequently is the activity performed?**

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

#### Importance

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

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> 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	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1 thru 10
<b>Light Work:</b> 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	4--Weekly	2--Very Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 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 checked="" 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: David Scott List Date: 1-14-09

**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: Daniel Scott Rist Date: 1-14-09  
Supervisor Signature: Jeff Kromig JH7 Date: 1/14/09  
Department Head Signature: JH7 Date: 1/14/09

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.
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Carol Collins, Scott List, Steve Johnson

Aaron Mathis, Brian Chadez, Jeremy Duncan

**Division:** IS

**Department:** Admin

## For Individual Questionnaires Only:

<b>Employee Name:</b>	Collins	Carol	L.
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Systems/Network Analyst

<b>Division</b>	IS	<b>Department</b>	Admin
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**Total Length of Time with organization**      1 Years      months

**Total Length of Time in Current Position**      1 Years      months

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

**Email:** carolco@gjcity.org      **Work Phone:** 970-244-1483

### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Jeff Rome	<b>Name:</b>	Jim Finlayson
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<b>Title:</b>	Systems/Network Analyst Supervisor	<b>Title:</b>	IS Manager
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<b>Work Phone</b>	244-1588	<b>Work Phone:</b>	244-1525
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<b>E-mail:</b>	jeffr@gjcity.org	<b>E-mail:</b>	jimf@gjcity.org
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## **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.

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of integrated technology systems, databases, and networks. Provide project management, technical expertise, specification designs, and recommendations in assessing new IT software/system projects and prototypes based on implementation feasibility and cost, as well as initiatives to support and enhance our existing system requirements. Develop plans and programs to convert existing data from legacy systems to newly implemented systems, as well as resolve any conversion and/or production issues. Install and maintain servers; analyze, test, modify and debug organizational systems and programs as necessary; design, program, integrate reporting tools, system and office automation software; install and maintain network communication equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures including user training material.

## 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).	
<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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	city wide
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	city wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	city wide

- 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

Web Coordinator
Systems/Network Analysts

### 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 wide	daily	for technology needs; see summary and tasks

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	daily	for technology needs; see summary and tasks
Other municipalities	daily	for technology needs; see summary and tasks
Mesa County	daily	for technology needs; see summary and tasks

**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
<b>EXAMPLES:</b>			
<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	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Design, code, test and deploy new customized in-house applications	Create a solution to fit the organizational need	Monthly	5%
3	Maintain city-wide, mission-critical and other systems/applications by performing periodic maintenance, patch installation and release upgrades. Develop methods to integrate various systems and share common data	Scheduling issues, user impact, communication, problem resolution	Daily	10%
4	Provide operational support of systems/applications by analyzing and correcting logic, performance or other execution problems	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	10%
6	Develop technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%
7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware issues	Appropriate means of communication, establishment of expectations	Daily	10%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	10%
9	Act as escalation point for technical issues as necessary in order to provide high level technical support to end-users and Support Specialists.	Prioritization, level of urgency, system-wide impact	Daily	10%

10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, and maintenance.
1, 2, 3, 4, 8, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.

1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, Web development, and user support.
2, 3, 5, 10	Background in database design and data querying in SQL Server, Oracle, and other dbms environments, as well as software development and programming utilizing Microsoft.NET, Visual C#, HTML, XML, and other programming tools.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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:

<b>You Have</b>	<b>You Need</b>	
<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 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 checked="" 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**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Systems/ Network support	30 years	Systems/ Network support	4 years

---

years

years

---

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

Information Technology, Computer Science, or related field

**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.

Valid driver's license, Ability to pass a CBI background check



**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.

[illegible]

## 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. Prioritization of projects and tasks
  2. Impact of system solutions, modifications, and implementations on users and system-wide processes and procedures
  3. Identify opportunities that can improve efficiency of overall system processes

## 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

**How frequently is the activity performed?**

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

#### Importance

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

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on-knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> 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	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1 thru 10
<b>Light Work:</b> 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	4--Weekly	2--Very Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 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 checked="" 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: Carol Cellis Date: 12/23/2008

**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:	<u>Carol S. Collins</u>	Date:	<u>01/13/2008</u>
Supervisor Signature:	<u>Jeff Home by JFH</u>	Date:	<u>1/14/08</u>
Department Head Signature:	<u>JFH</u>	Date:	<u>1/14/08</u>

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.

100

100

100

100

100

100



# 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.

Carol Collins, Scott List, Steve Johnson

Aaron Mathis, Brian Chadez, Jeremy Duncan

**Division:** IS

**Department:** Admin

### For Individual Questionnaires Only:

**Employee Name:**

Johnson

Steve

C

(Last)

(First)

(Middle Initial)

**Current Classification Title:**

Systems/Network Analyst

**Division**

IS

**Department**

Admin

**Total Length of Time with organization**

2 Years 1 months

**Total Length of Time in Current Position**

2 Years 1 months

**Assigned Hours/Week; from 8 to 5**

**Assigned Days/Week 5**

**Email:** stevej@gjcity.org

**Work Phone:** (970) 244-1529

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:**

Jeff Rome

**Name:**

Jim Finlayson

**Title:**

Systems Analyst Supervisor

**Title:**

IS Manager

**Work  
Phone**

244-1588

**Work  
Phone:**

244-1525

**E-mail:**

jeffr@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.

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of integrated technology systems, databases, and networks. Provide project management, technical expertise, specification designs, and recommendations in assessing new IT software/system projects and prototypes based on implementation feasibility and cost, as well as initiatives to support and enhance our existing system requirements. Develop plans and programs to convert existing data from legacy systems to newly implemented systems, as well as resolving any conversion and/or production issues. Install and maintain servers; analyze, test, modify and debug organizational systems and programs as necessary; design, program, integrate reporting tools, system and office automation software; install and maintain network communication equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures including user training material.

## 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).	
<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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	city wide
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	city wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	city wide

- 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

Web Coordinator
Systems/Network Analysts

### 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 wide	daily	for technology needs; see summary and tasks

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	daily	for technology needs; see summary and tasks
Other municipalities	daily	for technology needs; see summary and tasks
Mesa County	daily	for technology needs; see summary and tasks

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

	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	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Design, code, test and deploy new customized in-house applications	Create a solution to fit the organizational need	Monthly	5%
3	Maintain city-wide, mission-critical and other systems/applications by performing periodic maintenance, patch installation and release upgrades. Develop methods to integrate various systems and share common data	Scheduling issues, user impact, communication, problem resolution	Daily	10%
4	Provide operational support of systems/applications by analyzing and correcting logic, performance or other execution problems	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	10%
6	Develop technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%
7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware issues	Appropriate means of communication, establishment of expectations	Daily	10%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	10%
9	Act as escalation point for technical issues as necessary in order to provide high level technical support to end-users and Support Specialists.	Prioritization, level of urgency, system-wide impact	Daily	10%

10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, and maintenance.
1, 2, 3, 4, 8, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.

1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, Web development, and user support.
2, 3, 5, 10	Background in database design and data querying in SQL Server, Oracle, and other dbms environments, as well as software development and programming utilizing Microsoft.NET, Visual C#, HTML, XML, and other programming tools.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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 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 checked="" 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>
Systems/Network Support	20 years	Systems/ Network support	4 years
	years		years

\_\_\_\_\_ years

\_\_\_\_\_ years

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

Information Technology, Computer Science, or related field

**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.

Valid driver's license, Ability to pass a CBI background check



**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
1 thru 10	Workstations, Laptops, servers, networking, and peripheral devices	daily
1 thru 10	Software - email, project management applications, Microsoft Office Suite, analysis and development tools, database and software management/development tools,	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. Prioritization of projects and tasks
  - 2. Impact of system solutions, modifications, and implementations on users and system-wide processes and procedures
  - 3. Identify opportunities that can improve efficiency of overall system processes

## 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
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1 thru 10
<b>Light Work:</b> 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	4--Weekly	2--Very Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 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 checked="" 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: 1/13/09

**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:**

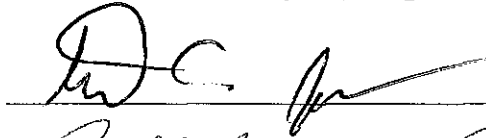
☒ I agree with the incumbents' position questionnaire as written.

☐ 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.**

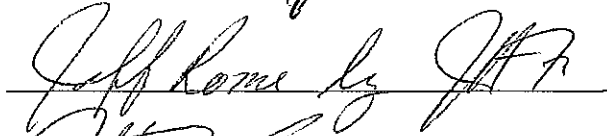
Employee Signature:



Date:

1/13/09

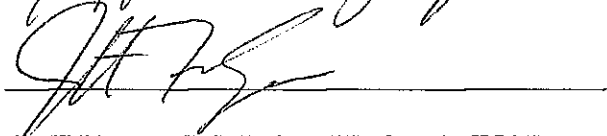
Supervisor  
Signature:



Date:

1/14/09

Department Head  
Signature:



Date:

1/14/09

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.
--	---

Carol Collins, Scott List, Steve Johnson

Aaron Mathis, Brian Chadez, Jeremy Duncan

**Division:** IS

**Department:** Admin

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Mathis	Aaron	C
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Systems/Network Analyst

<b>Division</b>	Information Systems	<b>Department</b>	Administration
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**Total Length of Time with organization** 1 Years 5 months

**Total Length of Time in Current Position** 1 Years 5 months

**Assigned Hours/Week; from** 40 **to** 40+ **Assigned Days/Week** 5

**Email:** aaronm@gjcity.org **Work Phone:** 970-256-4085

### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Jeff Rome	<b>Name:</b>	Jim Finlayson
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<b>Title:</b>	Systems Analyst Supervisor	<b>Title:</b>	IS Manager
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<b>Work Phone</b>	244-1588	<b>Work Phone:</b>	244-1525
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<b>E-mail:</b>	jeffr@gjcity.org	<b>E-mail:</b>	jimf@gjcity.org
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## **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.

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of integrated technology systems, databases, and networks. Provide project management, technical expertise, specification designs, and recommendations in assessing new IT software/system projects and prototypes based on implementation feasibility and cost, as well as initiatives to support and enhance our existing system requirements. Develop plans and programs to convert existing data from legacy systems to newly implemented systems, as well as resolving any conversion and/or production issues. Install and maintain servers; analyze, test, modify and debug organizational systems and programs as necessary; design, program, integrate reporting tools, system and office automation software; install and maintain network communication equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures including user training material.

## 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).	
<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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	city wide
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	city wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	city wide

- 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

Web Coordinator
Systems/Network Analysts

### 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 wide	daily	for technology needs; see summary and tasks

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	daily	for technology needs; see summary and tasks
Other municipalities	daily	for technology needs; see summary and tasks
Mesa County	daily	for technology needs; see summary and tasks

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b>  (Not to exceed 100%)
1	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Design, code, test and deploy new customized in-house applications	Create a solution to fit the organizational need	Monthly	5%
3	Maintain city-wide, mission-critical and other systems/applications by performing periodic maintenance, patch installation and release upgrades. Develop methods to integrate various systems and share common data	Scheduling issues, user impact, communication, problem resolution	Daily	10%
4	Provide operational support of systems/applications by analyzing and correcting logic, performance or other execution problems	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	10%
6	Develop technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%
7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware issues	Appropriate means of communication, establishment of expectations	Daily	10%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	10%
9	Act as escalation point for technical issues as necessary in order to provide high level technical support to end-users and Support Specialists.	Prioritization, level of urgency, system-wide impact	Daily	10%

10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, and maintenance.
1, 2, 3, 4, 8, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.

1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, Web development, and user support.
2, 3, 5, 10	Background in database design and data querying in SQL Server, Oracle, and other dbms environments, as well as software development and programming utilizing Microsoft.NET, Visual C#, HTML, XML, and other programming tools.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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:

<b>You Have</b>	<b>You Need</b>	
<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 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 checked="" 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**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Systems/Network Analysis and Support	9 years	Systems/ Network support	4 years
Telecommunications	2 years		years

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IT Management	2	years	years
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a. What field (s) should training or degree be in?

Information Technology, Computer Science, or related field

**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.

Valid driver's license, Ability to pass a CBI background check



**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
1 thru 10	Workstations, Laptops, servers, networking, and peripheral devices	daily
1 thru 10	Software - email, project management applications, Microsoft Office Suite, analysis and development tools, database and software management/development tools,	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. Prioritization of projects and tasks
  - 2. Impact of system solutions, modifications, and implementations on users and system-wide processes and procedures
  - 3. Identify opportunities that can improve efficiency of overall system processes

## 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)

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> 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	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial, repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1 thru 10
<b>Light Work:</b> 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	4--Weekly	2--Very Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 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 checked="" 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: \_\_\_\_\_

1/14/09

**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: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.
--	---

John Meryhew

Daren Sutherland

**Division:** I.S.

**Department:** Customer Service

## For Individual Questionnaires Only:

**Employee Name:**

(Last)

(First)

(Middle Initial)

**Current Classification Title:** System/Network Analyst

**Division** IS

**Department** Administration

**Total Length of Time with organization**

**Years**

**months**

**Total Length of Time in Current Position**

**Years**

**months**

**Assigned Hours/Week;: from 7 to 4**

**Assigned Days/Week 40**

**Email:**

**Work Phone:**

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Richard White

**Name:** Jim Finlayson

**Title:** Systems Support Supervisor

**Title:** IS Manager

**Work Phone** (970)244-1526

**Work Phone:** (970)244-1525

**E-mail:** richardw@ci.grandjct.co.us

**E-mail:** jimf@ci.grandjct.co.us

## 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 professional level duties and responsibilities in the design, programming, installation, maintenance, and administration of the City's Computer Networks, Communications, and Technology Infrastructure. To coordinate information systems design and development projects. Install and administer all servers, databases, and networks; analyze, test, modify and debug these systems and end user programs as necessary; conduct system performance analysis and tuning; and to perform a wide variety of duties relative to Information Systems Infrastructure.

## 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).	
<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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	City Wide
<input checked="" type="checkbox"/>	I make work assignments for others.	4
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	City Wide
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	City Wide

- 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

System/Network Analyst
Telecommunications Analyst

### 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		
All City Employees	Daily	Support for all Network, Computer, Communications, and Infrastructure needs.

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Novell	As Needed	Support
IBM	As Needed	Support
Dell	As Needed	Support
Cisco	As Needed	Support
Sync Sort	As Needed	Support
MicroSoft	As Needed	Support
Twin Eagle Consulting	As Needed	Support
Alpine Wireless	As Needed	Support

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b>  (Not to exceed 100%)
1	Design, plan, install, analyze, test, debug, coordinate, and administer a variety of Network Operating Systems, Hardware, Cisco / Adtran Network Communications Hardware, and Virtual Systems.	Plan installs, troubleshoot, analyze, maintain systems interoperability	Daily	25%
2	Install, integrate, backup, tune, and administer all City Database Systems, and Applications Software	Plan installs, troubleshoot, analyze, maintain systems interoperability	Daily	15%
3	Maintain city-wide, mission-critical, systems/applications by performing maintenance, patch installations, and release upgrades. Design, plan, and coordinate the integration of systems and shared data.	Plan installs, troubleshoot, analyze, maintain systems interoperability , problem resolution	Daily	10%
4	Analyze, test, debug, and modify Network Servers / Systems and individual Applications as needed	Analyze, troubleshoot, and create solutions for problems	Daily	10%
5	Design, develop, maintain, and manage Network & System Security policies	Analyze and administer	Weekly	5%
6	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installation, training, and testing	Plan installs, configure, administer, and troubleshoot problems	Weekly	5%
7	Consult with city personnel regarding special projects; design, program, integrate, and maintain complex systems for their use	Research solutions and implement them	Weekly	5%
8	Provide high level support for technical issues involving all end-users; Work with hardware and software vendors for implementing new systems and hardware, and for troubleshooting problems	Solution prioritization, system wide impact, and customer service skills	Daily	10%
9	Design, configure, analyze, administer city wide 4.9Ghz and 900Mhz wireless networks	Plan installs, configure, administer, and troubleshoot problems	Daily	5%

10	Design, configure, administer, and monitor city wide disaster recover systems	Designing and implementing expected resource recovery	Daily	5%
11	Act as escalation point for technical issues and provide high-level technical support to all end-users, and Information Systems team members. Keep abreast of emerging technologies and training. Read, interpret and apply knowledge gained from training, complex technical publications, manuals, and various other sources	Prioritization, level of urgency, system-wide impact, end user needs. Determine informational needs to improve operational levels	Daily	5%
12			Select	
13			Select	

#### 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
1,2,4,5,7,8,10	Advanced knowledge and experience with network operating systems including design, installation, configuration, and system administration.
1,2,4,5,6,7,8,9,10	Advanced knowledge of networking principals, design, and maintenance
2,3,4,5,7,8,10	Advanced knowledge of relational databases(SQL Server, Oracle,Sybase) including design, installation, administration, user security, tuning and monitoring.
1,2,3,4,5,6,7,8,9,10	Advanced knowledge of data processing, hardware platforms, and enterprise software applications.
1,2,3,4,5,6,7,8,9,10	Advanced troubleshooting skills and the ability to solve problems and provide exceptional customer support.
1,2,4,5,6,8,9,10	Advanced knowledge of wireless networking and communication technologies.
1,2,4,7,8	Advanced knowledge of programming concepts and languages.
1,2,4,7,8	General knowledge of electrical wiring and specifications for single and three phase power.
2,5,6,7,8,9,10	General knowledge of 900Mhz and 4.9Ghz Radio Systems.

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

**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:

<b>You Have</b>	<b>You Need</b>	
<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 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 checked="" 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>
John Merryhew	34 years	Systems / Network Support	4 years
Daren Sutherland	20 years	Systems / Network Support	4 years
	years		years

a. What field (s) should training or degree be in?  
Bachelors Degree in Computer Science

**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.

Valid driver's licence, Certified Network Engineer, Certified Linux Engineer, Certified Cisco Network Administrator, Database Administrator, Pass a Colorado Bureau of Investigations background check.

**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
1-11	Servers, Workstations, Laptops, Networking and peripheral devices	Daily
1-11	Various software applications, monitoring, and development tools	Daily
1-11	Fluke NetworksCualification Tester	Monthly
1,2,4,9	Various hand tools used in equipment installation	Weekly
1-11	Cars and trucks	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. Evaluation and recommendations for city computer, network, and communications equipment

2. Prioritization of projects and tasks

3. Design and configuration of city infrastructure needs for meeting end user needs



## 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
- 1 - Annually
- 2 - Quarterly (at least 3 per year)
- 3 - Monthly (at least 8 per year)
- 4 - Weekly (at least 3 per month)
- 5 - Daily (at least 3 per week)

- 0 - Not Important
- 1 - Somewhat Important
- 2 - Very Important
- 3 - Extremely Important

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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	
<b>Stooping:</b> 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	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	1--Somewhat Important	
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	0--Never	0--Not Important	
<b>Pulling:</b> Using upper extremities to exert force in	5--Daily	1--Somewhat Important	

order to draw, drag, haul or tug objects in a sustained motion.			
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	1--Somewhat Important	
<b>Lifting:</b> 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	2--Very Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> 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	
<b>Hearing:</b> 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	
<b>Seeing:</b> 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	
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	
<b>Sedentary Work:</b> 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	1--Somewhat Important	
<b>Light Work:</b> 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 worker sits most of the time, the job is rated for	3--Monthly	1--Somewhat Important	

Light Work.			
<b>Medium Work:</b> 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	2--Very Important	
<b>Heavy Work:</b> 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.	3--Monthly	2--Very Important	
<b>Very Heavy Work:</b> 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.	1--Annually	1--Somewhat Important	

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input 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 checked="" 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 checked="" 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: \_\_\_\_\_

12-23-2008

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input 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 checked="" 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 checked="" 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: 12-23-08

**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:

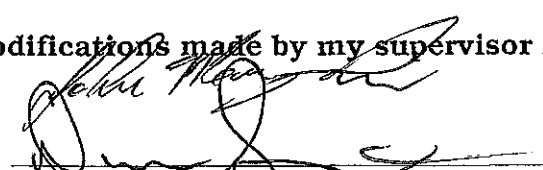
☒ I agree with the incumbents' position questionnaire as written.

☐ 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:



Date:

1/13/09  
1-13-09

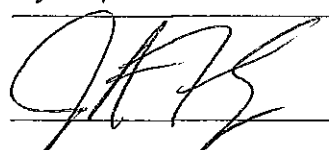
Supervisor  
Signature:



Date:

1/13/09

Department Head  
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

**Division:**

**Department:**

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Duncan	Jeremy	S
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Communications Center Network Analyst

<b>Division</b>	Comm Center	<b>Department</b>	Police Department
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**Total Length of Time with organization** 3 Years 10 months

**Total Length of Time in Current Position** 2 Years months

**Assigned Hours/Week::; from** 8:00 to 5:00 **Assigned Days/Week** 5

**Email:** Jeremyd@ci.grandjct.co.us

**Work Phone:** 970-244-3730

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Paula Creasy

**Name:** Troy Smith

**Title:** Communications Center Manager

**Title:** Deputy Chief of Police

**Work Phone** 244-3640

**Work Phone:** 244-3563

**E-mail:** PaulaC@gjcity.org

**E-mail:** Troys@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.

Perform professional level duties and responsibilities in the design, development, programming, implementation, maintenance and administration of all 911 Communications Center Computers, Servers, System applications, databases, management, and systems network infrastructure. Provide project management, technical expertise and recommendations in assessing new IT software and hardware, including projects and initiatives to support and enhance our existing systems. Install and maintain all Communications Center application servers; Install analyze, test, modify and debug computer systems and individual programs as necessary ; design, program, integrate reporting tools, applications and office automation applications; install and maintain network communication equipment, Phone systems and radio Equipment; conduct system performance analysis and tuning; provide highly complex user support; assist in the preparation of system, program and user policies and procedures; provide user training and documentation

## 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).	
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" 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 Analyst, Systems Infrastructure Analyst
IS Manager, Systems/Network Analyst Supervisor, Systems Infrastructure Supervisor
Communications Center Supervisors
911 Dispatchers
Communications Center GIS Analysts
Communications Center Radio System Analyst

### 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		
Police Department	daily	for technology needs; see summary and tasks
City Information Systems	Weekly	maintain correspondence, policy's and procedures
City Shops	monthly	Coordinate Communications vehicle support

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	daily	for technology needs; see summary and tasks
Other municipalities	daily	for technology needs; see summary and tasks

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b>  (Not to exceed 100%)
1	Manage and implement new technological projects, including development of system design, functional specifications, planning, scheduling, installing, training, and testing	Technology to implement; feasibility, cost justification, resource scheduling, usability	Daily	15%
2	Maintain, mission-critical systems/applications for 911 Communications Center, performing periodic maintenance of all Network Servers, Computers, and System applications, coordinating installation and upgrades of all hardware and software. Develop and maintain methods to integrate various systems with all user agencies	Scheduling issues, user impact, communication, problem resolution,	Daily	20%
3	Act as escalation point for technical issues by providing 24/ 7 support as necessary in order to provide high level technical support to end-users Applications vendors and outside customers	Prioritization, level of urgency, system-wide impact	Daily	10%
4	Provide operational support of systems/ applications by analyzing and correcting logic, performance or other execution problems, maintaining data integrity, performing system recovery/ backup applications	Troubleshoot, analyze, and remedy system-wide issues	Daily	20%
5	Perform SQL database administration tasks in live and test environments. Manage, validate, collect and manipulate data. Design, analyze, verify, and maintain database structures, custom reports, queries, and stored procedures.	Data security, resource allocation, data and relational integrity, normalization, performance	Daily	5%
6	Write technical procedures and documentation for the applications, including operations, user guide, etc.	media, delivery method, audience technical level, documentation detail	Monthly	5%

7	Establish lines of communication and maintain effective working relationships with commercial vendors. Serve as a liaison and facilitator between all outside vendors and internal customers to assist in addressing and resolving IT software and hardware and infrastructure issues	Appropriate means of communication, establishment of expectations	Daily	5%
8	Identify opportunities that can improve efficiency of overall system processes	Solution options, cost, user and system impact	Weekly	5%
9	Install, maintain/ troubleshoot all Communication Center network/ cable infrastructure including phone, data and radio systems	Troubleshoot, analyze, and remedy system-wide infrastructure issues	Weekly	5%
10	Keep abreast of emerging technologies. Read, interpret and apply knowledge gained from complex technical publications, manuals, and other documents	Determine informational needs to enhance current skill-set and improve operational levels	Weekly	5%
11	Maintain Hardware, Software and infrastructure for mobile dispatch command vehicle	Maintain all hardware /software for immediate deployment in the event of an emergency	Monthly	5%
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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, 9, 10	Advanced knowledge of network operating systems including installation, system administration, configuration, installation and maintenance.
1, 2, 3, 4, 5, 9	Principles and procedures of system, user and security administration.
1, 2, 3, 4, 6, 7, 8, 9, 10	Experience in the development and implementation of standards, procedures and guidelines to support operational processes and the ability to communicate clearly and concisely, both orally

	and in writing.
1, 2, 3, 4, 5, 7, 8, 9, 10	Operational characteristics of a variety of systems hardware and software applications.
1, 2, 3, 4, 5, 9	Advanced knowledge of databases including installation, administration, user security and system tuning and monitoring.
2, 3, 4, 5, 9	Advanced knowledge of programming concepts and languages.
1, 3, 4, 7, 9	Advanced knowledge of computer hardware and architecture.
4, 6	Principles and practices of system documentation.
1, 2, 3, 4, 5, 8, 9, 10	Strong analytical and problem solving skills.
1, 3, 4, 5, 7, 8, 9	Extensive knowledge of data processing, hardware platforms, and enterprise software applications.
1, 2, 3, 4, 5, 6, 7, 9, 10	Technical experience with systems networking, databases, phone and radio system infrastructure, and user support.
1, 3, 6, 7	Strong project management skills with effective results focus within an information systems environment

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**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:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input 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 checked="" 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?

<u>Type of Experience</u>					
<u>You Have</u>	<u>Your Time</u>		<u>You Need</u>	<u>Minimum Time Required</u>	
Systems Network Support	8	years	Systems/ Network support	3	years
Telecommunications Support	5	years	Telecommunications Support	1	years
		years			years

a. What field (s) should training or degree be in?  
Information Technology, Computer Science, or related field, experience in network infrastructure, telecommunications

**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.

Valid driver's license



**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
1 thru 10	Workstations, Laptops, Networking and peripheral devices	daily
1 thru 10	Software - email, project management applications, analysis and development tools	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. Prioritization of projects and tasks
  - 2. Impact of system solutions, modifications, and implementations on users and system-wide processes and procedures
  - 3. Identify opportunities that can improve efficiency of overall system processes

## 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
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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	1--Somewhat Important	
<b>Balancing:</b> 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.	5--Daily	3--Extremely Important	
<b>Stooping:</b> 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	2--Very Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1 thru 10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1 thru 10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	1--Somewhat Important	

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	
<b>Fingering:</b> 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	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> 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	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1 thru 10
<b>Hearing:</b> 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	1 thru 10
<b>Seeing:</b> 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	1 thru 10
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 thru 10
<b>Sedentary Work:</b> 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	1--Somewhat Important	1 thru 10
<b>Light Work:</b> 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	4--Weekly	1--Somewhat Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> 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.	3--Monthly	1--Somewhat Important	
<b>Heavy Work:</b> 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.	2--Quarterly	1--Somewhat Important	
<b>Very Heavy Work:</b> 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.	1--Annually	0--Not Important	

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input 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: Jeremy Duran

Date: Dec 31, 2008

**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: Jeremy Duncan Date: Dec 31, 2008  
Supervisor Signature: Paula Creasey Date: 1/5/09  
Department Head Signature: [Signature] Date: 1/12/2009

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.

