

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:	Hyde	John	E.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Parks Equipment Mechanic

Division	Golf	Department	Parks and Recreation
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Total Length of Time with organization 2 Years 5 months

Total Length of Time in Current Position 2 Years 5 months

Assigned Hours/Week:: from 7:00 am **to** 3:30 pm **Assigned Days/Week** 5

Email: johnh@ci.grandjct.co.us **Work Phone:** 970-254-3838

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Doug Jones	Name:	Rob Shoeber
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Title:	Golf Superintendent	Title:	Parks and Recreation Director
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Work Phone	970-254-3839	Work Phone:	970-254-3881
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E-mail:	dougj@gjcity.org	E-mail:	robshoeber@gj.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.

As a parks equipment mechanic, my responsibilities include maintenance and repairs of golf maintenance equipment along with some facility repairs at the golf facilities, and to also assist co-workers with special tasks they may need help with. This includes the management of repair parts and supply inventory.

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).	10
<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 checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1

- 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

Crew Leaders (2)
Equipment Operators (2)
Numerous Seasonal Workers (10)
Golf Professionals(3)
Rangers(6)
Pro Shop Staff(6)

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

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	Organize, stock, and order all parts and supplies for equipment.	Deciding what parts and supplies need to be on hand.	Weekly	20%
2	Maintain all golf course grounds maintenance equipment.	Determine the level of service required.	Daily	55%
3	Maintain records for all equipment and also fuel storage		Weekly	5%
4	Special projects for fellow employees and customer service.	What is the best way to handle the task.	Weekly	5%
5	Equipment rebuilds.	Deciding when a machine needs to be rebuilt.	Annually	10%
6	Facility maintenance	How to make repairs.	Monthly	5%
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			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 checked="" type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: 12-15-2008

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

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


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

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

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

Employee Signature: _____ Date: _____

Supervisor Signature:  _____ Date: 12/22/08

Department Head Signature:  _____ Date: 1/6/09

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Division:

Department:

For Individual Questionnaires Only:

Employee Name: Schrock Jerry L
(Last) (First) (Middle Initial)

Current Classification Title: Parks Equipment Mechanic

Division Parks & Recreation Department Parks & Recreation

Total Length of Time with organization 17 Years 7 months

Total Length of Time in Current Position 8 Years 6 months

Assigned Hours/Week:: from 7:00 a.m. t o 3:30 p.m. Assigned Days/Week M-F

Email: Work Phone: (970) 254-3853

Immediate Supervisor:

Immediate supervisor reports to:

Name: Ron Felt

Name: ~~Traei Wiedland~~

Title: Supervisor

Title: ~~Superintendent~~

Work Phone (970) 254-3868

Work Phone: (970) 254-3846

E-mail: ronf@gjcity.org

E-mail: traetw@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.

Parks Mechanic,

My duties and responsibilities include maintenance and repairs of Parks equipment, plus keeping record of equipment repairs and parts ordering. Logging records for fuel usage and records for the State of Colorado Department of Labor and Employment, Division of Oil and Public Safety. Helping and showing fellow employees how to run a piece of equipment or show them how to install a piece of implement equipment that is to be used.

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
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<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).	85
<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 checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	5

- 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

Crew Leaders (18)
Equipment Operators (24)
Seasonal Workers (27)
D.D.A. (2)
Golf Employees (6)

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		
Fleet Maintenance	100+	Reports and Records new equipment & vehicle repair.
D.D.A.	2-5	Downtown Art
Human Resources	3	Personal information forms - retirement
City vehicle operators	Daily	Coordinating repairs on equipment and training for it's use.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
NAPA Auto Parts	Daily	Ordering parts and accessories.
LL Johnson Distributing	Bi-Weekly	Ordering parts or getting tech material
John Deere	Bi-Weekly	Ordering or pick up parts - tech material
Western Implement	Bi-Weekly	Parts for small engines and equipment
All Season Rentals	Bi-Weekly	Parts for small engines and equipment
Parker Store (hyd)	Weekly	Hyd parts and hoses

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)

(PLEASE)

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	Perform Maintenance on City Equipment	Checks all safety items and checks for fixture problems	Daily	30%
2	Perform complex and major repairs of equipment and mower repairs in the shop and in the field	Which systems and which parts to diagnose, repair or replace	Daily	15%
3	Modify units for specific applications	Make sure modifications are safe and practical	Daily	10%
4	Record Management	How to properly track vehicle repairs, record and maintain fuel logs for state	Daily	5%
5	Develop and install complex hydraulic systems on equipment and ability to work on such systems.	Ability to work on and understand such systems	Daily	5%
6	Parts Management	Finding, ordering, stocking and tracking such parts	Daily	5%
7	Installation of aftermarket systems, fabrication and repairs of such equipment.	How to install a system so it is safe, practical and follows all guidelines of manufacturer.	Weekly	5%
8	Welding and fabrication on special projects through out Parks and Recreation properties.	Determine materials needed and ability to design such projects.	Quarterly	20%
9	Train employees on City equipment.	To show fellow employees things to do or not to do with equipment.	Weekly	5%
10			Select	
11			Select	
12				

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	Basic auto or truck safety of equipment maintenance knowledge.
2	Knowledge and understanding of internal combustion and diesel motors.
2	Knowledge and experience with on-board computer systems, engine management, transmission controls and hydraulics systems functions.
2	Knowledge and experience of basic auto and truck repairs changing systems, starting systems, lighting, tires, brakes and power starting.
3	Knowledge and experience of modifying vehicles for special usage.
5-7	Knowledge of basic hydraulics and skills to design and install systems on vehicles.

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 checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Two years towards Mechanical Engineering Degree

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>
Heavy Equipment Operator	20 years		1 years
Equipment Mechanic	19 years		2 years
Welding and Fabrication	19 years		2 years
CDL	15		1

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

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

1. Heavy Duty Air Brake - "Raper-United Brake Systems"
2. Engine Parts school on late model cars and trucks, "Napa Perfect Circle Sidor Rings"
3. Air Brakes systems and foundation brake functions. Maintenance or troubleshooting (Drive train Industries Inc.)

4. Automotive Technology Distributorless Ignition Systems, Mesa State College Vocational School.
5. Aerial Maintenance - 36 college credits Colorado Fire Chiefs Fire Service Mechanics Association.
6. Brake parts analysis and replacement. Brake adjustments frictions basic World Bestor.
7. Annual Equipment Maintenance Management conference, 50 credit hours, Oklahoma State University.
8. ASE Certification. A1 Engine Repair, A3 Manual Drivetrain and axles, A4 Suspensions and Steering A5 Brakes, A6 Electrical Systems, A7 Heating and air condition.
9. Hydraulic Repair and Design, United States Hydraulics Institute.
10. Welding and Fabracation.

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
1,2,3,5,7,8	Hand Tools	#1 - #2 45%
1,2,3,5,7,8	Air Tools	See #1
1,2,3,5,7,8, 9	Grinder	#3 - #9 45%
1,2,3,5,7,8, 9	Welder	See #3
1,2,3,5,7,8, 9	Plasma Cutter	See #3
1,2,3,5,7,8, 9	Torch Set	See #3
1,2,3,5,7,8, 9	Press	See #3
1,2,3,5,7,8, 9	Sand Blaster	See #3
1,2,3,5,7,8, 9	Drill Press	See #3
1,8	Blade Sharpener	5%
1,2,3,5,7	Diagnostic Tester (Toro)	#11 - #12 5%
12,3,5,7	Hydraulic Testing Equipment	See #11

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. making a decision on which piece of equipment has priority on repairs.

2. Making sure that all equipment is repaired and in good shape and safe to operate. 329 pieces ranging from wide area movers to weed eaters including tractors and implements.

3. Records and Parts Management. Ordering of parts and keeping fuel logs as per State of Colorado Division of Oil and Public Safety and Ordering of fuel.

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.	3--Monthly	2--Very Important	8
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.	4--Weekly	2--Very Important	8
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1,2,3,5,7,8
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,3,5,7,8
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	3--Extremely Important	1,2,3,5,7,8
Crawling: Moving about on hands and knees or hands and feet.	4--Weekly	1--Somewhat Important	1,2,3,5,7,8
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1,2,3,5,7,8
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	1,2,3,5,7,8
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1,2,3,5,7,8

Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	2--Very Important	1,2,3,5,7,8
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	1,2,3,5,7,8
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	4--Weekly	3--Extremely Important	1,2,3,5,7,8
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2,3,5,7,8
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	1,2,3,5,7,8
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	1,2,3,5,7,8
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.	4--Weekly	3--Extremely Important	1,2,3,5,7,8
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	4,6,9
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	1,2,3,4,5,6,7,8,9
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,5,7,8
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	4--Weekly	2--Very Important	1,2,3,5,7,8

occasionally and all other sedentary criteria are met.			
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	3--Extremely Important	1,2,3,5,7,8
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	2--Very Important	1,2,3,5,7,8
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.	4--Weekly	2--Very Important	1,2,3,5,7,8
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.	4--Weekly	2--Very Important	1,2,3,5,7,9

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


V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: 

Date: 1/8/09

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. 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: _____ Date: _____

Supervisor
Signature: Don Lett Date: 1-8-09

Department Head
Signature: Pat Shuck Date: 1/6/09

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

