

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.
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Division: Neighborhood Services

Department: Public Works & Planning

For Individual Questionnaires Only:

Employee Name: Jennings Sarah J
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Specialist

Division Neighborhood Services **Department** Public Works & Planning

Total Length of Time with organization 1 Years 1 months

Total Length of Time in Current Position 1 Years 1 months

Assigned Hours/Week:: from 8:00 to 4:30 **Assigned Days/Week** 5

Email: sarahj@gjcity.org **Work Phone:** 970-244-1593

Immediate Supervisor:

Immediate supervisor reports to:

Name: Kathy Portner **Name:** Tim Moore

Title: Manager Neighborhood Services **Title:** Director Public Works

Work Phone 970-244-1420 **Work Phone:** 970-244-1557

E-mail: kathyp@gjcity.org **E-mail:** timm@gjcity.org

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 type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	1
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	2
<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).	3
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<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

Code Enforcement Officers
Senior Planner

YOUR DIRECT REPORTS' JOB TITLES

Administrative Assistant
Weed Surveyors

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

☒ Full Time 1 ☐ Part-Time ☒ Seasonal/Temp 2 ☐ Volunteer ☐ Contract

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

8	Manage special projects, such as coordinating our recent move and remodel.		Occasionally	5%
9	Review and approve invoices	Review for accuracy before approving payment	Occasionally	5%
10	Supervise the Weed Abatement program	Supervise seasonal employees, implement changes to improve efficiency, resolve billing issues	Daily	20%
11	Record management, maintaining current files and archiving old files.	Determine how many years of cases to keep available in the office and what can be retired or destroyed. Organize and maintain current records so they can be easily accessed.	Monthly	5%
12			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	Strong customer service skills, knowledge of phone system and computer software
3, 4, 6, & 7	Data entry, basic computer skills needed, Microsoft Word, Excel, and Access proficiency. Knowledge of GIS, Crystal Reports, Impact A/P, Pictometry, and New World.
1, 2, & 4	Problem solving
8	Dreamweaver and Fireworks software experience
7	Training or knowledge of Crystal Reports
10	Training or knowledge of New World Financial
11	Strong communication skills
5	Intermediate computer skills, knowledge of DOS based computer programs very helpful

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	Telephone, fax, copier, digital camera	Daily
3, 4, 5, 6, 7, 8, & 11	Computer, printer, scanner	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. I make the decision on how to appropriately resolve complaints regarding weed violations and billing, for example I will have to look at a case, review the cost of the bill, look at previous cases for that property, view the pictures and determine what action to take.
 - 2. I determine if a complaint is an issue that is addressed in the Code Enforcement office or if the customer needs to be directed to another agency for assistance.
 - 3. I review processes to improve efficiency and maintain a high level of customer service. I discuss timelines with staff and step in to assist when deadlines are not being met in order to accomplish our goals of timely billing for the weed program. This requires me to make the decision of how to prioritize daily tasks and delegate as needed.

of time.			
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	0--Never	0--Not Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	0--Never	0--Not Important	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	Computer, phone, 10-key. (1, 2, 3, 4, 5, 6, 7)
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	Keyboard and mouse (1, 2, 3, 4, 5, 6, 7)
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	0--Never	0--Not Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	Customers in person and on the phone. Staff communication. (1, 2, & 10)
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	Customers in person and on the phone. Staff communication. (1, 2, & 10)
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	Computer and filing
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	3, 4, 5, 6, 7, & 8
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible	5--Daily	3--Extremely Important	1, 2, 3, 4, 5, 6, 7, 8, 9, & 10

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).

I serve as the office manager in the Neighborhood Services Division of Public Works and Planning. On a regular basis I independently resolve administrative problems related to efficient operation of the office such as evaluating and modifying processes for the Graffiti and Weed Abatement programs; supervising personnel; telephone, computer and equipment malfunctions.

I interact with staff from other divisions, outside agencies, and the general public by telephone as well as in person in order to respond to inquiries, provide advice, exchange information, receive complaints, resolve problems, and efficiently accomplish goals and objectives. I act as a representative of our Division at neighborhood meetings, farmers market, and other special events in the public.

I have the skills and experience to effectively problem solve and work with customers who may be upset and angry. I possess strong verbal and written communication skills which are a necessity in this position in order to inform and educate the public about ordinances, violations, and office standards as well as programs available through our division.

I have worked closely with the Police Department to streamline the procedure for graffiti removal within the city making clean up faster and more efficient creating less paperwork for both the Police Department and Neighborhood Services, a less cumbersome process for the public to report graffiti, and reducing the amount of man hours spent working on these cases.

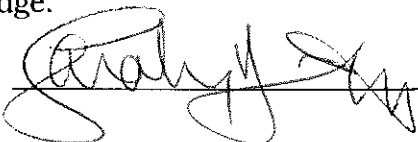
In the past year I worked on a special project that included the temporary relocation of our office, a full office remodel, and moving back in to the newly remodeled space. During this time I helped draft floor plans, arranged with an outside company to tear down, move, and set up our furniture in a temporary office and in the remodeled space. I responded to issues and questions from the contractor and worked with suppliers to select cabinets, furniture, countertops, and floor covering for the new space. I worked with multiple agencies, both internal and external, to schedule these moves including the IT Department, Purchasing, Stores, Facilities, and Office Furniture and Design Centers.

I have worked closely with Kris Ashbeck, Senior Planner, to assist with the administration of the Community Development Block Grant (CDBG) program. Duties include data entry which requires knowledge of DOS based computer programs, reviewing records on-site for sub-recipients, attending training, and updating records to track progress of the program.

EMPLOYEE CERTIFICATION

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

Signed: _____



Date: _____

10/24/08

Please check the appropriate statement:

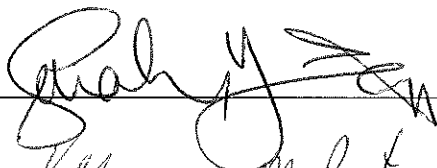
☒ I agree with the incumbents' position questionnaire as written.

☐ 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:

10/24/08

Supervisor
Signature:



Date:

10-24-08

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? ☐ Yes ☒ No

If yes, please list all employee names.

Division: Planning Division

Department: Public Works & Planning

For Individual Questionnaires Only:

Employee Name: Paulson Bobbie J.
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Specialist

Division Planning **Department** Public Works & Planning

Total Length of Time with organization 28 Years 10 months

Total Length of Time in Current Position 18 Years 2 months

Assigned Hours/Week:: from 8:00 AM **t o** 5:00 PM **Assigned Days/Week** Mon to Fri

Email: bobbiep@gjcity.org

Work Phone: 970-244-1438

Immediate Supervisor:

Immediate supervisor reports to:

Name: Lisa Cox

Name: Tim Moore

Title: Planning Manager

Title: Public Works & Planning Director

Work Phone 970-244-1448

Work Phone: 970-244-1557

E-mail: lisac@gjcity.org

E-mail: timm@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.

Administrative Specialist

Summary: To perform a variety of responsible, complex and sometimes confidential administrative duties in providing assistance to the Planning Manager and the Planning and Engineering staff.

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).	1
<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.	varies
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

- 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

Planning Technician
Administrative Assistant
Associate Planner
Senior Planner
Principal Planner
Development Services Supervisor
Planning Services Supervisor
Development Engineers

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	daily	provide operational needs/ travel arrangements / professional support
Department Directors	weekly	request information/provide information/data, statistics / reports
Accounting	weekly	Accounting and budget requests and information
Information Services	monthly	software, hardware requests and information
Payroll	bi-weekly	payroll
TRCC	weekly	meeting arrangements
various department employees	weekly	request information/provide information / provide statistics

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	DAILY	BILLING ISSUES, QUESTIONS, PROVIDE INFORMATION, REFUNDS, STATISTICAL INFORMATION, PLANNING INFORMATION, MEETING ARRANGEMENTS AND PROJECT INFORMATION
PLANNING COMMISSION	WEEKLY	Meetings, training, provide information
BOARD OF APPEALS	MONTHLY	MEETINGS, PROVIDING INFORMATION
OTHER BOARDS AND COMMITTEES	MONTHLY	MEETINGS, PROVIDING INFORMATION
OTHER PUBLIC AGENCIES INCLUDING MESA COUNTY	WEEKLY	MEETINGS, PROVIDING INFORMATION, PROJECT DATA
Consultants	MONTHLY	WEB PAGE AND MEETING COORDINATION, PROVIDING AND REQUESTING INFORMATION AS NEEDED
Media	Weekly	Provide project and statistical information
Professional Development Community	Weekly	Provide project information, meeting arrangements

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.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Coordinating and monitoring the Planning Division budget including compiling annual budget requests; preparing revenue projections, carryforward requests, provide guidance in purchasing decisions and monitoring approved budget accounts	Budget amounts, budget items, etc.	Monthly	10%

2	Customer Service: including providing information and assistance to the public, professional development community, media, citizens and other city staff.	Providing a variety of development and other information as requested/needed	Daily	10%
3	Design, develop and update Planning Division Web Pages including Zoning Code updates, Recorded Subdivision Plats, general meetings, etc.	Design, editing, writing articles	Monthly	5%
4	Design, develop and update Comp Plan Web Pages	Design, editing, writing articles	Monthly	5%
5	Prepare and process division payroll	entering information; checking accuracy	Monthly	5%
6	Compose, type and proofread a variety of reports, letters, memos, email, correspondence.	Composing and proofreading	Daily	5%
7	Collect, organize and report a variety of statistical information. Produce information, graphs, comparisons regarding building permits, building and permit activity, etc. for management.	collecting data, checking for accuracy, developing reports	Monthly	5%
8	Oversee and review planning intern functions, i.e. data book, updating web pages.	Review of data information, checking accuracy	Monthly	5%
9	Design and develop department brochures and forms.	Design and editing	Monthly	5%
10	Arranging and coordinating audio conferences, workshops, etc.	Coordination, following up on details	Quarterly	5%
11	Coordination, training activities and annual retreat with Planning Commission	Developing training information and schedules	Annually	5%
12	Prepare and process account payables, requests for printing, stores orders, etc.	checking bills for accuracy; processing for payment	Daily	10%
13	Record and transcribe minutes of Board of Appeals, Planning Commission, and other meetings as needed.	Record and summarizing pertinent meeting information	Monthly	5%
14	Provide technical support to the division staff, assisting with documentation for projects and presentation, software support (Microsoft Office 2007), etc.	providing assistance and support to professional staff	Daily	5%
15	Design , write, edit division newsletter.	Design, editing, writing articles	Quarterly	5%
16	Liaison to Planning Commission and BOA	provide assistance, set up meetings, provide training as needed; provide other information as needed	Monthly	5%

17	Management of Development Improvements Agreements and financial security	Oversee and manage DIAs, refunds/deposits	Daily	5%
18	Responsible for management of electronic Zoning Code updates, providing citizen access on the web, etc.	Updating Code	Monthly	5%
19	Assist with monthly employee recognition and other special projects as assigned.	Purchasing needed items and arranging meetings, updating calendars for various functions, etc.	Monthly	5%

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
2,3,4,9,11,15	Knowledge of Planning Principles
All	Office management and practices
1,3,4,5,6,7,9,12,13,15	Ability to use computer equipment and a variety of software applications including word procesing, spreadsheet, desktop publishing, PowerPoint, Access, etc.
6,7,9,15	Principles of business letter and report writing and preparation
2	Basic understanding and knowledge of Zoning & Development Code and other City codes and regulations
2,14,16	Customer service skills
7	Knowledge of principles and practices of fiscal, statistical and administrataive research and report preparation.
1	Knowledge of procedures and techniques of budget preparation and governmental accounting principles.
1,7	Ability to research, compile, analyze, interpret and prepare a variety of fiscal, statistical and administrative reports.
13	Ability to record and transcribe minutes of meetings; ability to summarize and communicate clearly in writing.
2,3,4,6,11,13,15,16	Ability to communicate effectively, clearly and accurately, both orally and in writing.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Customer Service	25 years	Same	2 years
Finance & Budget	25 years	Same	2 years
Planning, Business Writing, Management Skills, Computer Experience	25 years	Same	2 years

a. What field (s) should training or degree be in?
Business and/or planning 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.

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
1-13, 15	Computer	Daily
1,6,7,9, 11	Printer	Daily
10,11	Projector	Monthly
	Scanner	Occassionally
1,11	Copier	Daily
2,10,16	Telephone	Daily
10,11, 13	Audio/visual equipment in Auditorium	Weekly

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. purchasing and management of needed office supplies and equipment

2. monitoring and updating web pages as needed (Comp Plan & other plans, Code Amendments, Recorded Subdivision Plats, General Meetings, etc.)

3. meeting coordination for multiple groups: PC, BOA, Comp Plan, Staff, Training, development groups, etc.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

Importance

How frequently is the activity performed?

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

0 - Never

0 - Not Important

1 - Annually

1 - Somewhat Important

2 - Quarterly (at least 3 per year)

2 - Very Important

3 - Monthly (at least 8 per year)

3 - Extremely Important

4 - Weekly (at least 3 per month)

5 - Daily (at least 3 per week)

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

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

Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	3--Monthly	1--Somewhat Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input 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).

Ability to work independently with minimal supervision is essential.

Must have ability to make independent judgments and decisions.

Must have initiative/motivation; must have ability to self-direct.

Must be discreet and confidential; must have ability to exercise good judgment.

Ability to communicate clearly and concisely verbally and in writing.

EMPLOYEE CERTIFICATION

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

Signed: Bobbie Paulson Date: 10/27/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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: Bobbie Paulsen Date: 10/27/08

Supervisor Signature: Lisa E Cox Date: 10/27/08

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

Department:

For Individual Questionnaires Only:

Employee Name:	Carlow	Irene	C
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Specialist

Division	Visitor & Convention Bureau	Department	Visitor & Convention Bureau
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Total Length of Time with organization 17 Years 6 months

Total Length of Time in Current Position 17 Years 6 months

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

Email: irenec@gjcity.org **Work Phone:** 970-256-4050

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Debbie Kovalik	Name:	Laurie Kadrach
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Title:	Executive Director, VCB	Title:	City Manager
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Work Phone	970-256-4054	Work Phone:	970-256-4154
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E-mail:	debbiek@gjcity.org	E-mail:	lauriek@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.

Serve as office manager, assistant to Executive Director and recording secretary to Board of Directors. Oversee daily operations, prepare and monitor budget, communicate mission, goals and policies to internal and external customers.

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 type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	1
<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).	5
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	1
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	1
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	8
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

- 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

Sales Manager (Division Manager)
Marketing & Public Relations Coordinator
Sales Assistant
Visitor Services Coordinator
Visitor Center Coordinator
Marketing & Public Relations Assistant
Administrative Clerk (2)
Volunteers
Intern

YOUR DIRECT REPORTS' JOB TITLES

Administrative Clerk

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

☒ Full Time 1 ☐ 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		
Financial Operations	Weekly	Budget items, planning, reporting; accounts payable, travel advances; payroll
Administration	Monthly	Director's schedule, activities and projects; Board of Directors-City Council matters
Information Services	Weekly	Software/hardware needs, upgrades; PC replacements; customer support.
Human Resources	As needed	Clarifications on policies; process necessary forms for department; updates on benefits; Risk Management issues.
City Attorney	Annually Occasionally	Contract renewals, policy updates Special projects
Purchasing	Monthly	Credit cards; bids, estimates, RFPs; purchasing policies and procedures
City Clerk	Monthly	Records management, contracts, Board of Directors' documents
Two Rivers Convention Center	Monthly	Coordinate VCB meetings/events; participate in senior staff meetings; assist division manager with long-range financial plan, budget process
Board of Directors	Monthly	Monthly meetings and follow-up; Directors' and Division Manager's activities, schedules, projects
Volunteers	Daily	Communicate department activities, operations, policies and procedures

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Tourism-related businesses & agencies	Annually Monthly	Visitor Guide updates Department activities, projects, policies
Contractors/vendors	Weekly	Contract administration; billing; facility maintenance/upkeep needs
General public	Weekly	Respond to complaints and concerns. Explain and discuss programs, activities, policies
Community organizations & public agencies	Weekly	Assist with Director's activities and special projects, follow-up from meetings

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Oversee and coordinate office operations to ensure adequate staff coverage for daily activities as well as special projects. Provide direction on development of reports, databases, correspondence; review work product. Proof correspondence and print materials. Train support staff and provide updates on existing City and department policies and procedures. Keep staff informed of proposed policies. Identify and recommend training and cross-training opportunities.	Establish priorities for support staff; direct flow of work and assign work activities. Approve final work product of assigned staff. Meet with new hires. Review specific policies with individuals relative to their areas of responsibility. Recommend staff cross-training and back-up responsibilities.	Daily As needed Monthly	20%

2	Board of Directors relations: Coordinate Board meetings; attend meetings, take and transcribe minutes; prepare and distribute agendas and information packets; develop and prepare monthly statistical reports; maintain Board records and documents. Follow-up on action items; prepare and submit items for Council agenda as needed. Communicate regarding departmental activities, projects, and schedules.	Items to include on agenda, forward to City Attorney or City Manager for review, or require Council approval. Meeting locations, set-up and special accommodations.	Monthly	20%
	Coordinate, attend and participate in Board of Directors' annual planning retreat. Assist Executive Director and facilitator in developing pre-retreat survey and agenda topics; follow-up on action items. Solicit bids from potential host locations, coordinate logistics, set-up and lodging accommodations.	Issues that have been identified as potential agenda items, including staff concerns and policy reviews. Approve contract and final billing from host site.	Annually	
3	Prepare annual budget by compiling and integrating information from management, senior staff, Board of Directors, contractors, other City departments. Prepare reports and narrative to present to Board of Directors and Budget Review Team. Develop and prepare long-range financial plan.	Assess requests, balance operational needs with marketing goals and objectives. Refine and revise budget following discussion and review meetings. Prepare long-range plan based on historical data, research projections and capital needs.	Annually (3-4 month project) Long-range financial plan is revised/ updated 3-4 times per year	10%
4	Oversee production of Grand Junction Official Visitor Guide. Solicit and integrate input from staff, volunteers, Board. Compile and prepare information to update contents and business listings in the publication, forward to advertising agency to make revisions.	Give direction to advertising agency on layout, format and design. Proofread and approve materials to forward to printer. Attend press check at printing plant, approve and authorize full print run (100,000+).	Annually (4-month project)	5%
5	Monitor budget. Review and approve accounting and purchasing activities, advise staff of budget status. Identify and recommend resource adjustments to accommodate special projects. Review contractors' invoices.	Determine that expenditures are appropriate within the approved budget; are within the contract terms; and are in accordance with established goals and direction.	Daily	15%
6	Interpret, discuss and explain policies in response to inquiries from the public (e.g., participation in VCB programs, inclusion in Visitor Guide, Special Events funding). Field and respond to visitors' concerns and complaints.	Apply appropriate policy to specific inquiry or situation. Resolve or refer to other department, agency or organization.	As needed	5%

7	<p>Key contact with other City departments regarding operational issues such as RFPs, finance & accounting, equipment, payroll & benefits, technology & communications. Represent department on various committees/ task forces.</p> <p>Liaison with City Attorney regarding contracts, policies and other formal documents; prepare policy drafts from general direction provided by Executive Director and/or Board.</p>	<p>Determine operational needs; contact appropriate department, approve necessary actions; coordinate inter-departmental activities.</p> <p>Identify updates and revisions for contracts. Condense general discussion topics to salient points to include in policies.</p>	<p>Weekly</p> <p>Annually and As needed</p>	10%
8	<p>Assist Executive Director with special projects, organizational matters, community relationships. Stay abreast of local issues, organizations and agencies in relationship to the Department.</p>	<p>Identify project support needs, give direction to staff as needed. Recommend changes in staff responsibilities. Inform Director of internal and external special interest matters requiring attention.</p>	Daily	15%

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
3, 5, 8	Financial operations, planning, budgeting
All	Excellent oral and written communication skills
1 - 8	Analyze complex information and data
All	Understand, interpret, apply and convey policy
All	Manage multiple projects simultaneously
All	Knowledge and understanding of the organization and relationships within the broad community (governmental, non-profit, business, tourism industry); awareness of issues and special interests that could affect the organization
All	Office administration, business principles

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 checked="" 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 checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
General office	5 years	3	2 years
Office Administration/ Management	17 years	5	3 years
Executive Level Assistant	19 years	5	3 years

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

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.

None

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
2-5	Computer	Daily/25%
2, 3, 4, 5, 6, 7	Phone	Daily/35%
2, 3, 5	Calculator	Weekly/5%
2, 3, 4, 5, 6, 9	Printer/copier	Daily/5%

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. Address inquiries or situations of a "politically" sensitive nature that could affect the image or perception of the organization, particularly within the local community. Assess the situation, determine the VCB's role or involvement and provide appropriate response or action. (Staff routinely refers these types of matters to me.)
 2. Review and authorize line item spending requests, determine if expense is appropriate within the approved budget and identify funds that can be re-allocated if necessary.
 3. Provide advice and guidance to staff regarding which issues, programs or projects can be addressed at the staff level, should be referred to management, or reviewed by the Board. Assist with identifying potentially affected interests and developing process to solicit and integrate input.

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
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	0--Never	Select	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the	0--Never	Select	

amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.			
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	4--Weekly	Very Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	Somewhat Important	
Crouching: Bending the body downward and forward by bending leg and spine.	3--Monthly	Somewhat Important	
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	Somewhat Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	Extremely Important	
Standing: Particularly for sustained periods of time.	3--Monthly	Somewhat Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	Extremely Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	2--Quarterly	Somewhat Important	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	2--Quarterly	Somewhat Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	Extremely Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	4--Weekly	Very Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	Extremely Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	Extremely Important	
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	Extremely Important	
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	Extremely Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	Extremely Important	

Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	Extremely Important	
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	Extremely Important	
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	3--Monthly	Very Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	Select	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	Select	

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input 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:  Date: 10/23/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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:

[Handwritten Signature]

Date:

10/28/08

Supervisor
Signature:

[Handwritten Signature: Debbie Kovachik]

Date:

10-28-08

Department Head
Signature:

[Handwritten Signature: Debbie Kovachik]

Date:

10-28-08

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: Administration

Department: Human Resources

For Individual Questionnaires Only:

Employee Name:	Jens	Charmaine	A
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administration

Division	Administration	Department	Human Resources
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Total Length of Time with organization 4 Years 5 months

Total Length of Time in Current Position 1 Years 6 months

Assigned Hours/Week; from 9 a.m. **to** 6 p.m. **Assigned Days/Week** M-F

Email: charmaij@gjcity.org **Work Phone:** 970-244-1516

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Claudia Hazelhurst	Name:	Laurie Kadrach
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Title:	Human Resources Manager	Title:	City Manager
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Work Phone	970-244-1552	Work Phone:	970-256-4154
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E-mail:	claudiah@gjcity.org	E-mail:	lauriek@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.

To manage the City's Employee Recognition Program; to create City-Wide publications as they pertain to safety and wellness (Healthy Lifestyles), and City-wide distributed employee information (City Lights); to actively participate in the City-wide Safety & Wellness Coalition and the Employees' Association ; to prepare the City's Personnel Policy Manual and Employee Handbook updates; and to manage, update and maintain the City's Intranet web pages.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

Laura Conant, Assistant HR Manager
Dave Roper, Risk Manager
Deletha Lampshire, Training Coordinator
Shelly Williams, Benefits Coordinator

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		
HR ANALYST(S)	BI-WEEKLY	EMPLOYEE RECOGNITION/CITY-WEB/PERSONNEL POLICIES/EMPLOYEE HANDBOOK/CITY-WIDE PUBLICATIONS
ADMIN. ASSISTANTS - HUMAN RESOURCES & WEB COORDINATOR	DAILY	EMPLOYEE RECOGNITION/CITY-WEB/CITY-WIDE PUBLICATIONS/SAFETY & WELLNESS/EMPLOYEES' ASSOCIATION
ADMIN. ASSISTANTS CITY-WIDE DEPT.'S	DAILY	EMPLOYEE RECOGNITION/CITY-WEB/CITY-WIDE PUBLICATIONS/SAFETY & WELLNESS/EMPLOYEES' ASSOCIATION
DEPARTMENT HEADS	WEEKLY	EMPLOYEE RECOGNITION
CITY-WIDE MANAGERS & SUPERVISORS/ CITY MANAGER	DAILY	EMPLOYEE RECOGNITION/CITY-WIDE PUBLICATIONS
CITY-WIDE DEPARTMENTS	DAILY	EMPLOYEE RECOGNITION/SAFETY & WELLNESS/EMPLOYEES' ASSOCIATION

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
PECZUH PRINTING	TWICE MONTHLY	PRINTING OF CITY-WIDE PUBLICATIONS
The Trophy Case	MONTHLY	ENGRAVING OF CITY NAMEPLATES
VARIOUS VENDORS	BI-MONTHLY	PURCHASING OF GIFT CARDS FOR CITY-WIDE EMPLOYEE RECOGNITION PROGRAM
GENERAL PUBLIC	PROJECT-ORIENTED (GENERALLY 3 - 4 TIMES YEARLY)	Service on various City Committees

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Manage City-wide Employee Recognition Program by communicating program guidelines, responding to employee questions and resolving issues as it relates to the program's oversight.	Manage and implement the program using new, creative and employee-driven ideas for recognizing the unique accomplishments of employees.	Daily	40
2	Prepare monthly City-wide publication, City Lights by gathering information from City staff, managers, supervisors, Department Heads and the City Manager. Responsible for writing, copying, editing and preparing the publication.	Use judgment and recognize problematic pieces that are submitted. Carefully review and correct others work prior to final editing. Seek out ideas for submission based upon current City projects and initiatives.	Monthly	10

3	Prepare monthly City-wide publication, Healthy Lifestyles by gathering and compiling pertinent data and information . Responsible for writing, copying, editing and preparing the publication independently and without oversight.	Exercise skill, creativity and judgment as it relates to topics and issues communicated through the publication. Create, edit and review the publication independently.	Monthly	5
4	Actively participate in the City's Safety & Wellness Coalition by taking an active role in the Coalition's initiatives, programs and committee's by carrying out its goals and objectives.	Find new, innovative, creative and proactives ideas and ways of administering and carrying out the Coalitions programs.	Occasionally	5
5	Actively participate in the Employees' Association by taking an active role in the Association's By-Laws, programs and sub-committee's, as well as carrying out its goals and objectives.	Find new, innovative, creative and proactives ideas and ways of administering and carrying out the Coalitions programs.	Occasionally	10
6	Regularly update Personnel Policy Manual through the oversight of the HR Analyst to create, maintain and manage an up-to-date City policy manual as it relates to Human Resources rules, guidelines and policies.	Maintain, manage and update new or revised policies based upon input from Human Resources Manager, HR Analysts and other HR staff.	Occasionally	8
7	Periodically update the Employee Handbook for the purpose of providing new employees a tool to orient them with City programs, policies, procedures, benefits and organizational units.	Maintain, manage and update new or revised policies based upon input from Human Resources Manager, HR Analysts and other HR staff.	Occasionally	2
8	Create, manage, update and maintain the City's Intranet - Cityweb, for the purpose of establishing a clear, concise, effective and usable tool for the dissemination of programs, policies, guidelines, benefits, assistance and current activities of the City.	Create and update web pages including content, layout and visual appeal by seeking out and utilizing up-to-date information, policies and programs.	Daily	20
9			Select	
10			Select	
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	Knowledge of employee-based reward systems. Skill at carrying out employee-based initiatives and reward systems, as well as using problem-solving skills as it relates to critical issues and concerns of program administration. Communication skills as it relates to managing and overseeing a large program as well as engaging employees and management in the concepts of employee recognition so as to motivate and recognize employees effectively.
2	Knowledge of data entry software, as well as publication and editing software for the creation of final publications. Skill at creating, editing and publishing a final product that is effective, professional and meets the intended purpose.
3	Knowledge of data entry software, as well as publication and editing software for the creation of final publications. Skill at creating, editing and publishing a final product that is effective, professional and meets the intended purpose.
4	Knowledge of safety and wellness ideas and programs. Skill at formulating, implementing and actively participating in various programs and committee's so as to carry out the objectives of the Coalition.
5	Knowledge of employee concerns and City-wide programs. Skill at proactively participating in and carrying out the objectives and initiatives of the Association, as well as actively seeking out and following up on employee and workgroup concerns and issues.
6	Knowledge of data entry software, web development software, and publication and editing software for the creation of an effective Policy Manual. Skill at creating, editing and publishing a final product that is effective, professional and meets the intended purpose.
7	Knowledge of data entry software, as well as publication and editing software for the creation of the final Handbook. Skill at creating, editing and publishing a final product that is effective, professional and meets the intended purpose.

8	Knowledge of web development software and graphic design software. Skill at creating professional, creative and effective web pages for the purpose of communicating policies, procedures, guidelines and programs in a usable format.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Master's Degree in Business Administration.

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Software & Data Entry	18 years	4	2 years
Accounting & Finance	18 years	2	1 years
Publication	4 years	2	1 years

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

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.

N/A

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	Computer, fax, telephone, created forms, Access database, Microsoft Word, Microsoft Excel, Adobe Acrobat	Daily
2	Microsoft Word, Microsoft Publisher, Macromedia Fireworks, Adobe Acrobat, computer, telephone	Monthly
3	Microsoft Word, Microsoft Publisher, Macromedia Fireworks, Adobe Acrobat, computer	Monthly
4	Computer, telephone, fax, Microsoft Word, Microsoft Publisher, Microsoft Excel	Occasionally
5	Computer, telephone, fax, Microsoft Word, Microsoft Publisher, Microsoft Excel, Adobe Acrobat	Occasionally
6	Computer, Microsoft Word, Microsoft Publisher, Macromedia Dreamweaver, Adobe Acrobat	Occasionally
7	Computer, Microsoft Word, Microsoft Publisher, Macromedia Dreamweaver, Adobe Acrobat	Occasionally
8	Computer, Macromedia Dreamweaver, Macromedia Fireworks, Adobe Acrobat, telephone	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. Employee recognition rules, policies and procedures and how they apply to specific situations and employees.

2. How to effectively and creatively manage and produce quality work as it relates to City web pages for the Intranet.

3. Exercise skill, creativity and judgment as it relates to topics and issues communicated through the safety and wellness publication. Create, edit and review the publication independently and without prior approval. Create, format, edit and lay out the City Lights publication using judgment and recognizing

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

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	3--Monthly	1--Somewhat Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	4--Weekly	1--Somewhat Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	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.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	2--Quarterly	1--Somewhat Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input 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: _____

Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD


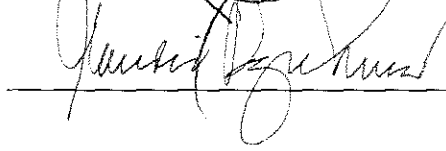
This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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
II.1.	oversee & administer ERP; participation on EA & Safety & Wellness Coalition not an essential or required part of job
3.1.	not self initiated, would recommend to mgr. new ideas to recognize ess.
3.4 & 5	involvement in EA & on Safety & Wellness Coalition are not a requirement of this job.
4.1.	doesn't develop ERP initiatives or promote program
4.4 & 5	see above comment
III.1.	post H.S. specializing

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:	<u>11/13/08</u>
Supervisor Signature:		Date:	<u>11-13-08</u>
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.