

# 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:** Transportation Engineering

**Department:** Public Works and Planning

### For Individual Questionnaires Only:

|                       |         |         |                  |
|-----------------------|---------|---------|------------------|
| <b>Employee Name:</b> | Hartman | Jeffrey | L.               |
|                       | (Last)  | (First) | (Middle Initial) |

**Current Classification Title:** Traffic Technician/Crew Leader

|                 |                        |                   |                           |
|-----------------|------------------------|-------------------|---------------------------|
| <b>Division</b> | Traffic/Transportation | <b>Department</b> | Public Works and Planning |
|-----------------|------------------------|-------------------|---------------------------|

**Total Length of Time with organization** 18 Years 11 (6 years part time) months

**Total Length of Time in Current Position** 6 Years 7 months

|   |   |
|---|---|
| <b>Assigned Hours/Week; from</b> 7:00 to 3:30 | <b>Assigned Days/Week</b> 5 days a wk.<br>40 hrs. |
|---|---|

|                                |                             |
|--------------------------------|-----------------------------|
| <b>Email:</b> jeffh@gjcity.org | <b>Work Phone:</b> 256-4110 |
|--------------------------------|-----------------------------|

### Immediate Supervisor:

### Immediate supervisor reports to:

|              |             |              |             |
|--------------|-------------|--------------|-------------|
| <b>Name:</b> | Rick Ripley | <b>Name:</b> | Jody Kliska |
|--------------|-------------|--------------|-------------|

|               |  |               |                         |
|---------------|--|---------------|-------------------------|
| <b>Title:</b> | Public Works Maintenance<br>Supervisor | <b>Title:</b> | Transportation Engineer |
|---------------|--|---------------|-------------------------|

|                   |          |                    |          |
|-------------------|----------|--------------------|----------|
| <b>Work Phone</b> | 244-1573 | <b>Work Phone:</b> | 244-1591 |
|-------------------|----------|--------------------|----------|

|                |                  |                |                  |
|----------------|------------------|----------------|------------------|
| <b>E-mail:</b> | RickR@gjcity.org | <b>E-mail:</b> | JodyK@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.

As a crew leader, my primary duties are to make sure my crew is given their assigned duties and locations and that these duties are performed accurately. I meet with the crews daily to ensure that work assignments are given and these duties are carried out properly and throughout the day.

The duties of this division are huge and include sign maintenance, striping, and road markings, as well as signal maintenance and construction. Certifications are mandatory for this type of work, are highly specialized, and require an incredible amount of effort to obtain. With these duties and certifications, come a great deal of responsibility and training. Should we make a mistake in the field, it could cost someone his/her life.

## 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 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). | 8                   |
| <input type="checkbox"/>            | I make work assignments for others.   |                     |
| <input checked="" type="checkbox"/> | I make hiring recommendations.  |                     |
|                                     | 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.   |                     |

- 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

|                                      |
|--------------------------------------|
| Transportation Engineer              |
| Traffic Supervisor                   |
| Transportation System Analyst        |
| Transportation Engineering Assistant |
| Signal Crew Leader                   |
| Administrative Clerk                 |
| Traffic Technician                   |
| Transportation Support Technician    |

### YOUR DIRECT REPORTS' JOB TITLES

|                     |
|---------------------|
| Traffic Technicians |
| Signal Technicians  |
| Seasonal/Temporary  |
|                     |
|                     |
|                     |
|                     |
|                     |

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

- ☒ Full Time (6)      ☐ Part-Time      ☒ Seasonal/Temp (2)      ☐ Volunteer      ☐ Contract

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

**1. Inside your organization (other City Departments):**

| Title of Person or Department                | How Often | For What Purpose   |
|--|-----------|--|
| Ex: Peers, Subordinates                      |           |  |
| All City Departments within the organization | Weekly    | Fabricate signs as needed, provide requested assistance. |
|  |           |  |
|  |           |  |
|  |           |  |
|  |           |  |
|  |           |  |

**2. Outside your organization:**

| Title of Person or Organization | How Often    | For What Purpose                         |
|---------------------------------|--------------|--|
| Ex: Vendors, Gen. Public        |              |  |
| Xcel Energy                     | Occasionally | Power outages                            |
| Mesa County                     | Occasionally | Equipment, Materials, Ideas, Information |
| State (CDOT)                    | Occasionally | Materials, Ideas, Information.           |
| General Public                  | Daily        | Ideas, Opinions, Traffic Control.        |
|                                 |              |  |
|                                 |              |  |

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

*Attach additional sheets if necessary.*

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

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

|   | <b>List of Essential Duties</b>   | <b>Decisions Required</b>                              | <b>Frequency:</b><br>D = Daily<br>W = Weekly<br>M = Monthly<br>Q = Quarterly<br>A = Annually<br>O = Occasionally | <b>% of Time Spent</b><br>(Not to exceed 100%) |
|---|---|--|--|--|
| 1 | Sign fabrication using computerized sign machine to design, cut and apply to blanks.                              | Size, shape, color and text to sign.                   | Daily  | 20%  |
| 2 | Keep sign inventory up-to-date. Inventory signs and order materials.  | Condition of signs. Quantity of signs used most often. | Daily  | 5%   |
| 3 | Train co-workers in the fabrication and installation of signs and equipment.                                      | Locations of signs, size, color, and height.           | Daily  | 10%  |
| 4 | Layout and install striping, crosswalks, stop bars, stencils and parking stalls.                                  | Widths, lengths and color to be applied.               | Daily  | 15%  |
| 5 | Train co-workers in the operation of striping equipment and proper installations.                                 | Type of training, best way to communicate.             | Daily  | 5%   |
| 6 | Set up safe and effective traffic control according to MUTCD Manual. Direct and control traffic around work site. | Buffer Zones, Work Zones, length of tapers.            | Daily  | 5%   |
| 7 | Line out, plan, and direct crews for striping and markings crew.  | Assignment of duties, tasks.                           | Daily  | 15%  |
| 8 | Maintain records of work accomplished, materials needed, crews and equipment.                                     | Crews involved, materials to be used, equipment.       | Daily  | 5%   |

|    |  |  |              |    |
|----|--|--|--------------|----|
| 9  | Track material used and inventory striping and marking material. Replenish, as needed.   | How much paint and hot tape are needed.    | Monthly      | 5% |
| 10 | Maintain and troubleshoot traffic signal equipment, as needed with signal crew. Construct traffic signals, as needed.                  |  | Occasionally | 5% |
| 11 | Troubleshoot striping and marking equipment and make field repairs, if possible.   | Whether or not to take equipment to Fleet. | Monthly      | 5% |
| 12 | On call for traffic signals and signs for emergency, call outs. Provide hands on training for assigned employees for signal call outs. | When to or not to respond to a call-out.   | Monthly      | 5% |

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty #   | Knowledge – Skills  |
|----------|---|
| 1        | Use of CADlink Signals 7.0 computer and software  |
| 3,6      | Knowledge of the MUTCD and Highway Signs manuals in the proper fabrication, placement and height of traffic control signs.  |
| 2,9      | Ability to use computer programs to keep accurate, up-to-date records of signs and the condition of the sign. Knowledge of applicable laws, codes, and regulations.             |
| 2,9      | Knowing which signs are used more frequently to keep in stock.  |
| 3,7,10   | Ability to work and train your co-workers to operate and use a wide variety of equipment and tools. Includes communication skills and the ability to explain, demonstrate work. |
| 4        | Ability to read blueprints, layout and install road markings, using string lines or dots. Install stencils in the proper locations.   |
| 5        | To train your co-workers to paint a string line or dots and operate the control panel on striper. Train them to install all markings properly.                                  |
| 6        | Knowledge of the MUTCD Traffic Manual, Chapter 6.   |
| 3,5,7,12 | Identify which crew members perform certain duties better than others. Help   |

|       |  |
|-------|--|
|       | those who struggle more to train more often. Ability to lead, organize, and review work of crew.   |
| 8,9   | Track materials quantities to know how much paint is needed per mile painted, amount of beads per gallon, what material is needed for new overlays and chip sealed roads.  |
| 2,9   | Ability to use computer to enter roads painted, materials used and equipment used for the crew, update sign inventory.   |
| 10,12 | Knowledge of signal cabinets, TS1 & TS2, controllers, monitors, load switches, and operations of all traffic signals. Skills in all tools, equipment such as bucket trucks, hydraulic tools, and bandit tools. The ability to lift and hold heavy objects in place for period of time. |
| 11    | Ability to identify and repair problems with equipment in the field.   |
| 12    | Ability to identify and solve operating failures in traffic signal electronic equipment. Troubleshoot a signal cabinet. Reinstall or put out temporary R1-1. Skill in equipment operation.   |
| All   | Ability to communicate.  |

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| <b>You<br/>Have</b>                 | <b>You<br/>Need</b>                 |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input 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 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<br/>Time<br/>Required</u> |
|-------------------------|------------------|-----------------|--------------------------------------|
| Signs and Road Markings | 19 years         |                 | 2 years                              |
| Traffic Signals         | 17 years         |                 | 2 years                              |
| Traffic Control         | 19 years         |                 | 2 years                              |

The crew leader position requires a minimum of 5 years experience as a traffic technician or signal technician.

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

Signs and Road Markings

Traffic Signals

Traffic Control

**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.

Level I & II Signs and Markings

IMSA

Level I & II Signals

IMSA

Traffic Control Supervisor

ATSSA

Class A CDL

State of Colorado



**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, plotter, scanner, vinyl printer, sign roller, sign oven, utility knives, tape measures.               | D/25%          |
| 2      | Laptop Computer   | D/5%           |
| 3      | Hydraulic post pounder, post puller, drills, levels, variety of hand tools such as wrenches, screwdrivers, etc. | D/15%          |
| 4,5    | LDI paint machine, tail trucks, propane torches, hammer, stringlines, tape measures, walk behind striper.       | D/15%          |
| 6      | Traffic control signs & cones; trucks equipment with arrow boards/message boards.                               | D/5%           |
| 9      | Laptop computer.  | D/5%           |
| 10     | Bucket trucks, fork lifts, loaders, hydraulic and hand tools.   | M/5%           |
| 12     | Bucket truck, call-out truck.   | M/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. Type and quantity of materials needed to perform my duties. What time of day we want to perform certain duties that require a lane closure on major arterial roadways.
  2. Equipment, materials, tools, needed to perform daily duties. The ability to know when something needs to be ordered as well as the quantity of materials to be ordered. Many of the materials used have a shelf life.
  3. There are a wide variety of decisions to make when designing and fabricating signs; what size sign to use, type of font to use, height of text, color, 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
- 1 - Annually
- 2 - Quarterly (at least 3 per year)
- 3 - Monthly (at least 8 per year)
- 4 - Weekly (at least 3 per month)
- 5 - Daily (at least 3 per week)

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

| Physical Activity   | Frequency | Importance             | Duties           |
|---|-----------|------------------------|------------------|
| <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.            | 5--Daily  | 2--Very Important      | 1,3,5,10,12      |
| <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily  | 3--Extremely Important | 5,10             |
| <b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.   | 5--Daily  | 3--Extremely Important | 3,4,5,6,10,11,12 |
| <b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.   | 5--Daily  | 3--Extremely Important | 4,5,10,11,12     |
| <b>Crouching:</b> Bending the body downward and forward by bending leg and spine.   | 5--Daily  | 3--Extremely Important | 3,4,5,10,11,12   |
| <b>Crawling:</b> Moving about on hands and knees or hands and feet.   | 5--Daily  | 2--Very Important      | 4,11             |
| <b>Reaching:</b> Extending hand(s) and arm(s) in any direction.   | 5--Daily  | 3--Extremely Important | 3,4,5,6,10,11,12 |
| <b>Standing:</b> Particularly for sustained periods of time.  | 5--Daily  | 3--Extremely Important | 1                |
| <b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.  | 5--Daily  | 3--Extremely Important | 3,4,6,10         |
| <b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.   | 5--Daily  | 2--Very Important      | 3,10             |

|  |           |                        |                    |
|--|-----------|------------------------|--------------------|
| <b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.  | 5--Daily  | 2--Very Important      | 3,10               |
| <b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.  | 5--Daily  | 3--Extremely Important | 1,2,3,5<br>8,10,12 |
| <b>Grasping:</b> Applying pressure to an object with the fingers or palm.  | 5--Daily  | 2--Very Important      | 1,3,4,10           |
| <b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.  | 5--Daily  | 3--Extremely Important | 1,3,4<br>6,10,10   |
| <b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.   | 5--Daily  | 2--Very Important      | 1,4,10,12          |
| <b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.  | 5--Daily  | 3--Extremely Important | 3,5,7              |
| <b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.  | 4--Weekly | 2--Very Important      | 10,11,12           |
| <b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily  | 3--Extremely Important | All duties         |
| <b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.  | 5--Daily  | 3--Extremely Important | 1,4,5              |
| <b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.   | 5--Daily  | 2--Very Important      | 3,4,5<br>6,10      |
| <b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the  | 5--Daily  | 2--Very Important      | 3,4,5<br>6,10      |

|   |          |                   |      |
|---|----------|-------------------|------|
| worker sits most of the time, the job is rated for Light Work.  |          |                   |      |
| <b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.                           | 5--Daily | 2--Very Important | 3,10 |
| <b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.                           | 5--Daily | 2--Very Important | 3,10 |
| <b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5--Daily | 2--Very Important | 3,10 |

## 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%<br>of the time        | 25-50% of the<br>time               | More than 50%<br>of the time        |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Hazardous materials (chemicals, blood and other body fluids, etc.)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Extreme temperatures   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Environmental (disruptive people, imminent danger, threatening environment)            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

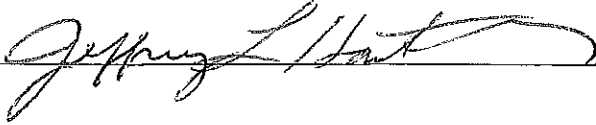
### ADDITIONAL COMMENTS

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

The Traffic Department involves a wide variety of duties. Sign maintenance, striping, and road markings; as well as signal maintenance and construction are our main priorities. However, day-to-day, you never really know what is to be required of you. Requirements for computer skills have increased and the certifications we must possess are not easy to get. The more the valley grows, the more dangerous our jobs get. We are always working in the path of traffic and our jobs require a great deal of responsibility. Should we make a mistake, it could cost someone their life. We take great pride in what we accomplish daily.

## EMPLOYEE CERTIFICATION

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

Signed:  Date: 12-23-08

### TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

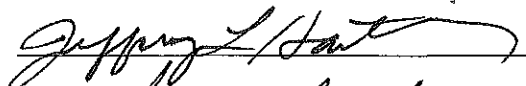
This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please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

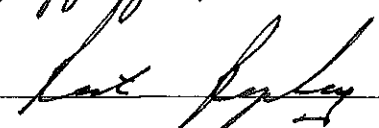
| Question No. | Comments |
|--------------|----------|
|              |          |
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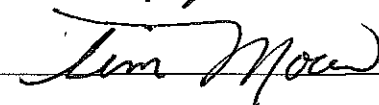
Please check the appropriate statement:

- ☐ 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: 12-23-08

Supervisor Signature:  Date: 12/23/08

Department Head Signature:  Date: 1-12-09

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





# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

**Division:** Transportation Engineering

**Department:** Public Works/Planning

**For Individual Questionnaires Only:**

**Employee Name:**

Foster

Stanley

A

(Last)

(First)

(Middle Initial)

**Current Classification Title:** Traffic Signal Crew Leader

**Division** Transportation Engineering

**Department** Public Works/Planning

**Total Length of Time with organization** 20 Years 6 months

**Total Length of Time in Current Position** 6 Years 7 months

**Assigned Hours/Week;; from** 7:00 t o 3:30

**Assigned Days/Week** 40 hrs

**Email:** stanf@gjcity.org

**Work Phone:** 244-1573

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Rick Ripley

**Name:** Jody Kliska

**Title:** Public Works Maintenance  
Supervisor

**Title:** Transportation Engineer

**Work  
Phone** 244-1573

**Work  
Phone:** 244-1591

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

**E-mail:** jodyk@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 ensure public safety to the motoring public, bicyclists, and pedestrians, and to the general public, in using our streets and highway systems and right of ways efficiently and safely. My job of traffic signal crew leader is to supervise the traffic signal crew. Overseeing all construction, maintenance, trouble shooting and repairs of traffic signal, street lighting projects. Training of all traffic service techs in all aspects of signal applications.

## 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 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). | 8                   |
| <input checked="" type="checkbox"/> | I make work assignments for others.   | 8                   |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations.   | 1                   |
| <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

|  |
|--|
| Transportation Engineer (1)                                    |
| Public Works Maintenance Supervisor (1)                        |
| 2-Transportation System Analyst (2)                            |
| Transportation Support Tech. (1)                               |
| Transportation Engineering Asst. (1)                           |
| Administration Clerk (1)                                       |
| Traffic Signal Tech (1)  |
| Traffic Tech Crew Leader (1), Traffic Techs (4), Seasonals (1) |

### YOUR DIRECT REPORTS' JOB TITLES

|                              |
|------------------------------|
| Traffic Signal Tech (1)      |
| Traffic Tech Crew Leader (1) |
| 4-Traffic Techs (4)          |
| Seasonals (1)                |
|                              |
|                              |
|                              |
|                              |

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

☒ Full Time 6      ☐ Part-Time      ☒ Seasonal/Temp 2      ☐ 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     | To Complete Job Tasks  |
| Street Dept.                  | As Needed | Weather Stations, Bridge Maintenance, Road Repairs, Projects, Equipment, Utility Locates |
| Water Dept.                   | As Needed | Road Repairs, Projects, Inspections, Contractors.  |
| Engineering Dept.             | As Needed | Construction Projects, Inspections, Contractors.   |
| Parks Dept.                   | As Needed | St. Lighting, Site Distance Issues, Elec. Problems, Equipment, Tattle Tale Lights.       |
| Police Dept.                  | As Needed | Call outs, Traffic Signal Repairs, Surveillance Cameras, and Equipment.                  |
| Fleet Dept.                   | As Needed | Vehicle Repair, Maintenance, Scheduling of Repairs.                                      |
| Fire Dept.                    | As Needed | Install, Repair, Maintenance on Opticom Systems, Training.                               |
| Stores Purchasing             | As Needed | Install, Repair, Maintenance   |

**2. Outside your organization:**

| Title of Person or Organization | How Often | For What Purpose   |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public        |           |  |
| Xcel Energy                     | As Needed | Power outages, construction projects, materials needed.                                |
| Grand Valley Rural Power        | As Needed | Power feeds, construction projects, in overlaying areas.                               |
| Contractors                     | As Needed | Construction projects, Repairs, Utility Locates, Inspections.                          |
| CDOT                            | As Needed | Construction projects, Repairs, utility Locates, Inspections, Materials                |
| Mesa County                     | As Needed | Construction projects, Repairs, Utility Locates, Inspections, Materials and Equipment. |
| General Public                  | As Needed | Information and requests.  |

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

**Attach additional sheets if necessary.**

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

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

|   | List of Essential Duties                                 | Decisions Required                                    | Frequency:<br>D = Daily<br>W = Weekly<br>M = Monthly<br>Q = Quarterly<br>A = Annually<br>O = Occasionally | % of Time Spent<br>(Not to exceed 100%) |
|---|--|---|---|---|
| 1 | Supervise Traffic Signal Crew                            | Make sure crew works, as a team to get the work done. | Daily   | 10%                                     |
| 2 | Train all Traffic Signal Crew, Traffic Techs, Seasonals. | What Training is needed, per individuals; needs.      | Daily   | 10%                                     |

|    |   |   |         |     |
|----|---|---|---------|-----|
| 3  | On Call- Respond to emergency callouts for Traffic Signals, Signs, Street Lighting, and service, as appropriate.  | Appropriate response, and what will be needed to accomplish the job.                        | Monthly | 5%  |
| 4  | Construction, Installation, Troubleshoot, Repairs and Maintenance of signals, signs, fiber optics systems, street lighting, flashing School Zone clocks, radio communication systems. | What crew, equipment, tools, materials, and time, plus Safety needs are to complete jobs    | Daily   | 25% |
| 5  | Supervise the Design, Installation, Maintenance of Traffic Control work zones in accordance with the MUTCD.   | Make sure the safety procedures; and installations are according to the standards of MUTCD. | Daily   | 5%  |
| 6  | Ensure Safety procedures of lower level employees, public safety.   | Make sure Safety procedures are being followed, and implemented.                            | Daily   | 5%  |
| 7  | Respond to Public complaints, wants, needs, special events, street lighting.  | Where and how to respond and what is needed to respond.                                     | Daily   | 5%  |
| 8  | Maintain accurate and detailed daily data on laptop computer for work accomplished, materials used, crew, equipment for Quarterly Reports and liability.                              | What data is required and needed.   | Daily   | 5%  |
| 9  | Provide information in ordering supplies, materials, equipment, and tools needed.   | Where and what is needed to order.  | Daily   | 5%  |
| 10 | Operate various equipment; light, heavy, forklifts, Arial bucket trucks, dump trucks, front end loader, backhoe, etc.   | What equipment is needed and the knowledge of how to operate it.                            | Daily   | 10% |
| 11 | Operate various electronic equipment for repairs; volt meter, frequency counter, and specialized test equipment.  | What equipment is needed and the knowledge of how to operate it.                            | Daily   | 5%  |
| 12 | Back up support for Traffic Tech crew, installation, fabrication of signs, pavement markings, and sign inventory.   | What equipment is needed and the knowledge of how to operate it.                            | Daily   | 5%  |
| 13 | Utility locates (Traffic Signal underground, Fiber Optic underground, Street Lighting.  | What to locate.   | Daily   | 5%  |

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty #                       | Knowledge – Skills   |
|------------------------------|--|
| #1-#2                        | People skills to train and line out lower level employees including oral communications and the ability to explain work processes. |
| 2,4,5,<br>6,8,12             | Knowledge of MUTCD for proper fabrication, placement, and installation of Traffic Control devices.                                 |
| 2,3,4,<br>5,8,9,12           | Ability to read engineering plans, blueprints, schematics.   |
| 2,3,4<br>,8,9                | Knowledge of Traffic Signal Cabinet, controllers, monitors, load switches, and operations to troubleshoot.                         |
| 2,3,4,<br>7,11               | Ability to identify and solve operating failures in Traffic Signal Electronic Equipment. Skill in efficient diagnosis of problems. |
| 1 through<br>12              | Ability to lead, organize and review work of assigned employees.   |
| 1,2,3,<br>4,5,6,<br>10,12,13 | Knowledge of pertinent codes, laws and regulations and electrical code.  |
| 2,3,4<br>7,8,9<br>12,13      | Computer skills, daily data collection, running diagnostic tests on traffic signal components.                                     |
| 1 through<br>12              | Knowledge of equipment operations and Safety procedures.   |
| 1 through<br>12              | Skill in the operation of tools and equipment.   |
| 3,4,5,<br>7,8,9,<br>11,12,13 | Ability to keep accurate, up-to-date data of traffic signal operations, signs and markings.  |
| 1 through<br>12              | IMSA Certifications, Traffic Signal Levels I-II, Signs/Markings Levels I-II, Traffic Signal Inspector.                             |

|               |  |
|---------------|--|
| 4,10          | Class A CDL Drivers License                      |
| 2,3,4,<br>5,6 | ATTSA Certification – Traffic Control Supervisor |

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

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

| <b>You Have</b>                     | <b>You Need</b>                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" 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 checked="" type="checkbox"/> | Up to two years 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 type="checkbox"/>            | <input type="checkbox"/>            | Other (explain):   |

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

#### **Type of Experience**

| <b><u>You Have</u></b>              | <b><u>Your Time</u></b> | <b><u>You Need</u></b> | <b><u>Minimum Time Required</u></b> |
|-------------------------------------|-------------------------|------------------------|-------------------------------------|
| IMSA Sign & Markings<br>Level I     | 20 years                |                        | 2 years                             |
| IMSA Traffic Signal I               | 20 years                |                        | 2 years                             |
| IMSA Signs and Markings<br>Level II | 19 years                |                        | 2 years                             |

|                              |    |       |         |
|------------------------------|----|-------|---------|
| IMSA Traffic Signal Level II | 10 | Years | 2 years |
|------------------------------|----|-------|---------|

|                               |   |       |         |
|-------------------------------|---|-------|---------|
| IMSA Traffic Signal Inspector | 8 | Years | 2 years |
|-------------------------------|---|-------|---------|

Fiber Optics

Crew Leader position requires a minimum of 5 years experience as a traffic technician or signal technician.



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

Electrical Systems

Fiber Optics

IMSA Traffic Signals

**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. Traffic Signal I (Note 1-4: All IMSA Certifications)

2. Traffic Signal Level II (Field Tech)

3. Signs & Markings Level I

4. Signs and Markings Level II

Certified Traffic Control Supervisor (ATSSA Certification)

Certified Fiber Optics Technician CFOT (1& 2 are ETA International Certifications.)

Certified Fiber Optics Installer CFOI.

First Aid – CPR Certified.

**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 |
|--------------------------|--|----------------|
| 2,3,4,<br>7,10,12,<br>13 | Aerial Bucket Truck – with jib winch         | 5% Daily       |
| 2,4,6,10                 | Backhoe/Auger Digger                         | 3% Monthly     |
| 2,4,6,10                 | Front End Loader                             | 3% Monthly     |
| 2,4,6,10                 | Fork Lift                                    | 4% Weekly      |
| 2,3,4,6,<br>13           | MetroTech Utility Line Locator               | 5% Daily       |
| 2,4,6,10                 | Air compressor, Jack hammer                  | 3% Monthly     |
| 10,12                    | Centerline Striper                           | 1% Annually    |
| 2,6,10,12                | Airless painter (Pushcart-hand held)         | 1% Annually    |
| 2,6,10,12                | Pavement Grinder                             | 1% Annually    |
| 4,6,7,10,<br>12          | Hydraulic Post Driver/Puller                 | 4% Weekly      |
| 2,4,6,12                 | Welder                                       | 3% Monthly     |
| 2,3,4,6,7,<br>12         | Cutting Torches                              | 4% Weekly      |
| 4,6,12                   | Propane Hot Tape Applicator                  | 1% Annually    |
| 4,8,12,13                | GPS Unit                                     | 1% Annually    |
| 2,3,4,6                  | PVC Conduit Heater Oven                      | 1% Annually    |
| 3,4,8,11,<br>12,13       | Computers (Laptop-Desktop)                   | 5% Daily       |
| 2,3,4,<br>11,13          | Voltage/Amp Meter                            | 5% Daily       |
| 2,3,4,11,<br>13          | Specialized Electronic Test/Repair Equipment | 5% Daily       |
| 3,4,6,11,<br>12          | Miscellaneous Power Tools                    | 5% Daily       |
| 2,4,7,11                 | Traffic Signal Test Board                    | 3% Monthly     |
| 2,3,4,11                 | Soldering Gun                                | 3% Monthly     |
|                          |  |                |

**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. Everyday I make decisions that affect the driving public's safety as well as my own. When I set up traffic control for the work zone I have to make several important decisions. I must make sure that the drivers have enough warning time to react to any changes they have to make. The manner in which traffic control is set up must be clear to the driver as to what actions they must take to get past the work zone safely. The Zone must be set up in accordance with the guidelines set forth in the Manual on Uniform Traffic Control Devices. I must also set up and dismantle the traffic control in a certain order so that the vehicles and personnel within the work zone are protected the entire time.

2. While working on traffic signals there are times when the signal has to be turned off or put it in flash in order to make repairs. I must decide at what point the signal can be turned off or put into flash safely and without creating a lot of confusion for the drivers approaching the intersection. I must also decide if the intersection can operate safely for a short amount of time without a police officer directing traffic or if an officer needs to be in place before any action is taken. In order to make this decision I must be aware of the expected volume of traffic at the intersection during the time in which the repairs are being made.

3. Every aspect of my job involves being out in the roadway or very close to it, the very most important decisions I make involve my personal safety and of my crew. I must watch and anticipate what people are going to do and how they are going to react so that I can be prepared. I must keep in mind an escape plan in the event that the driver is not paying attention so that I and/or my crew can quickly get out of the way.

## **IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS**

### **1. PHYSICAL ACTIVITIES/REQUIREMENTS.**

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

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

#### **Frequency**

#### **Importance**

**How frequently is the activity performed?**

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

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

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

| <b>Physical Activity</b>  | <b>Frequency</b> | <b>Importance</b>             | <b>Duties</b>               |
|---|------------------|-------------------------------|-----------------------------|
| <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.            | 5 - Daily        | 3 -<br>Extremely<br>Important | 2,3,4,7,<br>10,11,12        |
| <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5 - Daily        | 3 -<br>Extremely<br>Important | 2,3,4,<br>7,10,11,<br>12,13 |
| <b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.   | 5 - Daily        | 3 -<br>Extremely<br>Important | 2,3,4,<br>7,10,11,12,13     |
| <b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.   | 5 - Daily        | 3 -<br>Extremely              | 2,3,4,7,11,12,<br>13        |

|   |            |                               |                               |
|---|------------|-------------------------------|-------------------------------|
|   |            | Important                     |                               |
| <b>Crouching:</b> Bending the body downward and forward by bending leg and spine.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 2,3,4,7,10,12,<br>13          |
| <b>Crawling:</b> Moving about on hands and knees or hands and feet.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 4,11,12,13                    |
| <b>Reaching:</b> Extending hand(s) and arm(s) in any direction.   | 3- Monthly | 3 -<br>Extremely<br>Important | 3,4,5,7,8,10,11,12,13         |
| <b>Standing:</b> Particularly for sustained periods of time.  | 5 - Daily  | 3 -<br>Extremely<br>Important | 1,2,3,<br>4,5,6,<br>7,12,13   |
| <b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.  | 5 - Daily  | 3 -<br>Extremely<br>Important | 1,2,3,4,5,6,7,12,13,          |
| <b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 3,4,6,7,11,12                 |
| <b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 3,4,5,7,12                    |
| <b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 2,3,4,8,11,13                 |
| <b>Grasping:</b> Applying pressure to an object with the fingers or palm.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 2,3,4,<br>7,10,11,<br>12,13   |
| <b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.   | 5 - Daily  | 3 -<br>Extremely<br>Important | 2,3,4,<br>7,10,11,<br>12,13   |
| <b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.  | 5 - Daily  | 3 -<br>Extremely<br>Important | 2,3,4,<br>7,8,10,<br>11,12,13 |
| <b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.   | 5 - Daily  | 3 -<br>Extremely<br>Important | All                           |
| <b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.   | 5 - Daily  | 3 -<br>Extremely<br>Important | All                           |
| <b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered | 5 - Daily  | 3 -<br>Extremely<br>Important | All                           |

|  |             |                               |                           |
|--|-------------|-------------------------------|---------------------------|
| 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).     |             |                               |                           |
| <b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.  | 5 – Daily   | 3 –<br>Extremely<br>Important | 2,3,4,7,8,<br>10,11,12,13 |
| <b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5 – Daily   | 3 –<br>Extremely<br>Important | 2,4,5,7,8,10,11,12        |
| <b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.                             | 5 – Daily   | 3 –<br>Extremely<br>Important | 2,3,4,5,7,8,10,11,12      |
| <b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.  | 3-Monthly   | 3 –<br>Extremely<br>Important | 3,4,6,7,10,12             |
| <b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.  | 2-Quarterly | 3 –<br>Extremely<br>Important | 3,4,6,7,10,12             |
| <b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.  | 2-Quarterly | 3 –<br>Extremely<br>Important | 3,4,6,7,10,12             |

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

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

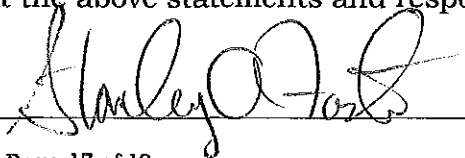
### ADDITIONAL COMMENTS

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

## EMPLOYEE CERTIFICATION

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

Signed: \_\_\_\_\_



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

12-23-08

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD**

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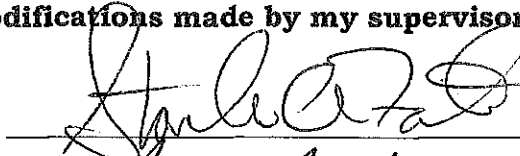


Please check the appropriate statement:

- ☐ 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.

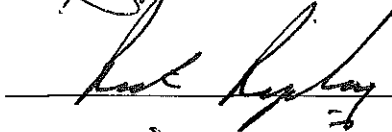
Employee Signature:



Date:

12-23-08

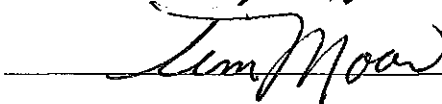
Supervisor  
Signature:



Date:

12/23/08

Department Head  
Signature:



Date:

1-12-09

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.

