

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: Financial Operations

Department: Fleet Services

For Individual Questionnaires Only:

Employee Name: Barker Timothy S
(Last) (First) (Middle Initial)

Current Classification Title: Fleet Supervisor

Division Financial Operations **Department** Fleet Services

Total Length of Time with organization 12 Years 7 months

Total Length of Time in Current Position 2 Years 5 months

Assigned Hours/Week:: from 7:30 t o 16:00
(EXEMPT) **Assigned Days/Week** M-F

Email: timba@gjcity.org **Work Phone:** 970-244-1532

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jay Valentine **Name:** Jodi Romero

Title: Asst. Financial operations mgr **Title:** Financial operations mgr

Work Phone 970-244-1517 **Work Phone:** 970-244-1515

E-mail: jayva@gjcity.org **E-mail:** jodir@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

To plan direct and manage the activities and operations of the Fleet services division, including the parts storeroom operation

To provide leadership in the purchasing, acquisition and asset management of the fleet replacement program.

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.	9
<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).	9
<input checked="" type="checkbox"/>	I make work assignments for others.	9
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	9
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	9
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	9
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	9

- 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

Automotive and Equipment Technicians, (6)
Administrative Assistant (1)
Purchasing Staff (5)
Fleet Service Technician (1)
Lead Technician (1)

YOUR DIRECT REPORTS' JOB TITLES

Automotive and Equipment Technicians. (6)
Fleet Service Technician. (1)
Administrative Assistant. (1)
Lead Technician (1)

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

☒ Full Time 9 ☐ 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		
Utility and street systems	Daily	Equipment repair and specification development
Waste Water Treatment	daily	Equipment repair
Engineering	Weekly	Equipment repair
Traffic	Daily	Equipment repair
Risk Management	Weekly, or as needed	Vehicle Accidents
Police/ Fire	daily	Repairs and determine equipment modifications

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Parts Vendors	Daily	Parts ordering
Equipment Vendors	Daily/ Weekly depending on season	Development of specifications, and clarification of requests
Sublet Vendors	Daily	process warranty claims, and schedule sublet repairs

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Analyze Fleet performance data	Determine fleet equipment needs	Weekly	10
2	Consult with fleet customers	Determine operational needs and requirements	Weekly	5
3	Plan direct and evaluate operational activities	recommend improvements or modifications	Daily	5
4	coordinate repairs with other divisions	To stay ahead of various projects without disrupting their operations	Daily	5
5	Supervise, train counsel and evaluate staff	Keeping staff current on technology	Weekly	5
6	Prepare and recommend equipment specifications	Assist other departments with technical equipment needs	Monthly	5
7	Fleet budget preparation and review	Determine and administer fleets budgetary needs	Quarterly	5
8	manages vehicle replacement program	determine replacement guidelines and criteria	Quarterly	10
9	Manages parts room operation	Determine appropriate stock levels, orders, issues and process warranty claims	Daily	15
10	Process work flow through shop from customer contact, generating, assigning, auditing and closing repair orders	Appropriate assignment of jobs to keep workflow consistent	Daily	20
11	Other Duties as assigned or needed	Ability to make sound decisions using good judgement in the best interest of the city	Select	15
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
1,3,4,5,6,7,8,9,10	Faster Fleet management software
2,3,5,6,10	knowledge of federal motorcarrier guidelines
2,4,5,9,10	knowledge of vehicle components and systems
2,5,10,11	skills in repairing and diagnosing equipment
9	Knowledge of parts store room operations
1,2,3,4,5,6,7,8,9,10,11	Knowledge of fleet operations and procedures
1,2,3,4,5,6,7,8,9,10	knowledge of supervisory practices
3,4,10	Knowledge of scheduling procedures

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 checked="" 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 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>
Automotive and Heavy Truck Technician	27 years	Automotive and Heavy Truck Technician	5 years
Service Advisor/ lead role	10 years	Lead role	2 years
Parts operations and equipment replacement procedures	10 years		years

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

Automotive Technology, Heavy Truck and Equipment Repair, Basic supervisory skills.

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.

Colorado class B Commercial drivers license

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1 through 11	Computer	50%
2,4,9,10	Telephone	15%
5,10,11	Small hand and diagnostic tools	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. Prioritizing repairs while considering different departments immediate needs, as well as what technician has the best skill level for each repair.
 - 2. Making final determination as to whether a piece of equipment can remain in service, or the need to remove from service until repairs can be made
 - 3. Budgetary decisions related to budget development, and who is responsible for equipment modification cost

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.	4--Weekly	2--Very Important	9
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	3, 5, 7, 11
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	1--Somewhat Important	5, 6, 9, 10, 11
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	1--Somewhat Important	5, 6, 9, 10, 11
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	5, 6, 9, 10, 11
Crawling: Moving about on hands and knees or hands and feet.	1--Annually	0--Not Important	11
Reaching: Extending hand(s) and arm(s) in any direction.	3--Monthly	2--Very Important	5, 9
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	11
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	11
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	1--Somewhat Important	9
Pulling: Using upper extremities to exert force in	4--Weekly	1--Somewhat Important	9

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	2--Very Important	A1)
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	1--Somewhat Important	A1)
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	9, 1)
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	1--Annually	0--Not Important	5
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very Important	A1)
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.	0--Never	0--Not 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	1--Somewhat Important	A1)
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	1--Annually	0--Not Important	7
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.	4--Weekly	1--Somewhat Important	9, 1)
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	1--Somewhat Important	9, 1)

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	4.11
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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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: Timothy J. Becker

Date: 12-11-2008

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

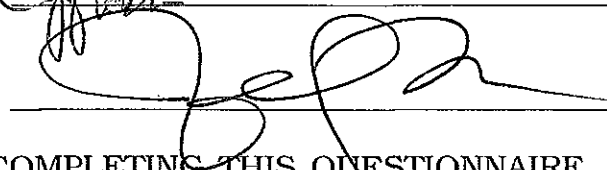
Please check the appropriate statement:

- ☐ 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: 1/15/09

Department Head
Signature:  _____ Date: 1/15/09

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.