

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
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**Division:** Public Works

**Department:** Persigo

### For Individual Questionnaires Only:

**Employee Name:** Bowman                      Bowman                      Craig                      E.  
*(Last)*                      *(First)*                      *(Middle Initial)*

**Current Classification Title:** Equipment Operator

**Division**      Public works                      **Department**      Presigo Wastewater Plant

**Total Length of Time with organization**      6 Years 3 months

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

**Assigned Hours/Week::** from 7:00 to 3:30                      **Assigned Days/Week** (5) Mon-Fri.

**Email:**                      **Work Phone:** 256-4161

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Larry Brown                      **Name:** Dan Tonello

**Title:** Maint. Supv.                      **Title:** Wastewater Serv. Supt.

**Work Phone**      256-4168                      **Work Phone:**      256-4164

**E-mail:**                      **E-mail:**

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

Division: Public Works Department: Persigo W.W.P.

### For Individual Questionnaires Only:

Employee Name: Guillen Phillip  
(Last) (First) (Middle Initial)

Current Classification Title: Equipment Operator  
Division Public Works Department Utilities Persigo W.W.P. Plant

Total Length of Time with organization Years 33 months

Total Length of Time in Current Position Years 8 months

Assigned Hours/Week: from 7:00 to 3:30 P.M. Assigned Days/Week M-F

Email: Work Phone: 256-4161

Immediate Supervisor: Immediate supervisor reports to:

Name: Larry Brown Name: Dan Tonello  
Title: Wastewater Maintenance Supervisor Title: Wastewater Services Superintendent

Work Phone: 256-4168 Work Phone: 256-4171

E-mail: larry@gjcity.org E-mail: dant@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.

### Equipment Operator

To clean and maintain the sewer system and non potable fluid carrying lines within the 201 Sewer District(i.e.Irrigation,Storm.).Also responsible for using all equipment at our disposal to prevent spills or leaks which would constitute a public health crisis.

By using our equipment and knowledge to set-up in a safe and effective manner, we eliminate the possibility of such an occurrence.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	(1) on-call
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	reg. work day/on-call

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**

1. <del>Wastewater Services Supt.</del>
2. <del>Maintenance Supervisor</del>
3. Specialty Equipment Operator
4. Equipment Operator
Listed in order of chain of command

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Tom Magee/Streets Dept.	Frequently	On Irrigation and Storm related jobs
Street Dept. Employees	Frequently	Storm and various emergency calls
911 Dispatch	Frequently	Sewer back-ups, Storm calls Various others
Engineering Dept.	Occasionally	Contractor follow-up, Cleaning, Locates, Various calls
Fire Dept.	Occasionally	Sump problems, 911 calls, Storm issues, Auto accidents
Parks Dept.	Occasionally	Clearing back-ups, sumps, feed lines, irrigation

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Follow-up on calls, Problem solving on customer issues
Fruitvale/Orchard Mesa sanitation district	Frequently	Sewer calls/On-call
Central Grand Valley San. Dist	Occasionally	Sewer calls/On-call
Orchard Mesa Irrigation	Frequently	Drainage calls
General Contractors	Occasionally	Clean outs, Locates, Various reasons

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

**Attach additional sheets if necessary.**

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

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

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b> (Not to exceed 100%)
1	Clean and maintain sewer lines	Numerous (proper equip.)	Daily	50%
2	Remove debris from sewer system	Numerous (Type and safest removal)	Daily	5%
3	Clean storm lines and remove debris	Numerous (Proper equip, type and safest removal)	Weekly	5%
4	Handle daily sewer back-up calls	Numerous (Set-ups and handling customer contacts)	Daily	5%
5	Clean irrigation lines /remove debris	Numerous (Proper equip to use, and safest removal)	Daily	10%
6	Prepare traffic set-ups for daily maintenance work	Numerous (Prepare set-up for appropriate traffic density)	Daily	10%
7	Maintain daily workorders on computer/paperwork	Numerous (General computer skills)	Daily	5%
8	Customer contacts on daily calls	Numerous (How best to deal with difficult people)	Daily	<del>2%</del>
9	Assist T.V. operator on inspections	Numerous (How best to help accomplishing task at hand)	Daily	5%
10	Special Projects Engineering Dept.	Numerous (From set-up, to equip-needed depending on job)	Weekly	
11	Maintain Equipment for service (Vactor truck, Ect)	Numerous (Preparation of vehicle and equip for safe operation)	Daily	5%

12	Assist on lift stations as needed	Numerous (Decide how to reestablish operation in a safe fashion)	Monthly	-----
13	On-call as scheduled (24/7 Every 6 to 8 weeks)	Very Numerous (From how to reestablish lift station operation to emergency sewer back-ups)	Monthly	-----
14	Keep updated on regular safety regiment/certifications.	Planning achieving my certification requirements	Monthly	-----
<del>15</del> 7	Communicate problems to supv. as needed add TO #7	Communicative (How to diffuse information up and down the chain of command)	Daily	2%
<del>16</del> 7	Identify problems with GIS/GBA (report) add TO #7	Numerous (When problems found help find solutions)	Daily	1%
<del>17</del> 11	Fill in ground plant as needed (utility person) add TO #11	Numerous (Filling in other positions, semi-unfamiliar decisions made)	Monthly	-----
18	Participate in confined space entries	Numerous (As member of crew make safe decisions, Confined space entry permit)	Quarterly	-----
<del>19</del> #1	Locate lost manholes and elevate as needed add TO #1	Negligible (Use appropriate sources to find missing and covered manholes)	Monthly	-----

#### 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
Sewer Cleaning	Proper operation of sewer trucks, equipment, and practices
Knowledge of Structures	Knowledge of geographic area, and structures
Computer Documentation	Working knowledge of Computers

Truck Regular Maintenance	Minimum knowledge for CDL Exam (or possession)
Collections Certifications	Ability to secure Colorado State Collections licence

### 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 checked="" 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?



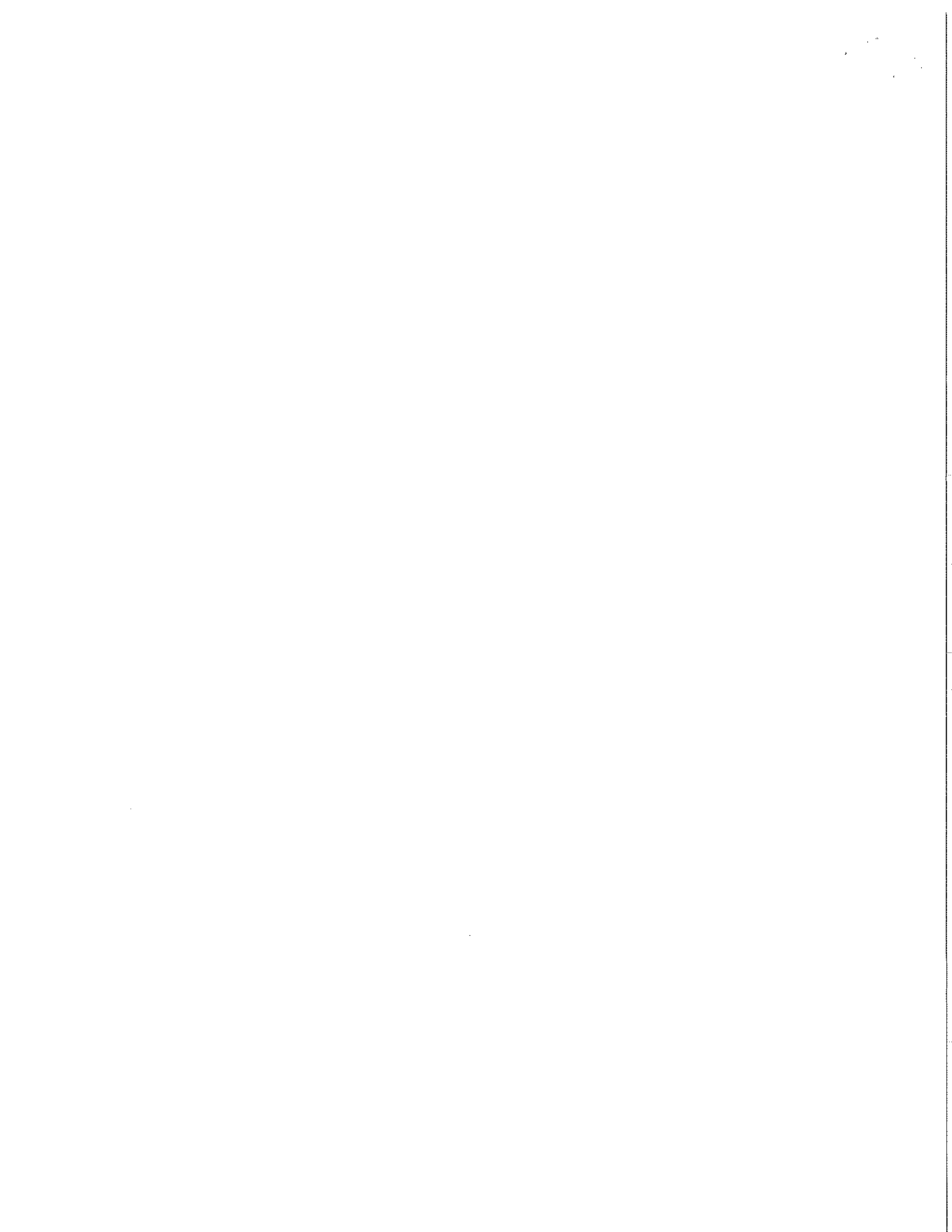
Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
College Degree	2 years	High School Diploma/GED	2 years
Equipment Operator	15 years	Related or Specialized Training	0/2 years
C.D.L.(class A licence[M.N.T.])	17 years	C.D.L.(class B licence)	years

a. What field (s) should training or degree be in?  
Wastewater or Collections, Related field

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

- Class A Comercial Drivers Licence (M.N.T. Classifications)
- Class 4 Colorado Collections Operator Licence
- Class1 Colorado Wastrwater Certification
- Colorado Storm Water Inspector (D.O.T.)



**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
Sewer Jetting	Vactor high pressure jetting truck, Panasonic/laptop computer, various safety equip and small hand tools	Daily / 50%
Sewer Jetting	Shovels, picks, metal detectors, root cutting equip., tap cutting equip	As Needed / 25%
On-Call	Vactor International Vacuum jetter combination truck, Various pumps and generators (stationary and portable),	Monthly / 10%
On-Call	International Liftstation truck and various equipment assigned to it	monthly / 10%
Plant Assist	Various Equipment around Presigo plant site from Dump trucks to tractors. From Commercial Mowers to stationary and portable power tools and hand tools.	Quarterly / 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. We pull up on a section of regular maintenance to be done and have to decide how to setup traffic control for our protection and that of the motoring public.

2. Upon dispatch to a sewer back-up we must decide where the blockage is located, in what structure, and how best to use the equipment available to clear debris. A.S.A.P

3. On call we are dispatched by 911 to an address on Orchard Mesa. We must first decide how to clear the blockage (What equipment is necessary.) Or if structural failure is indicated. We are thus required to minimize damage until proper support personnel can be on site.

## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

#### Frequency

**How frequently is the activity performed?**

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

#### Importance

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

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

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	2--Very Important	In and out of truck, over obstructions, up hills, in ditches
<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	2--Very Important	Walking on uneven surfaces (slick)
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	Bending to free basins and manhole lids
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	Examining manholes
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	Cleaning and rinsing manholes
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	4--Weekly	1--Somewhat Important	Getting in and out of irrigation ditches
<b>Reaching:</b> Extending hand(s) and arm(s) in	5--Daily	3--Extremely Important	In and out of

any direction.			truck, Placement of hose
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	In all operations. Waiting for wave-off.
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	Walking to and from set-up manholes
<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	Pushing manhole lids to side
<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--Extremely Important	Pulling jetter hose to free stuck hose
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	4--Weekly	2--Very Important	Computer work ,Minor repairs
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	Grasping tools and equipment
<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	Lifting equipmant from truck.(i.e.Cones)
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	Gloves to prevent contamination
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	Communication between Depts. and Supervisor
<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	2--Very Important	Used to tell how projects progress
<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	5--Daily	3--Extremely Important	To tell how equipment is running

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--Extremely Important	Constant jetting ,in and out ,up and down
<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.	0--Never	0--Not Important	Not often/drive time
<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.	4--Weekly	1--Somewhat Important	Occasionally general duties
<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	3--Extremely Important	Removal of equipment ,drag hose to setup
<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	Removal of storm grates,manhole lids
<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.	4--Weekly	2--Very Important	Pulling hose ,removeing stuck lids

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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).

See attached supplemental;  
Reclassification Worksheet *Taken over*

I am continually called upon to fulfill the duties of the Specialty Equipment Operator for both employee absences and in on-call situations. This requires that I be able to continue the assigned work without disruption. As an Equipment Operator this cross training enables me to fit into vacancies in both the Specialty and Stationary Positions if needed.

Two qualified people on the crew provides a better opportunity for the City to have employees ready for potential expansion and gives each member a more complete understanding of the job.

**EMPLOYEE CERTIFICATION**

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

Signed: Craig E. Brown Date: 12/22/08  
Phil [Signature] 11-22-08

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

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

Question No.	Comments
1	This is a group questionnaire
2 B	supervisor and super are not co workers essential duties combined some and cut out some
3	special requirements CDL
4	machines, tools, equipment added 1/2 Time



January 2, 2009

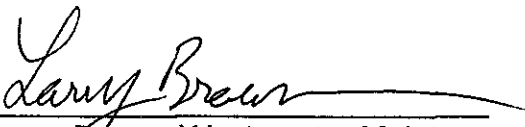
From: Larry Brown

RE: Stipend for Collections Operators

As part of the 2002 – 2003 budget process, Human Resources evaluated the new certification requirements for employees involved in water distribution or wastewater collection systems. This was done to determine whether some sort of additional compensation was warranted based on the new state requirement.

In 2008 I talked to Human Resources about setting pay ranges for each level of certification and to eliminate the Stipend. At that time it was said that we could address the issue with the JAQ's. Pipe Line Maintenance is changed the base pay to reflect this and at this time I am requesting the change be made to Collections.

Thanks, for your consideration in this mater.



Larry Brown

Larry Brown, Wastewater Maintenance Supervisor

**Please check the appropriate statement:**

- I agree with the incumbents' position questionnaire as written.
- The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.
- The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature:	<u><i>Craig E Bowman</i></u>	Date:	<u><i>12-13-08</i></u> <u><i>12/23/08</i></u>
Supervisor Signature:	<u><i>Jerry Brem</i></u>	Date:	<u><i>12/30/08</i></u>
Department Head Signature:	<u><i>[Signature]</i></u>	Date:	<u><i>1/8/09</i></u>

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

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Steven Stortz

**Division:** Utility and Streets

**Department:** Persigo Wastewater Plant

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Chadd <i>(Last)</i>	Glen <i>(First)</i>	K <i>(Middle Initial)</i>
-----------------------	------------------------	------------------------	------------------------------

**Current Classification Title:** Collections Equipment Operator

<b>Division</b> Utility and Streets	<b>Department</b> Persigo Wastewater Plant
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**Total Length of Time with organization** 8 Years 4 months

**Total Length of Time in Current Position** 2 Years 5 months

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

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

**Work Phone:** 970-256-4180

#### Immediate Supervisor:

#### Immediate supervisor reports to:

**Name:** Larry Brown

**Name:** Dan Tonello

**Title:** Collections Supervisor

**Title:** Plant Superintendent

**Work Phone** 970-256-4168

**Work Phone:** 970-256-4161

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

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

## II. POSITION INFORMATION

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

**Example:** Computer Support Technician

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

### Collections Equipment Operator

To operate specialized equipment in the cleaning and maintenance of City sewer, storm and irrigation systems. Inspect and maintain storm drains, catch basins, irrigation lines, and clean/maintain lift stations. Locate manholes, catch basins and lines to update GIS maps. Respond to emergency after hour calls. Run various types of equipment around the plant site to do up keep and special projects such as loader, skid loader, back hoe, yard tractor, blade, dump trucks, roll off, and lawn mowers.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	8
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	4

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**

Collections Equipment Operator
Specialty Collections Equipment Operator
Plant Mechanic
Lead Plant Mechanic
Liftstation Mechanic
Administrative Assistant
Safety Coordinator
Camera Operator

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Street Department	Daily	Storm, irrigation, drainage system maintenance
Fire Department	Monthly	Irrigation and sediment collection systems maintenance
Parks Department	Quarterly	Irrigation and sediment collection systems maintenance
Engineering	<del>Daily</del> W	Sewer, storm, drainage, irrigation systems cleaning/inspecting/locating
Water Department	<del>Daily</del> W	Hydro-excavating, dewatering and maintenance of sewer collection and water delivery system
GIS/IS Department	<del>Daily</del> W	Locate unsurveyed assets to update City mapping systems

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
All citizens of the 201 Sewer System	Daily	Provide customer service within City policy
Valley wide Sanitary Sewer Districts	<del>Daily</del> M	Routine cleaning and maintenance of sewer systems, liftstations and emergency response to customer complaints
Mesa County	Occasionally	Assist in any assigned tasks
Valley wide Contractors	Occasionally	Assist in any assigned tasks
Valley wide Irrigation Districts	Occasionally	Cleaning and maintenance of irrigation systems
Valley wide Drainage Districts	Occasionally	Cleaning and maintenance of drainage systems

**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

only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of all duties should equal 100% over a one year period of time.

*Attach additional sheets if necessary.*

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

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

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b> (Not to exceed 100%)
1	Vactor and jet sanitary sewer collection systems	judge condition of lines	Daily	20
2	Vactor and jet storm collection systems	judge condition of lines	Daily	20
3	Vactor and jet irrigation delivery systems	judge condition of lines	Daily	5
4	Vactor and jet drainage delivery systems	judge condition of line	Daily	5
5	Computer	keep up with work orders daily	Daily	10
6	Inspections	judge condition of lines	Daily	5
7	Hydro-excavating	trench conditions and all underground utilities	Monthly	5
8	Truck Maintenance	constant attention of entire truck/upkeep	Daily	5
9	Customer service	keep good attitude	Daily	5
10	Traffic control	when and how much	Daily	10
11	Verify hazardous environments	constant monitoring of gases for safety	Daily	10
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	Must have knowlage of collection system, and street names. (city and county )
2	Must have knowlage of storm drainage system, and street names. (city and county )
3	Must have knowlage of irrigation system, and street names. (city and county )
4	Must have knowlage of drainage system and street names. ( city and county )
5	Must have knowlage of GBA , and map system for city collection, storm, and irrigation system along with other computer functions.
6	Inspect collection and drainage lines in the system to give information to supervisors about quality and operation.
7	Hydro excavate meter pits, and other utilities. Must know operation of vactor truck and implements.
8	Truck maint. Must have knowlage of the operation of truck.
9	Customer Service. Must have good communication skills, people skills, sympathy, and compation for others
10	Traffic Control. Must know MUTCD standars and follow all rules not only for safety of the crew but for legal matters.
11	Varify hazardous environments. Know the gas detection monators and all safe limits for safety.



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
Other (explain):		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Construction back ground and operation of various types of equipment, with 32 years of knowlage of city streets and seroundings. Along with on going training in the collection and distribution systems.

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

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Heavy Equipment	11 years		years
City Employment	8 years		years
Construction	15 years	2	years

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

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

*CDL class A*

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1	Vactor and other Implements.	Daily
2	Vactor and other Implements.	Daily
3	Vactor and other Implements	Daily
4	Vactor and other Implements	Daily
5	Computer.	Daily
6	Man hole hooks, pry bars, poles, and Vactor truck.	Daily
7	Vactor and other Implements	Monthly
8	Wrenches, pliers, screw drivers, and new mattic wrenches.	Daily
9	No tools just good comon sence and a level head	Daily
10	Sign stands, signs, and cones	Daily
11	Man hole hooks, pry bars, poles, monatoring equipment	Daily

**5. DECISION-MAKING & JUDGMENTS.**

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
  1. The safety of the people I work with always comes first..
  2. Is the job at hand safe and will it hurt my crew or myself. The conditions must be right.
  3. Witch job is of most importance, and prioritize them.

## 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--Extremely Important	1-8
<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	1-8
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	1-8
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1-8
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	1-8
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	1-8
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1-8
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1-8
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1-11
<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	1-8
<b>Pulling:</b> Using upper extremities to exert force in	5--Daily	2--Very Important	1-8

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

<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	3--Extremely Important	1-11
<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	3--Extremely Important	1-11
<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	3--Extremely Important	1-11

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: *M. Chadd*

Date: 12-23-08

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

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

Question No.	Comments
2E	<i>Engineering change to Weekly</i>
2E	<i>Water Department weekly</i>
2E	<i>GIS</i> <i>  </i>
2E	<i>Valley wide sanitary sewer Divisions change to monthly</i>
	<i>This Position should be above that of a</i>
	<i>specialty equipment operator</i>

January 2, 2009

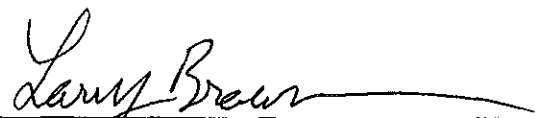
From: Larry Brown

RE: Stipend for Collections Operators

As part of the 2002 – 2003 budget process, Human Resources evaluated the new certification requirements for employees involved in water distribution or wastewater collection systems. This was done to determine whether some sort of additional compensation was warranted based on the new state requirement.

In 2008 I talked to Human Resources about setting pay ranges for each level of certification and to eliminate the Stipend. At that time it was said that we could address the issue with the JAQ's. Pipe Line Maintenance is changed the base pay to reflect this and at this time I am requesting the change be made to Collections.

Thanks, for your consideration in this mater.



Larry Brown

Larry Brown, Wastewater Maintenance Supervisor



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:

Alan Chadd

Date:

12/29/08

Supervisor  
Signature:

Larry Brown

Date:

12/29/08

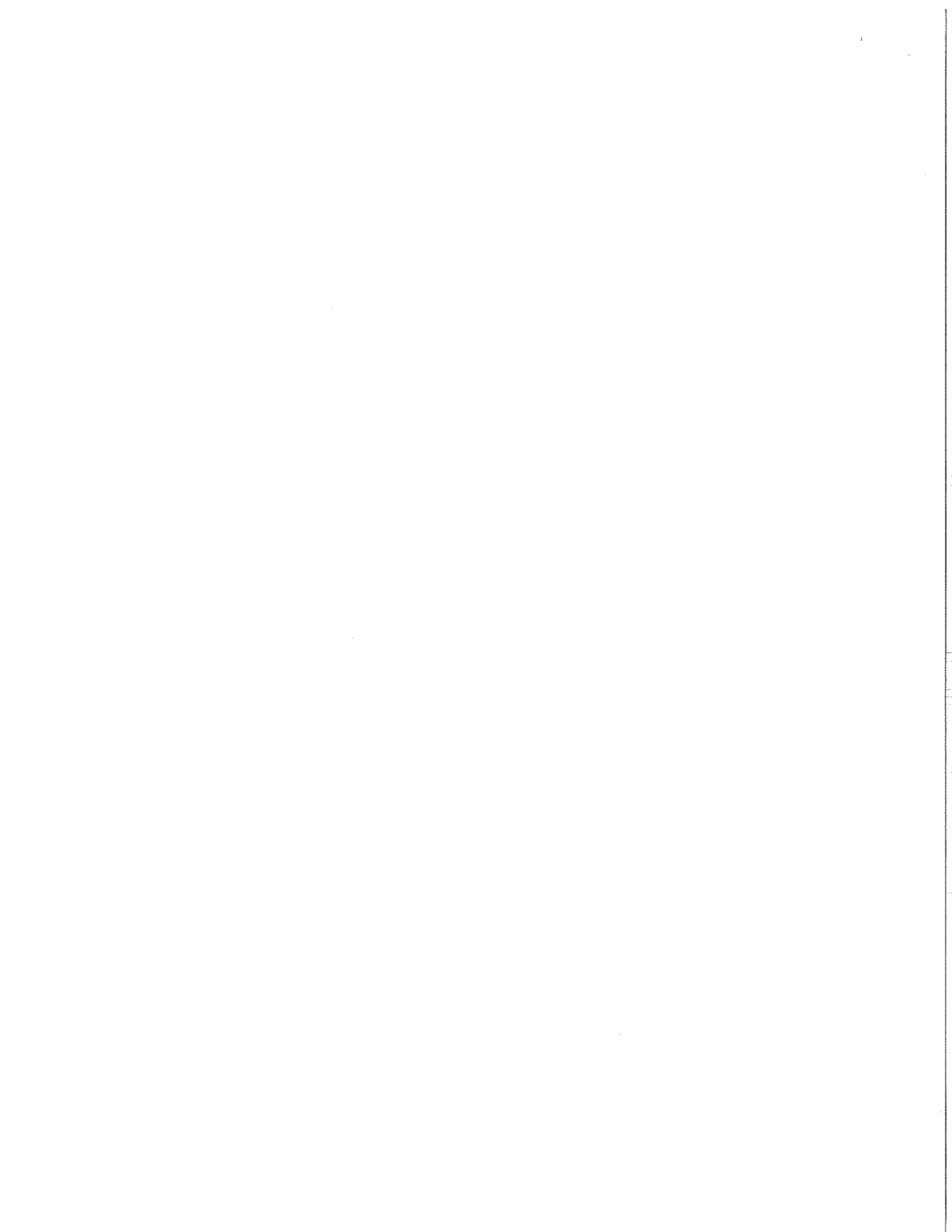
Department Head  
Signature:

Chip Tramm

Date:

1/8/09

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.





## **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.

Collections Equipment Operator

To operate specialized equipment in the cleaning and maintenance of City sewer, storm, drainage and irrigation systems. Inspect and maintain storm drains, catch basins, irrigation lines, and clean/maintain lift stations. Locate manholes, catch basins and lines to update GIS maps. Respond to emergency after hour calls.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
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<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	6
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

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**

Collections Equipment Operator
Specialty Collections Equipment Operator
Plant Mechanic
Lead Plant Mechanic
Liftstation Mechanic
<del>Administrative Assistant</del>
Safety Coordinator
Camera Operator

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Street Department	Daily	Storm, irrigation, drainage system maintenance
Fire Department	Monthly	Irrigation and sediment collection systems maintenance
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Water Department	Daily	Hydro-excavating, dewatering and maintenance of sewer collection and water delivery system
GIS/IS Department	Daily	Locate unsurveyed assets to update City mapping systems

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
All citizens of the 201 Sewer System	Daily	Provide customer service within City policy
Valley wide Sanitary Sewer Districts	Daily	Routine cleaning and maintenance of sewer systems, liftstations and emergency response to customer complaints
Mesa County	Occasionally	Assist in any assigned tasks
Valley-wide Contractors	Occasionally	Assist in any assigned tasks
Valley wide Irrigation Districts	Occasionally	Cleaning and maintenance of irrigation systems
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**3. ESSENTIAL DUTIES.**

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

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

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

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

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need

only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

**Attach additional sheets if necessary.**

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

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

	List of Essential Duties	Decisions Required	Frequency: D - Daily W - Weekly M - Monthly Q - Quarterly A - Annually O - Occasionally	% of Time Spent (Not to exceed 100%)
1	Vector and high pressure jet sanitary sewer, stormwater and drainage collection systems and irrigation delivery systems.	Determine appropriate positioning of truck along with the correct equipment and method of cleaning to implement. Determine any environmental, atmospheric or mechanical hazards.	Daily	50
2	Computer - Maintain and keep daily records of inspections and work completed on sanitary and storm manholes, collection lines, catch basins, and other water collecting structures. Keep detail notes while out in the field and input data in computer at the end of each day. Maintain and keep records of projects and materials used and time consumed. Maintain the appropriate records of inspection and maintenance.	Input data efficiently and correct. Determine if any unsurveyed items need to be added to GIS map.	Daily	10

3	Inspections - Notify pre-treatment and stormwater specialists of issues that could be hazardous. In collaboration with the Engineering and GIS Department, create, update, and maintain maps and drawings of the sanitary and storm water collection systems. Identify problem lines and coordinate TV inspection.	Determine if higher authority needs to be involved on inspection. Which department needs to be notified. If assets are on existing GIS maps or if unsurveyed.	Daily	5
4	Hydro-excavating with vector truck	Determine appropriate positioning of truck along with the correct equipment and method of cleaning to implement. Determine any environmental, atmospheric or mechanical hazards.	Monthly	5
5	Truck Maintenance - Perform routine maintenance inspections and procedures on the sewer vector truck. Assist fleet services with the repair and maintenance of the sewer vector truck. Schedule maintenance in a manner that allows for maximum utilization of truck. Recommend modifications to truck to allow it to operate more efficiently.	If truck is safe for travel on road. Determine if a problem item can be fixed by operator or go to shop for repair.	Daily	5
6	Traffic control - set up effective and proper traffic control.	Proper set-up for location and time of day. Is set-up according to applical traffic laws.	Daily	10
7	Plant work - vector grease beacher, jet plant lines, clean and maintain storm collection system, assist plant mechancis and operators, vector FE basins, grounds work, snow removal	Determine appropriate positioning of truck along with the correct equipment and method of cleaning to implement. Determine any environmental, atmospheric or mechanical hazards. Proper tools.	Daily	10
8	Emergency calls - during and after working hours	Location of call, type of equipment needed, additional personnel needed, customer service. Determine appropriate positioning of truck along with the correct equipment and method of cleaning to implement. Determine any environmental, atmospheric or mechanical hazards.	Monthly	5
9			Select	



10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

**4. REQUIRED KNOWLEDGE AND SKILLS.**

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

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

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

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

Duty #	Knowledge - Skills
1, 2, 3, 4, 5, 6, 7, 8	Thorough knowledge of the practices and techniques relating to the routine maintenance and repair of the wastewater and stormwater collection system. Thorough knowledge of the safety standards, practices, and procedures relating to the operation of the sewer vector truck and the maintenance of the wastewater and stormwater collection system. Demonstrate skills using effective oral, electronic and written communication in the performance of duties and responsibilities. Able to learn city procedures, regulations, and requirements with respect to procurement, safety, operations, and organizations. Working knowledge of ventilation blower, tripod stand, come-along and harness for confined space entry, and atmospheric detector. Experience and training in confined space entry procedures. Experience and training in hazardous material, operators level. Experience and training in operation of S.C.B.A. (self-contained breathing apparatus). Working knowledge of storm water permit program. Able to learn the layout construction and conditions of sanitary and storm collection systems. Respond to emergency calls requiring the use of the sewer vector or jetter truck. This includes assisting Public Works crews with water line breaks etc.


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

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

- | <b>You Have</b>                     | <b>You Need</b>                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/>            | <input type="checkbox"/>            | High School Diploma or equivalent (G.E.D.)   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school                               |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Associate degree (A.S., A.A.) or two-year technical certificate                                      |
| <input checked="" 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>
Heavy equipment operation	6	Heavy equipment operation	2 years

Hazardous material/atmosphere	8	years	Mechanical, computer	2	years
Mechanical, computer	10	years			years

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

Post-high school education/experience in water technology, wastewater technology, or a closely-related field. College degree in any field with desire and ability to learn wastewater collection systems.

**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.

Commercial Drivers License with air brake, tanker endorsements

Colorado Collections certification class I, II, III, IV

Colorado Wastewater certification class D, C, B, A

First Aid/CPR annually

Confined Space entry

Hazardous materials/atmospheres

Self-contained breathing apparatus

Flagger/certification

Stormwater certification

Forklift certification

Respirator certification

**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	Vactor truck, jetter truckpumps, hand tools, power tools	100% D/50%
2	Laptop computer	100% D/10%
3	Laptop computer, hard copy maps, GPS units	100% D/50%
4	Vactor truck	100% D/5%
5	Hand tools, power tools	50% W/5%
6	Road signs, cones, arrow boards	100% D/10
7	Vactor truck, jetter truck, pumps, hand tools, power tools	50% D/10%
8	Vactor truck, jetter truck, pumps, hand tools, power tools	100% D/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. Is the work being performed being done so in the safest and most efficient manner possible. All precautions must be made so that the crew working will not encounter any hazards that could cause injury or be life threatening. For example setting up proper traffic control, using atmospheric meters to test air quality, choosing the appropriate personal protective equipment and using all other safety devices available.

2. Determine appropriate positioning of truck along with the correct equipment and method of cleaning to implement. For example: setting up on the proper manhole, choosing the correct cleaning nozzle and hose speed, can the line just be jetted or will it also need to be vactored while jetting, setting up the correct length of vactor tubing, if the high pressure spray gun is needed, etc.

3. Determine if higher authority needs to be involved on inspection. Which department needs to be notified. If assets are on existing GIS maps or if unsurveyed. Input data efficiently and correct. Determine if any unsurveyed items need to be added to GIS map.

## 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--Extremely Important	1, 4, 5, 6, 7, 8
<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	1, 3, 4, 5, 6, 7, 8
<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	1, 3, 4, 5, 6, 7, 8
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<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	2
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<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, 5, 6, 7, 8
<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--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	1--Somewhat Important	2
<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	3--Extremely Important	1, 3, 4, 5, 6, 7, 8

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	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<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	3--Extremely Important	1, 3, 4, 5, 6, 7, 8
<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	3--Extremely Important	1, 3, 4, 5, 6, 7, 8

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<del><input checked="" type="checkbox"/></del>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<del><input checked="" type="checkbox"/></del>
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: 12-22-08



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

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

Question No.	Comments
#4	<i>machiner tasks/equipment change frequency/time</i>
	<i>working conditions changes to 90 time</i>
	<i>special requirements just CDL and collections</i>
	<i>This Position should be @ a higher level than</i>
	<i>a equipment operator</i>
	<i>Jerry Bren</i>

January 2, 2009


From: Larry Brown

RE: Stipend for Collections Operators

As part of the 2002 – 2003 budget process, Human Resources evaluated the new certification requirements for employees involved in water distribution or wastewater collection systems. This was done to determine whether some sort of additional compensation was warranted based on the new state requirement.

In 2008 I talked to Human Resources about setting pay ranges for each level of certification and to eliminate the Stipend. At that time it was said that we could address the issue with the JAQ's. Pipe Line Maintenance is changed the base pay to reflect this and at this time I am requesting the change be made to Collections.

Thanks, for your consideration in this mater.

A handwritten signature in cursive script that reads "Larry Brown". The signature is written in black ink and is positioned above a horizontal line.

Larry Brown, Wastewater Maintenance Supervisor

**Please check the appropriate statement:**

I agree with the incumbents' position questionnaire as written.

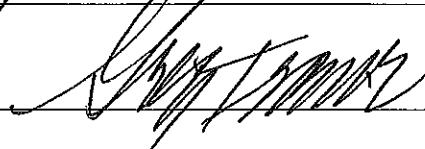
The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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

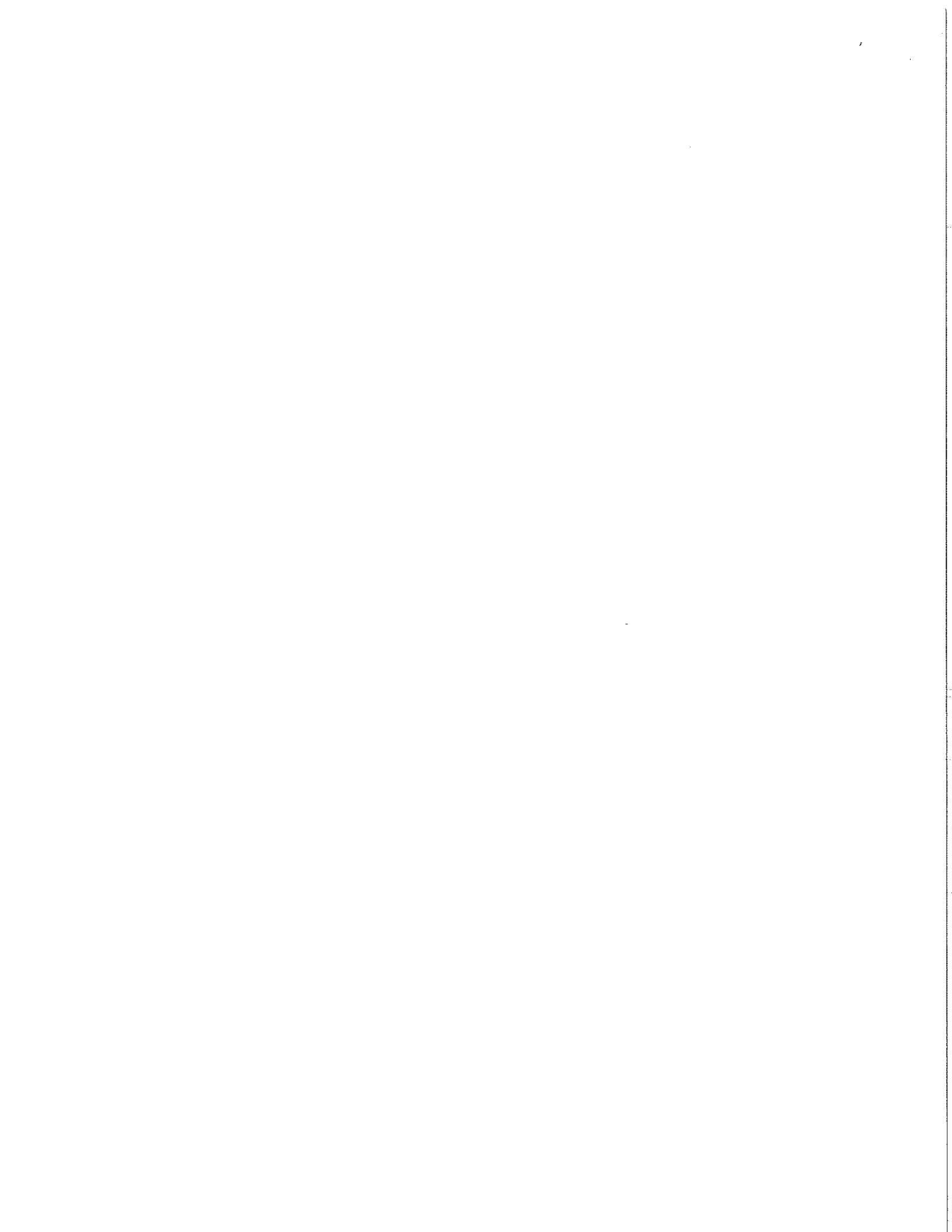
**I have noted the modifications made by my supervisor in the Comments Section above.**

Employee Signature:  Date: 12-30-08

Supervisor Signature:  Date: 12/30/08

Department Head Signature:  Date: 1/8/09

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.
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**Division:** Persigo

**Department:** Utility&Street Systems

**For Individual Questionnaires Only:**

<b>Employee Name:</b>	Tuthill <i>(Last)</i>	Leslie <i>(First)</i>	R <i>(Middle Initial)</i>
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**Current Classification Title:** Equipment Operator / Collections

<b>Division</b>	Persigo	<b>Department</b>	Utility/ Street Systems
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**Total Length of Time with organization**      9 Years 1 months

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

<b>Assigned Hours/Week; from</b> 7 am. <b>to</b> 3.30 pm	<b>Assigned Days/Week</b> Monday-Friday
--	---

<b>Email:</b>	<b>Work Phone:</b> 970-256-4180
---------------	---------------------------------

<b><u>Immediate Supervisor:</u></b>	<b><u>Immediate supervisor reports to:</u></b>
-------------------------------------	--

<b>Name:</b> Larry Brown	<b>Name:</b> Dan Tonello
--------------------------	--------------------------

<b>Title:</b> Wastewater Maintenance Supt.	<b>Title:</b> Wastewater Services Supt.
--	---

<b>Work Phone:</b> 970-256-4168	<b>Work Phone:</b> 970-256-4164
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<b>E-mail:</b> larryb@cjgrandjct.co.us	<b>E-mail:</b> dant@cjgrandjct.co.us
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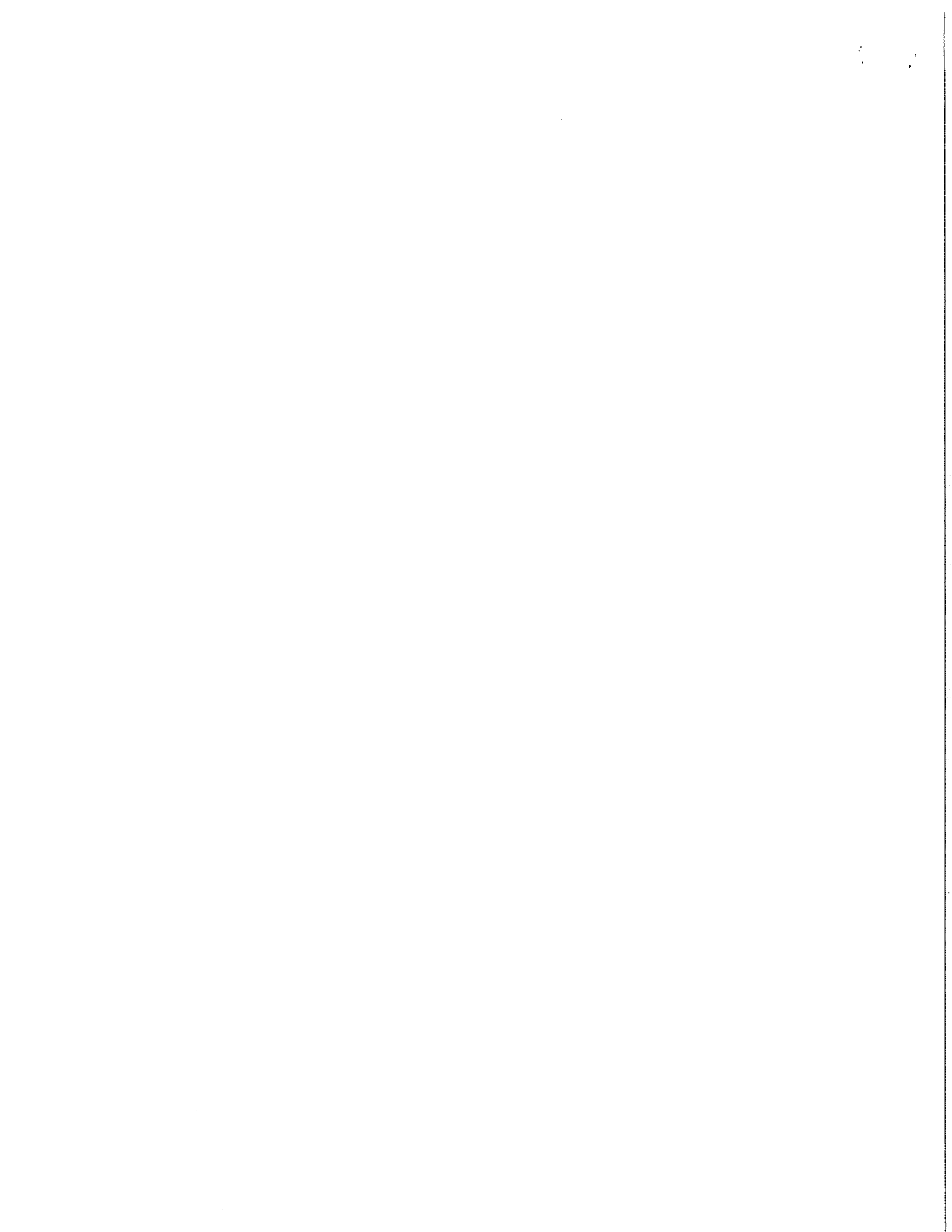
## **II. POSITION INFORMATION**

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

Example: Computer Support Technician

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

Relief person for any of three trucks. Mechanics helper at plant, Also a 2<sup>nd</sup> person on the lift station mechanics detail. I am one of the on-call personal for the 24-7 coverage for emergencies during various weeks and week ends during the year.





**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

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

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

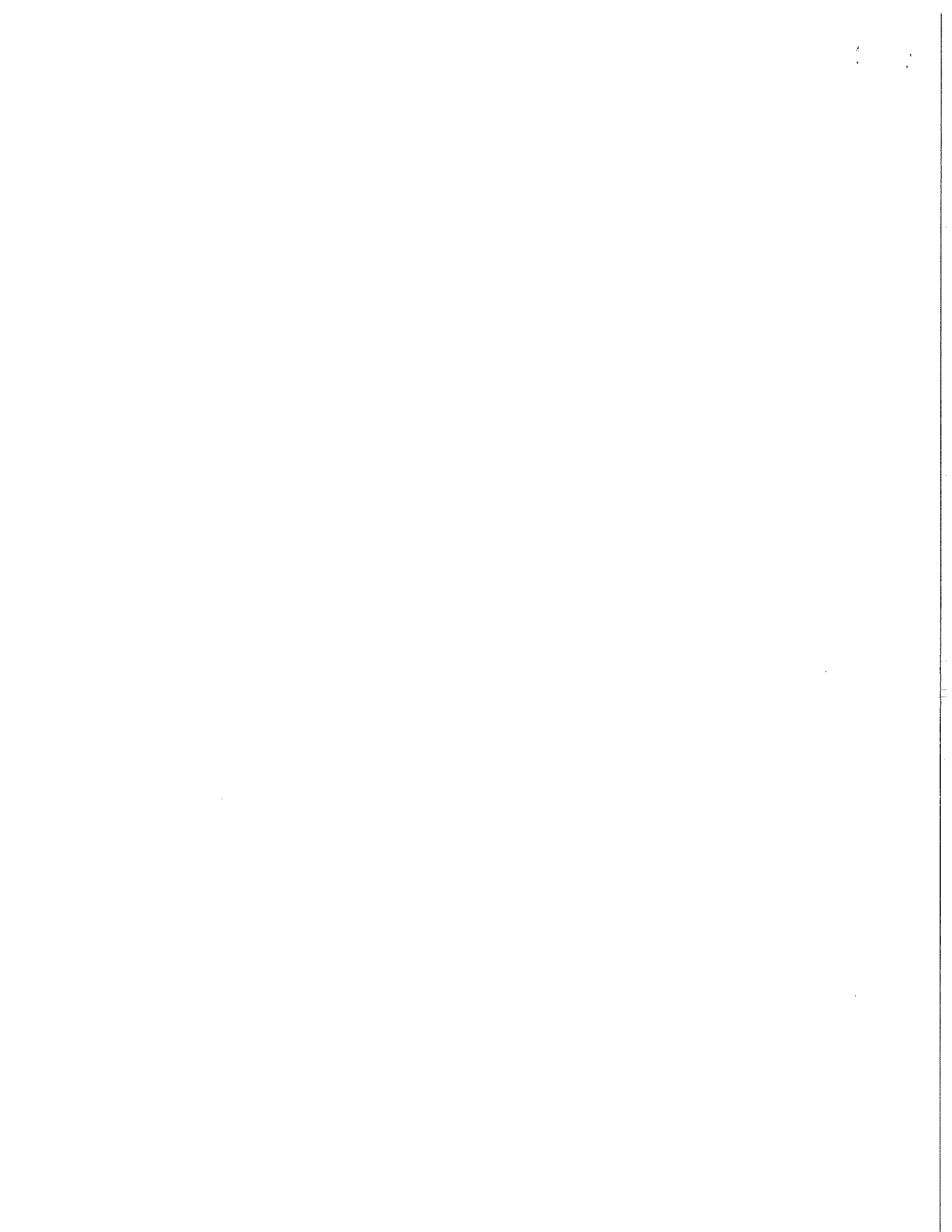
**YOUR COWORKERS' JOB TITLES**

Two lead mechanics
Two plant mechanics
One plant electrician
One asistent plant mechanics
Three specialty equipment operators
Three equipment operators

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract



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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	occasionally	to help educate the public of situations they have called us out for and to ease their dilemma of how to proceed in addressing the problem.

**3. ESSENTIAL DUTIES.**

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

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

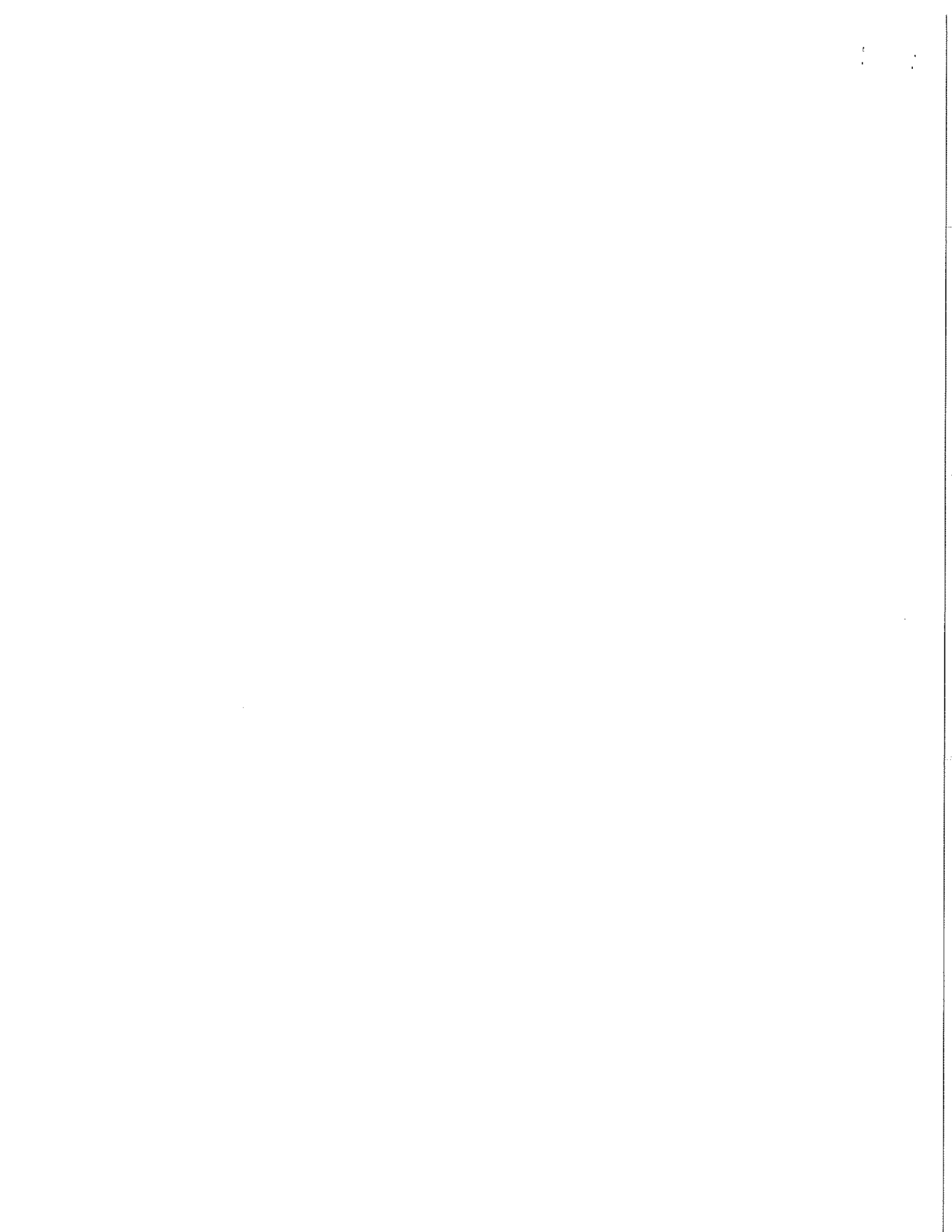
**Decisions Required:** List the decisions you make to carry out the essential duties.

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

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

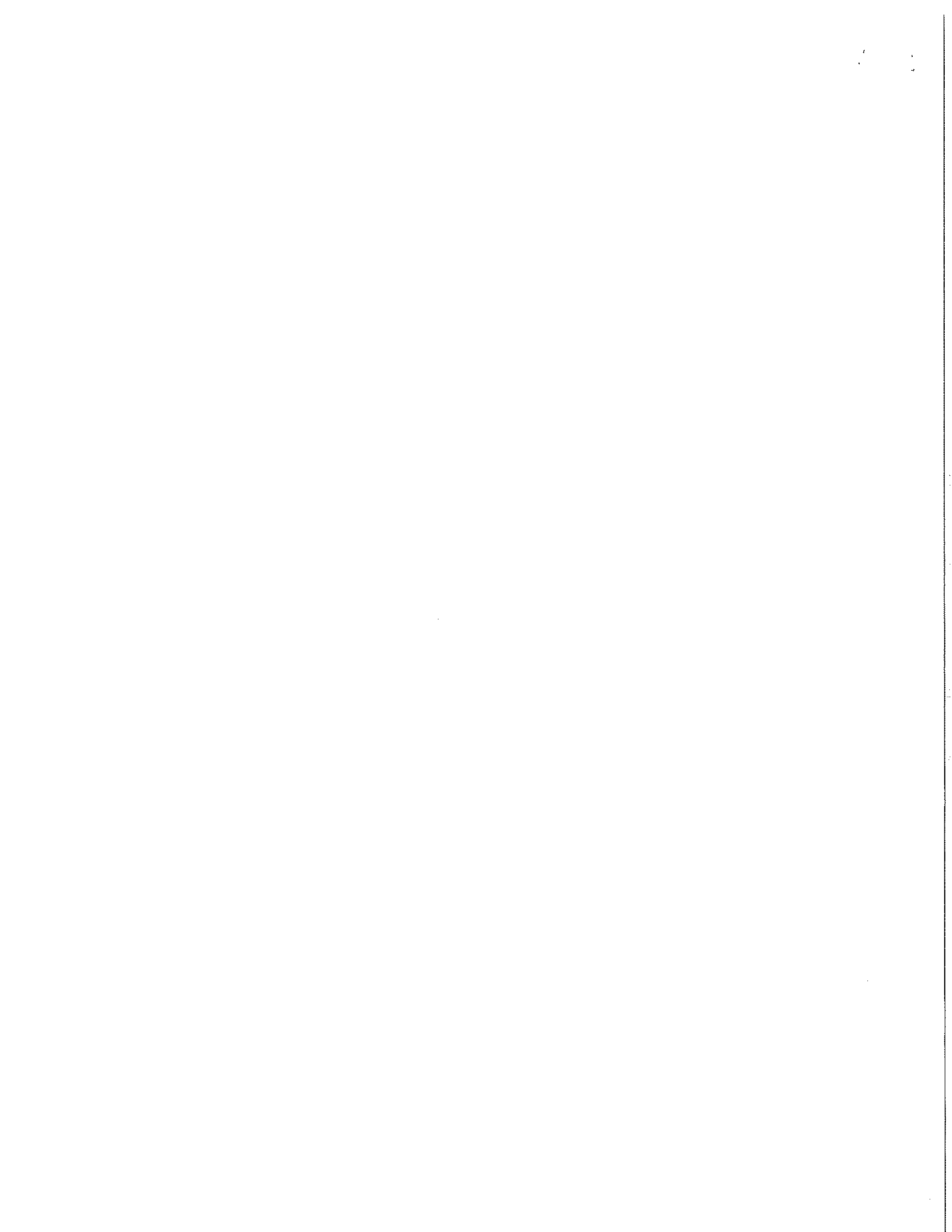
*Attach additional sheets if necessary.*

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



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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	safely operate the Jetter Trucks	Safety of workers and public to accomplish clean lines	Annually	30%
2	Safely operate Vactor Truck	Continually clean storm lines and basins, irrigation lines and maintain fire station holding wash wells.	Annually	15%
3	Assist "lead lift station mechanic" maintaining all lift station operations.	knowledge of lift station operations and repair	Annually	20%
4	Assist mechanics with maintenance or repair equipment at the sewer plant.	know what tools to use and safely do the job	Annually	25%
5	Safely use confined space equipment.	decide if confined space is safe to enter and what equipment is needed	Annually	5%
6	As assigned be available 24/7 for emergencies in the sewer and storm water lines. Also, and emergencies for lift station assists or repairs	know how to jet sewer lines, storm water, irrigation lines knowledge of lift stations to get them running again.	Annually	5%
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	



16			Select	
17			Select	
18			Select	
19			Select	

**4. REQUIRED KNOWLEDGE AND SKILLS.**

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

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

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

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

Duty #	Knowledge - Skills
1, 2, 3, 6 driving	Safe driving record. Class A CDL license. How to inspect trucks and safely operate the different trucks needed to do the jobs.
assist lift 2-6 station lead mechanics	Do preventative maintenance on all the lift stations . Assist the lead mechanic performing maintenance on lift stations and repairs needed.
assist plant mechanics 1-6	perform work with many various tools to help get jobs done at the sewer plant
as assigned on call 24/7 and three day week end helper 1-6	To respond with the proper equipment and empathy to emergencies on sewer plugs or odor complaints. Do repairs on lift station emergencies by repairing minor problems or getting the proper personnel there that can fix the major problems





**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 checked="" 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?

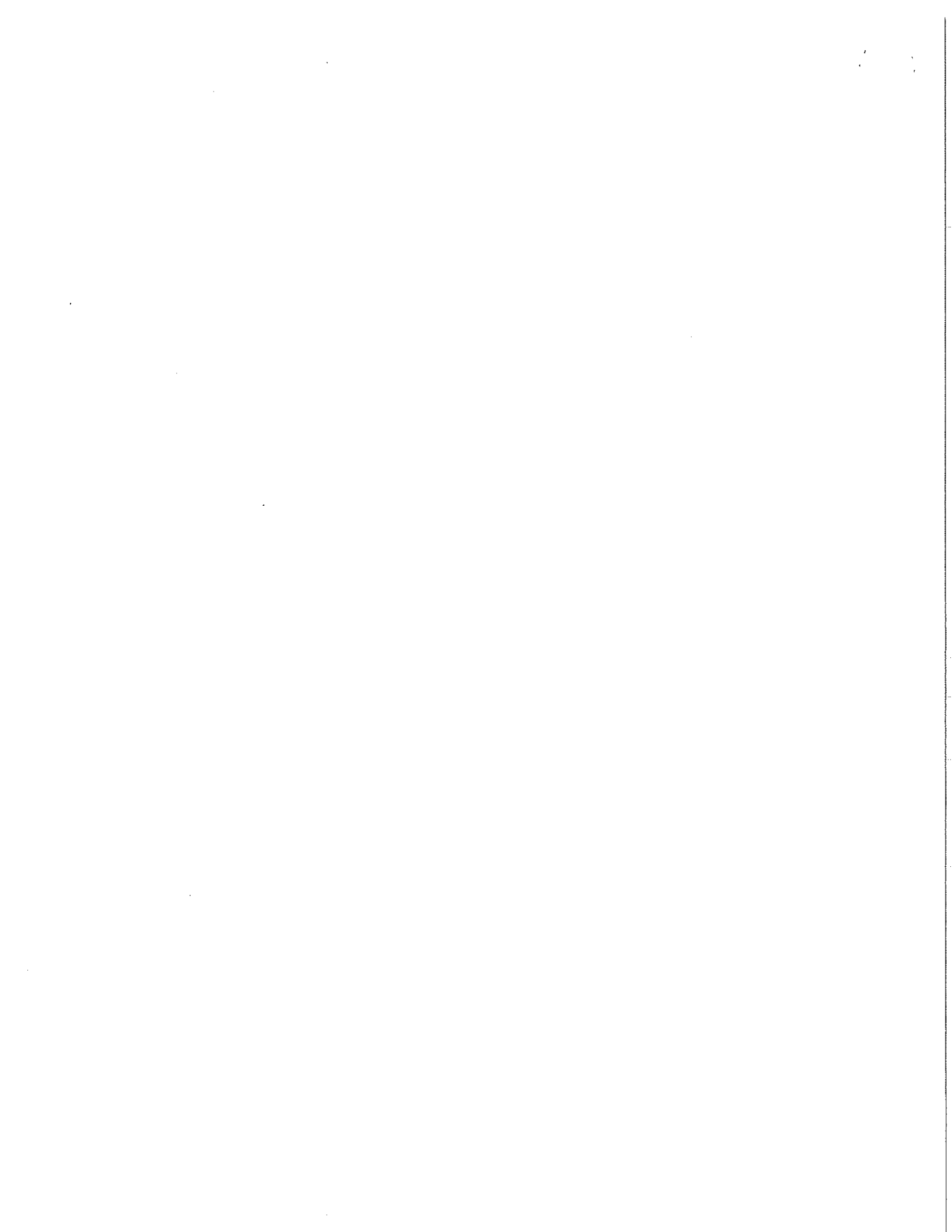
**Type of Experience**

<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>
Class A CDL	20	Class A or B CDL	years
Collections operator 4 state certificate	5		years
Water distribution 4 state certificate	5		years

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

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

CDL



**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
Driving 1	Jettor Truck	Occasionally 25%
Driving 2	Vactor Truck	Occasionally 10%
Driving 3	Lift station service truck	Occasionally 15%
Confined space entry 5	air monitors and all entry equipment	Occasionally 10%
traffic control 1;2	signs ,safety cones	Occasionally 15%
maintenance 1-6	hand tools to accomplish tasks	Occasionally 25%

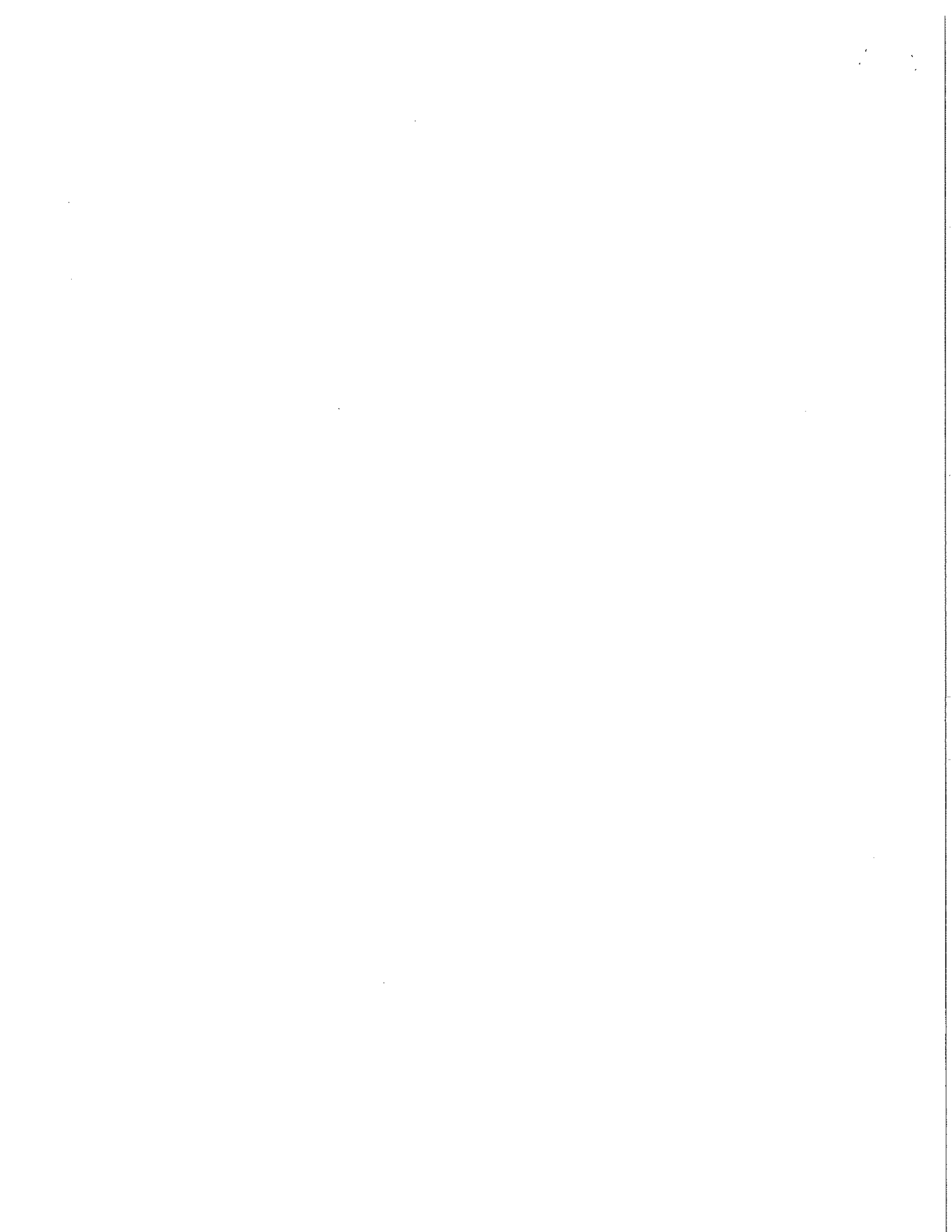
**5. DECISION-MAKING & JUDGMENTS.**

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. When on call using your knowledge to choose the right equipment to get the job done efficiently and safely.

2. When doing confined space entry I need to know if the entry is safe or how to make it safe and what equipment is needed.

3. know how to control and evaluate emergency situations.



## 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)

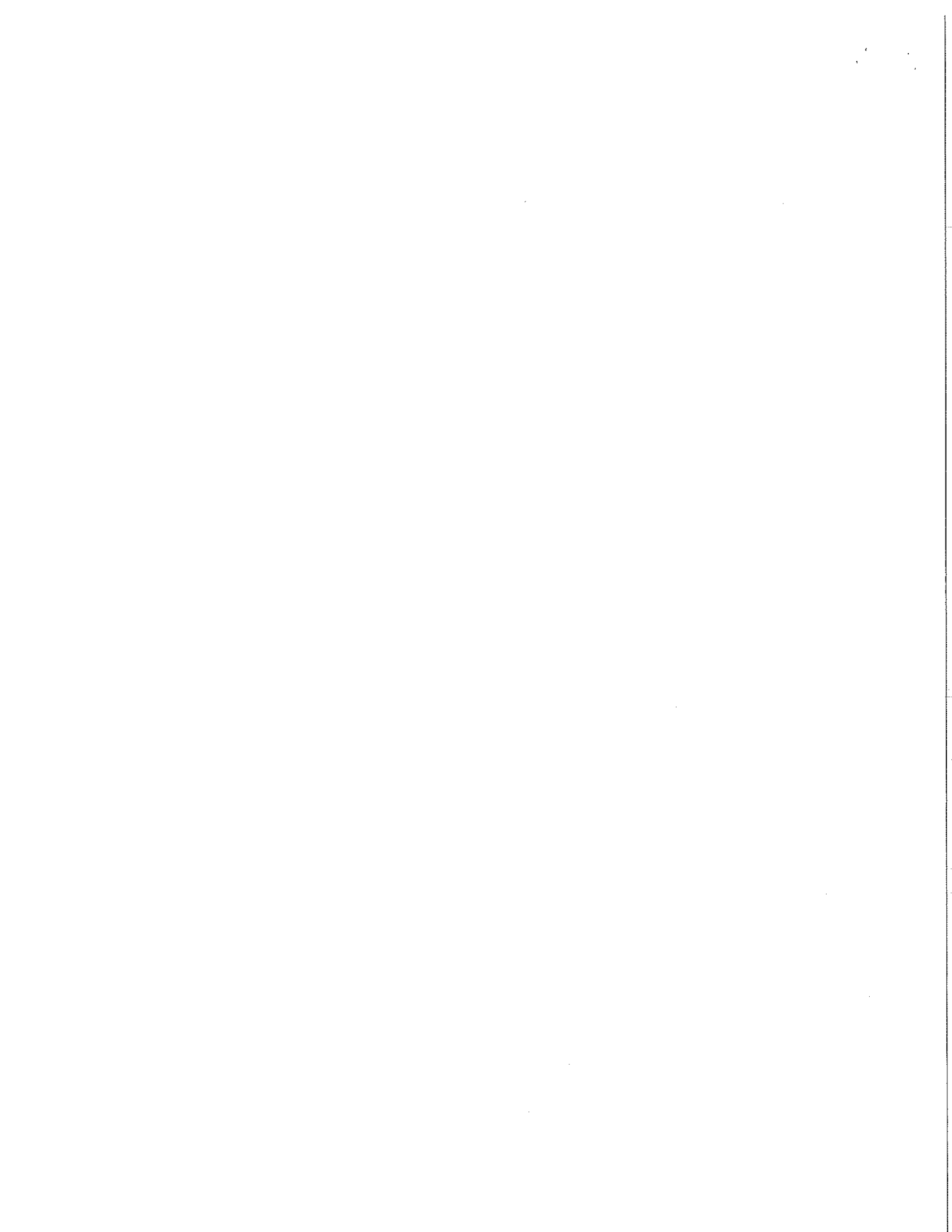
0 - Not Important

1 - Somewhat Important

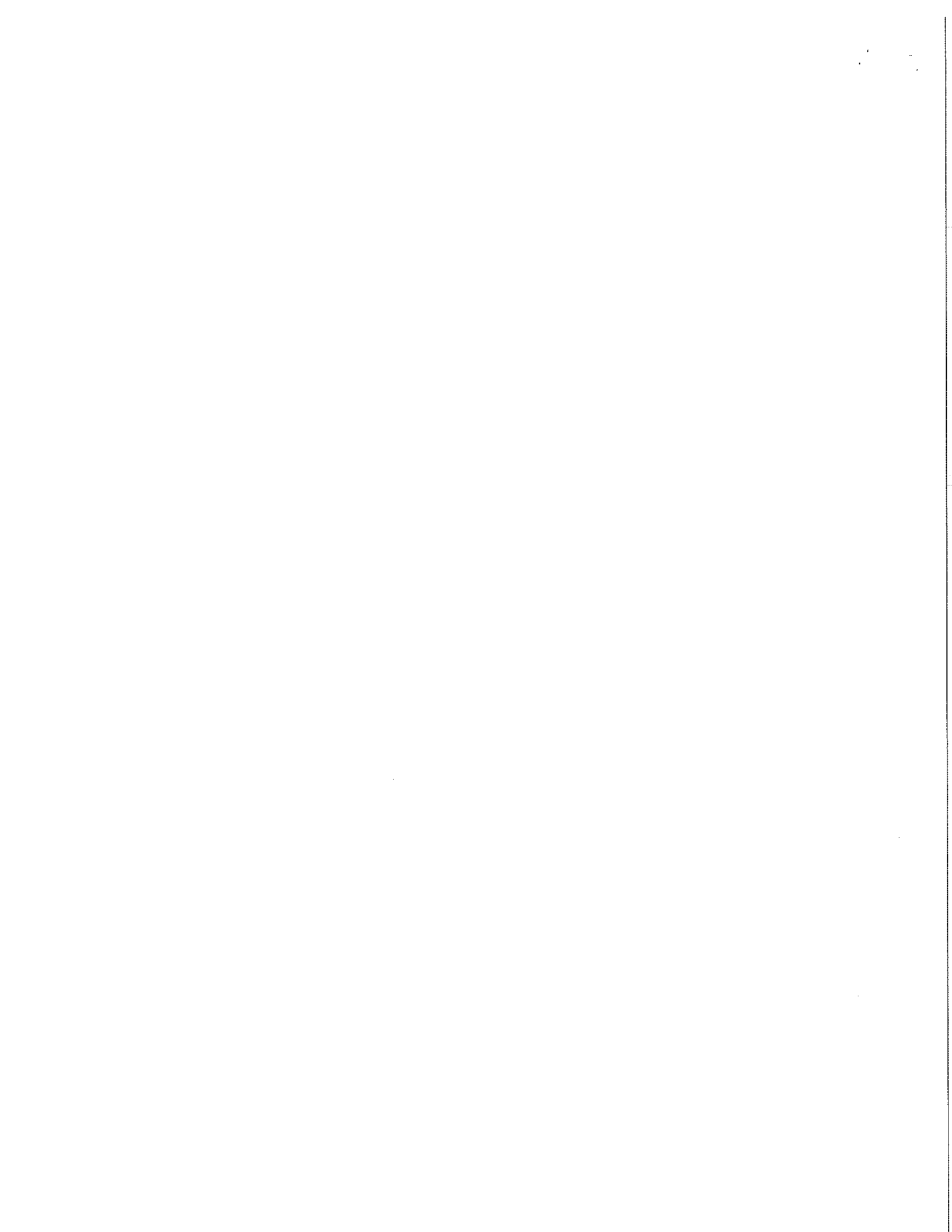
2 - Very Important

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.	4--Weekly	2--Very Important	in and out of trucks use of ladders
<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.	4--Weekly	3--Extremely Important	in and out of trucks climbing ladders
<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.	4--Weekly	2--Very Important	maintenance of lift stations repair work at plant
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	repair work at plant or lift stations
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	opening man holes working at plant or lift stations
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	1--Annually	1--Somewhat Important	maintenance
<b>Reaching:</b> Extending hand(s) and arm(s) in	5--Daily	1--Somewhat Important	over head work

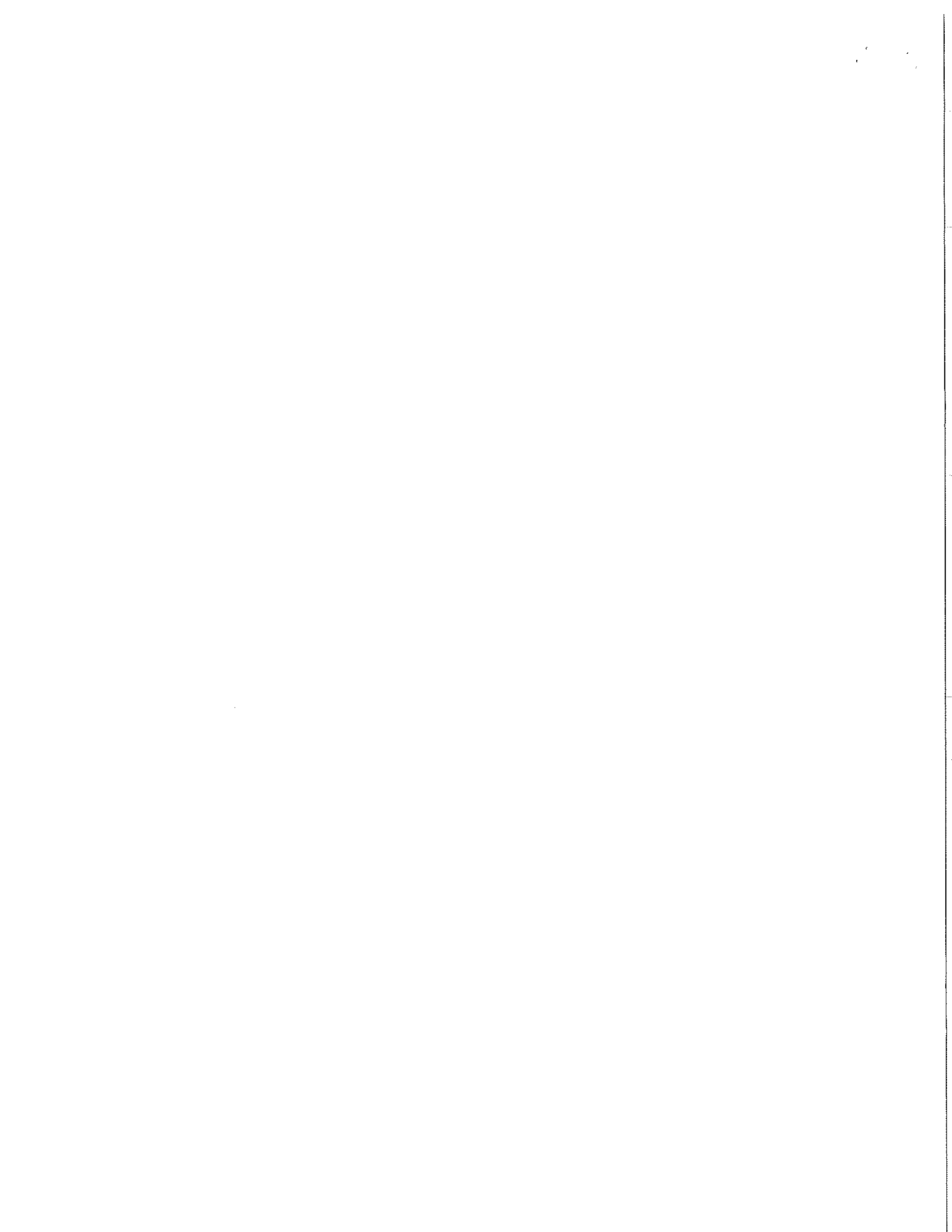


any direction.			repairs
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	plant and working on trucks and lift stations
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	jetting of sewer lines
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	3--Monthly	2--Very Important	helping jet sewer lines and running tractor truck
<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	raising and lowering equipment
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	0--Never	0--Not Important	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	using various hand tools
<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.	4--Weekly	2--Very Important	doing various maintenance jobs
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very Important	communicating with other personal
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	communicating with others and listening to problems with equipment
<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	5--Daily	3--Extremely Important	driving equipment safety inspections of trucks pre maintenance of machinery





and distinguish colors).			
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	4--Weekly	2--Very Important	using hand tools
<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.	4--Weekly	2--Very Important	using hand tools
<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.	3--Monthly	2--Very Important	opening man holes and storm grates
<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	2--Very Important	opening man holes and storm grates
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	2--Quarterly	1--Somewhat Important	using hand tools for repairs opening grates
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	1--Annually	1--Somewhat Important	



**2. WORKING CONDITIONS.**

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

**Does Not Apply**

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

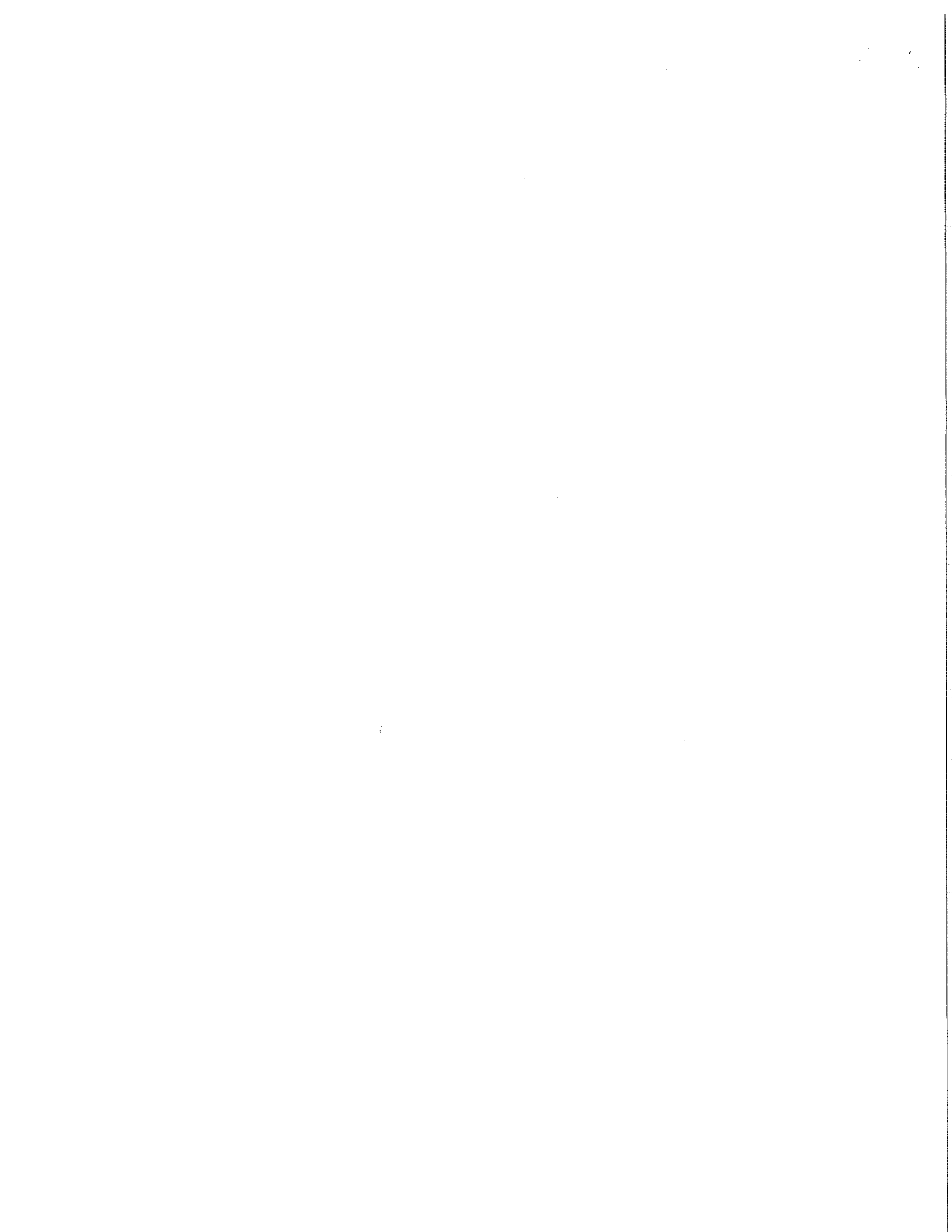
**ADDITIONAL COMMENTS**

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

This is a new position, called equipment operator/ maintenance personnel, where the job description is an on-going project not yet completed.

**EMPLOYEE CERTIFICATION**

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



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

*Jessie R Tuttle*

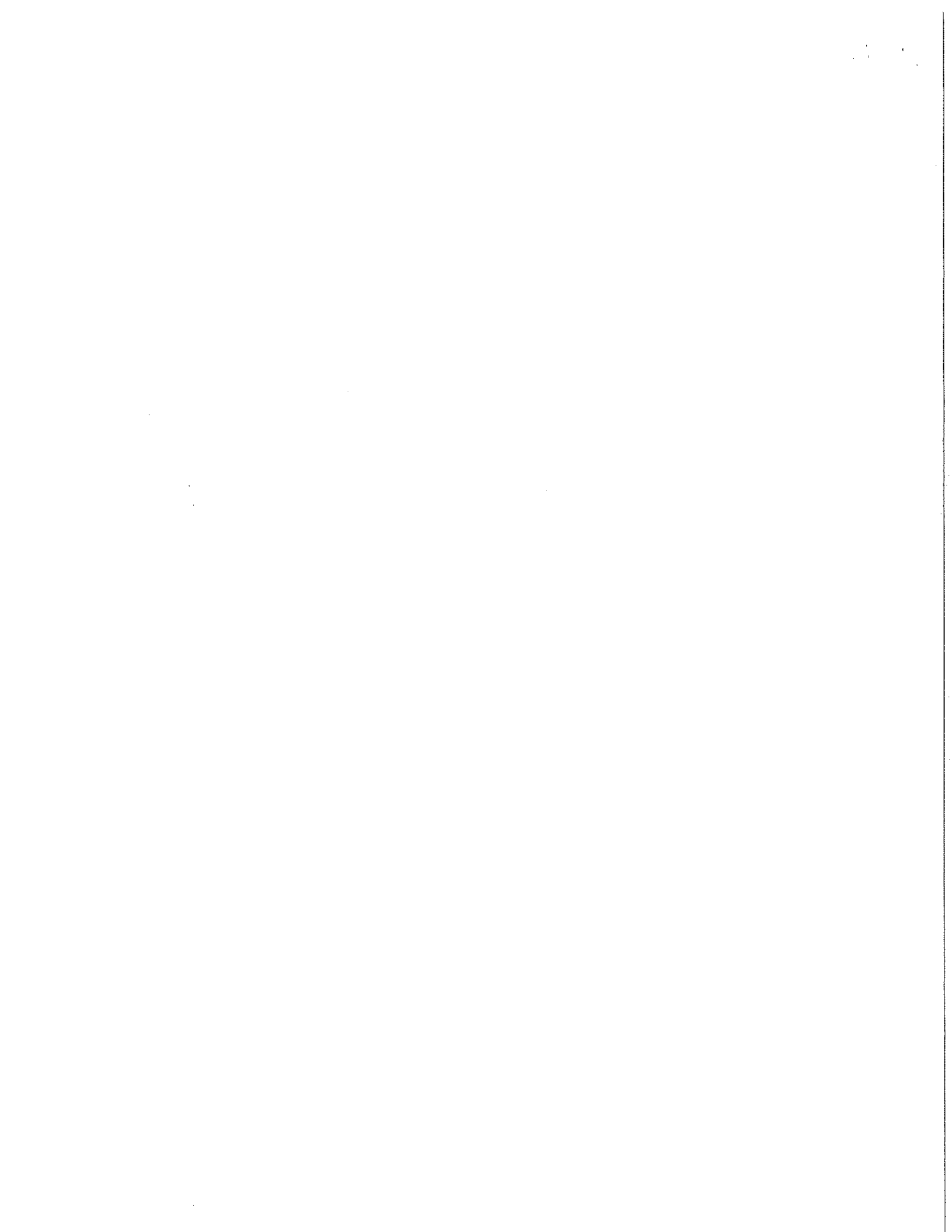
Date: \_\_\_\_\_

*12/22/08*

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

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

Question No.	Comments
#4	<i>Assigned Duty #5 and % Time</i>



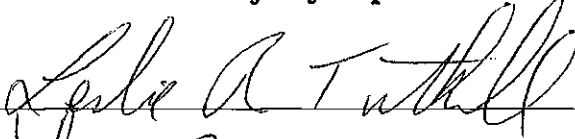
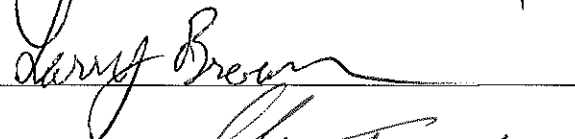
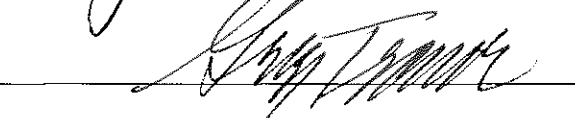
**Please check the appropriate statement:**

I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature:	<u></u>	Date:	<u>12/30/08</u>
Supervisor Signature:	<u></u>	Date:	<u>12/30/08</u>
Department Head Signature:	<u></u>	Date:	<u>1/8/09</u>

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

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support informed decision-making.

3. The third part of the document focuses on the role of technology in modern data management. It discusses how advanced software solutions can streamline data collection, storage, and analysis, leading to more efficient and effective operations.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It stresses the importance of implementing robust security measures to protect sensitive information from unauthorized access and breaches.

5. The fifth part of the document concludes by summarizing the key findings and recommendations. It reiterates the importance of a data-driven approach and provides actionable steps for improving data management practices within the organization.



# 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: Public Works Department: STREETS

**For Individual Questionnaires Only:**

Employee Name: RAley Kord B  
(last) (First) (Middle Initial)

Current Classification Title: Equipment operator 4

Division Public Works Department STREETS

Total Length of Time with organization 8 Years 1 months

Total Length of Time in Current Position 6 Years 0 months  
6:00 4:30 summer MON Thu

Assigned Hours/Week:; from 7:00 to 3:30 winter Assigned Days/Week mon to Fri

Email: ~~CRIS.S@GJcity.org~~ Work Phone: 970 - 244 - 1595

**Immediate Supervisor:** **Immediate supervisor reports to:**

Name: CRIS SPEARS Name: DARREN STARR

Title: STREETS Supervisor Title: STREETS Manager

Work Phone 970-244-1584 Work Phone: 970 - 244 - 1493

E-mail: CRIS S @ GJ city .org E-mail: DARREN S @ GJ city .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.

**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).	4
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	5
<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**

equipment operators 1-4
specialty equipment operators
crew leaders
SW (insp) storm water Inspector
equipment coordinator

**YOUR DIRECT REPORTS' JOB TITLES**

Streets manager
Streets supervisor
Streets crew leader

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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Equipment operators	daily	General work
persians		
fire / police		
water		
Engineers		
Fleet		

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Irrigation / Drainage companies		
Locaters		
CON / contractors		
Domestic water / <del>sewer</del> company		
Public Service company		

**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)**

**Attach additional sheets if necessary.**

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Storm Drain catch basin clean/repair		A	50%
2	Installation storm Drain /irg system		A	40%
3	chip seal		A	15%
4	city leaf pick up		A	15%
5	Snow & Ice Removal		A	15%
6	clean & maintain Frog /Drain Ditches		A	10%
7	Spring clean up (FAD)		A	8%
8	clean & maintain Detention ponds		A	8%
9	Levee work		A	8%
10	Flood control work		A	8%
11	Spill containment & Removal		A	5%
12	DAM MAINTANCE		A	5%
13	INSTALL Bmp /mantance		A	5%
14	Flagging		A	5%
15	Equipment MAINTANCE		D	5%
16	Dirt work		A	8%
17				
18				
19				

**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	I have 20yrs in this field & for me to tell
	you 20yrs worth of knowledge on this paper is really
	hard for me

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

- | You Have                            | You Need                 |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school                               |
| <input type="checkbox"/>            | <input 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>
<del>Construction</del>	<del>5</del> years	<del>Construction</del>	<del>5</del> years
Construction equipment operators / pipeline	20 years	Construction pipeline / operator	2 years

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

construction

pipeline  
dirt work  
equipment operator

**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.

Flaggers card

Trench & shoring

Air monitors

~~ATSSA~~ ATSSA

CDL

Fork Lift

Confine space

Erosion control supervisor Training

Incident Command system (ICS 100)

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,5,6,8,9,10	<sup>11 12 13 15 16</sup> Rubber tire hoe	
1,2,6,7,8,13	<sup>15 16</sup> track hoe	
5,6,9,10	<sup>15 16</sup> motor grader	
1,2,3,4,5,6,7,8,9	<sup>10 11 12 13 15 16</sup> Loader	
1,2,4,5,8,15,16	<del>Roller</del> skid steer	
1,2,3,5,6,7,8	<sup>4 10 11 12 13 15 16</sup> Dump truck	
2,3 <sup>10</sup> ,15,16	Roller	
2,3,6,7,15,16	water truck	
1,2,4,5,7,8	<sup>10 11 15 16</sup> trailers	
1,2,6,8	<sup>10 12 16</sup> pipe LAZER / transit level grade rod Air monitor	
1,2,3,4,5,6,7,8,9	<sup>10</sup> Hand tools	

**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. operating equipment = making sure I don't hurt anyone or personal property
2. Pipe installation = making sure <sup>that I</sup> am going to come out on the right grade when installing pipe
3. pipe installation = making sure that my banks are safe



## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

#### Frequency

**How frequently is the activity performed?**

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

#### Importance

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

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

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 3	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	Select 5	Select 3	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	Select 5	Select 3	
<b>Standing:</b> Particularly for sustained periods of time.	Select 5	Select 3	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 3	
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 3	
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 5	Select 3	

<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	Select 5	Select 3	
<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.	Select 5	Select 3	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select	Select	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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).	Select 5	Select 3	
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Kord Raly Date: \_\_\_\_\_

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

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

Question No.	Comments

**Please check the appropriate statement:**

I agree with the incumbents' position questionnaire as written.

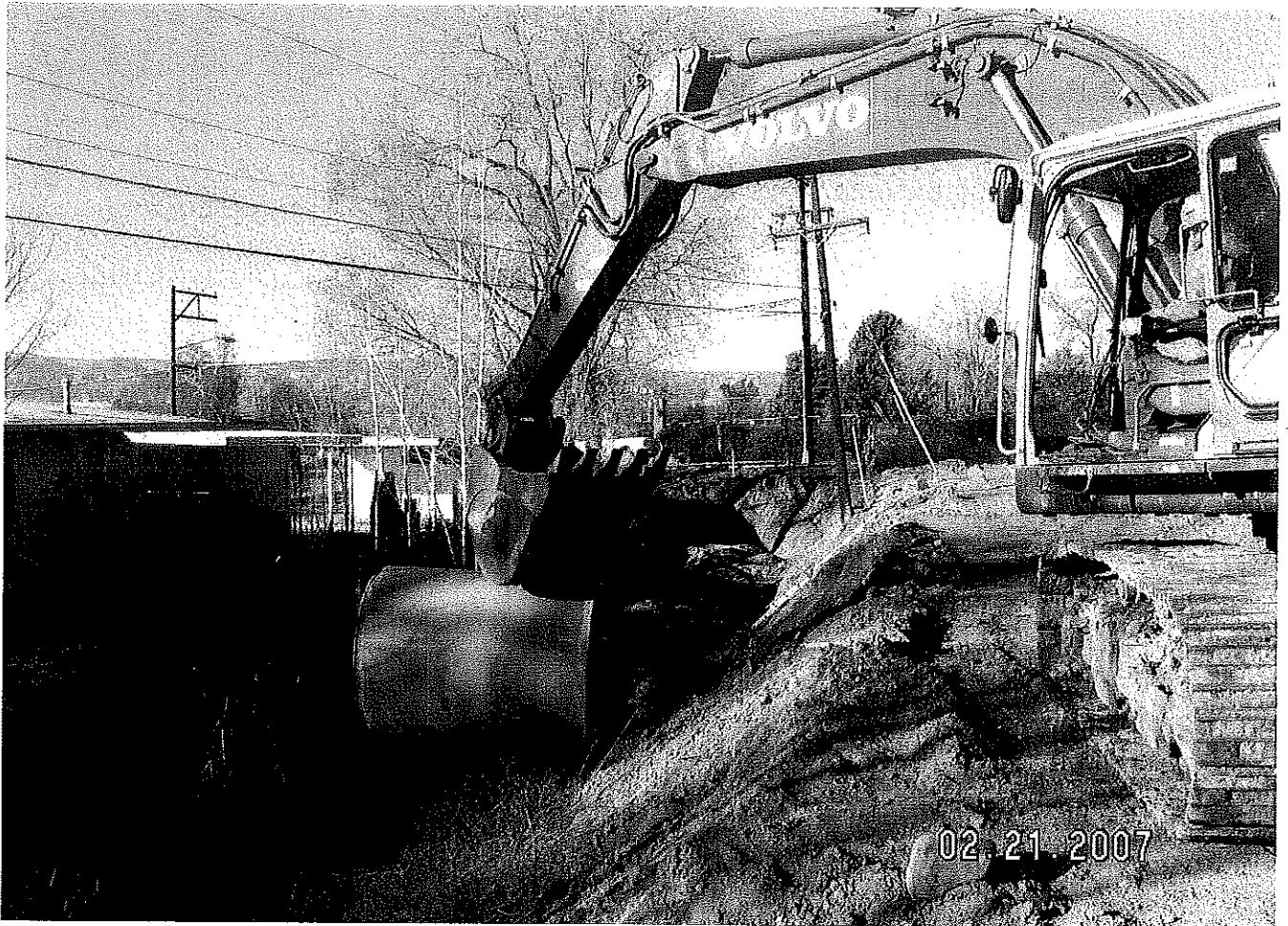
The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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

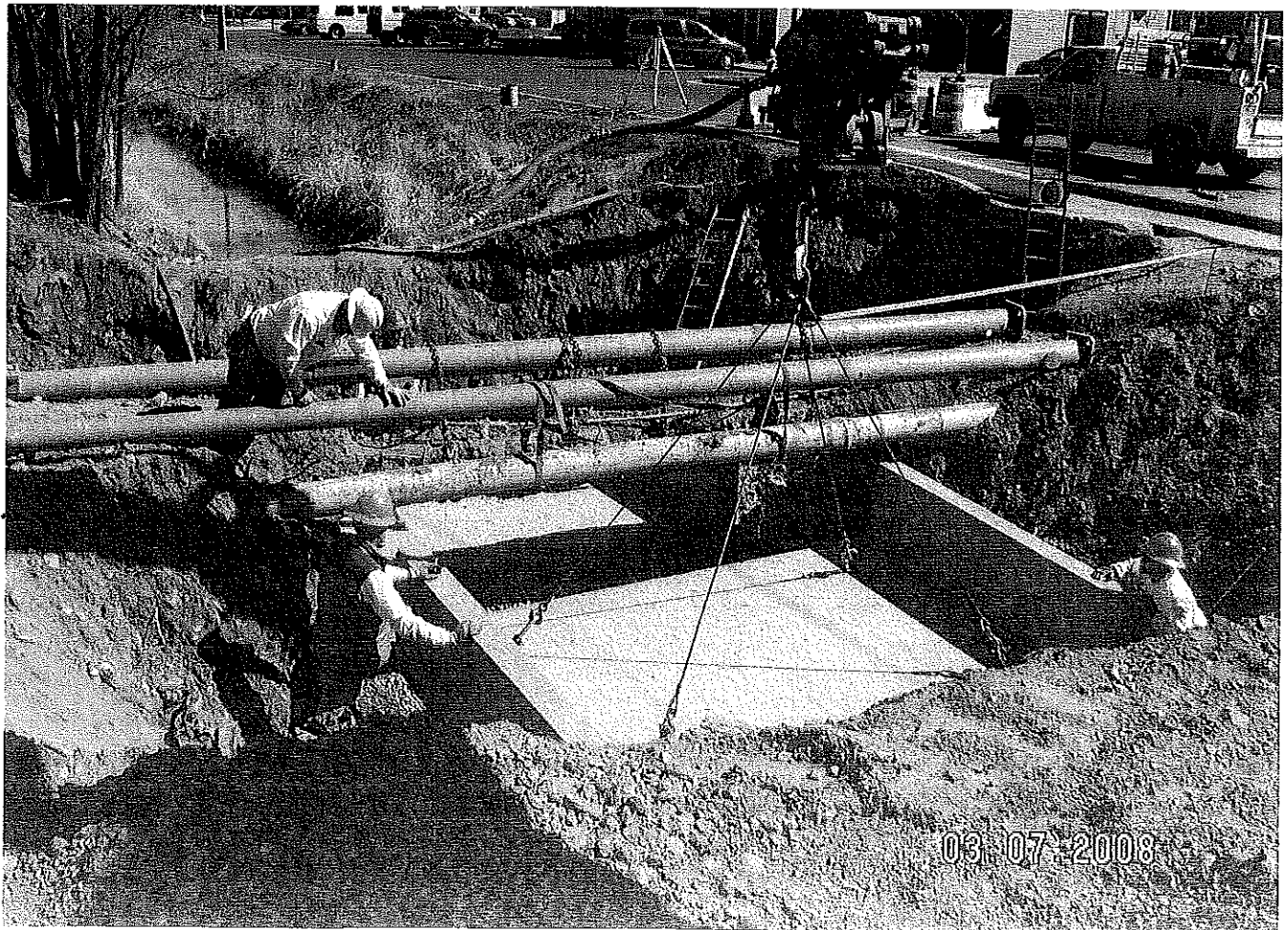
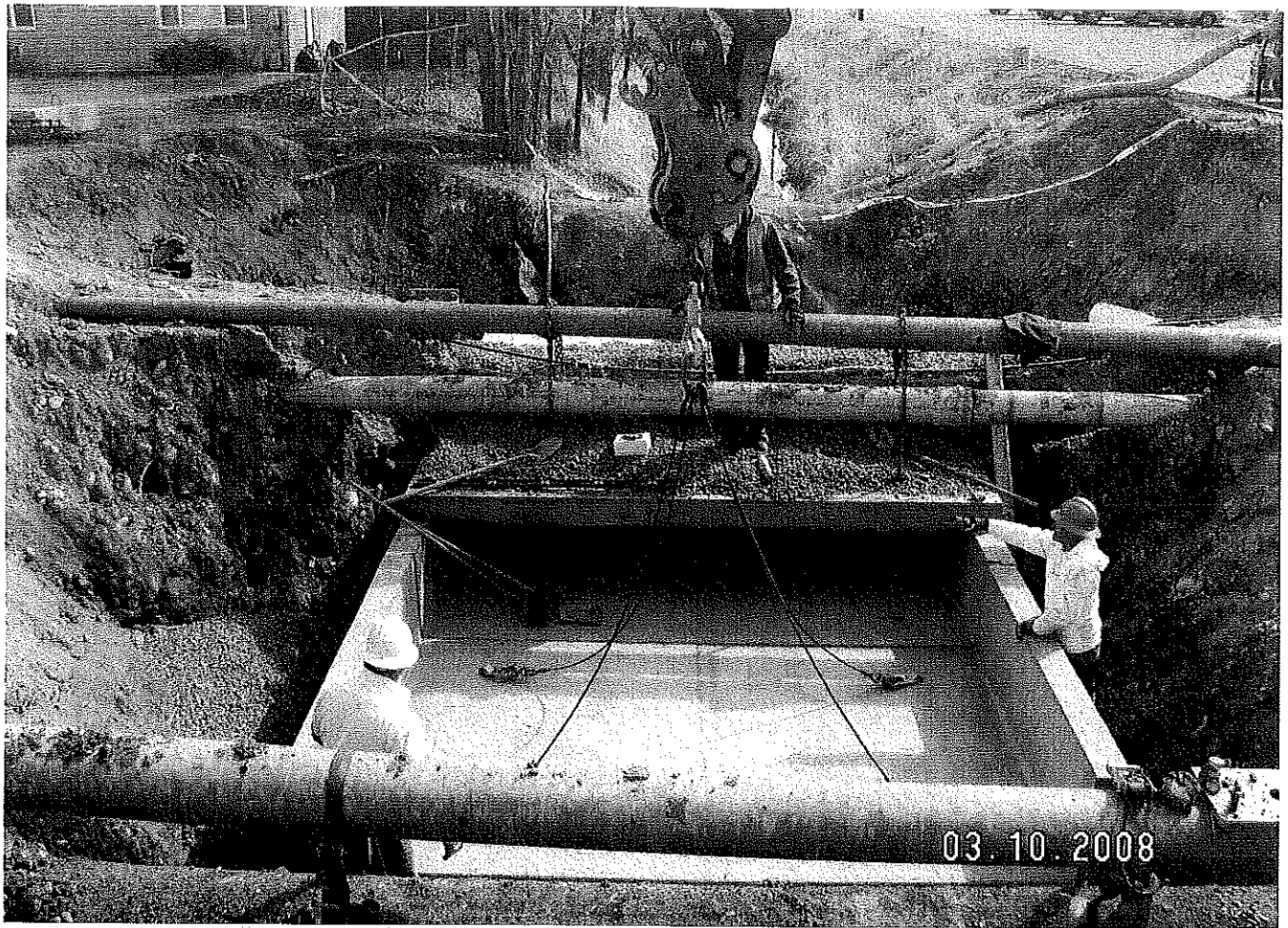
**I have noted the modifications made by my supervisor in the Comments Section above.**

Employee Signature: Kon R. [Signature] Date: 1-6-09  
Supervisor Signature: [Signature] Date: 1/6/09  
Department Head Signature: [Signature] Date: 1/8/09

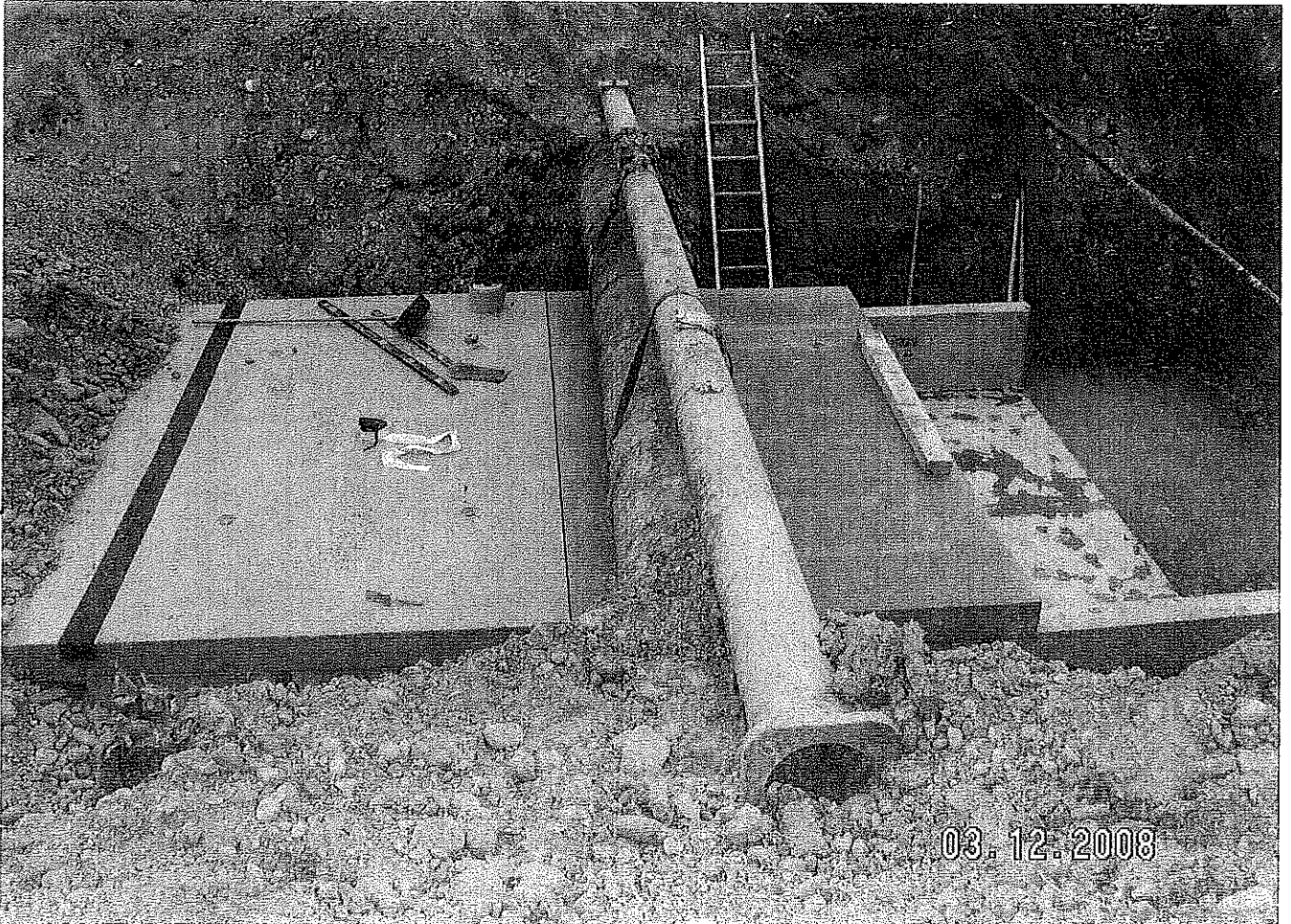
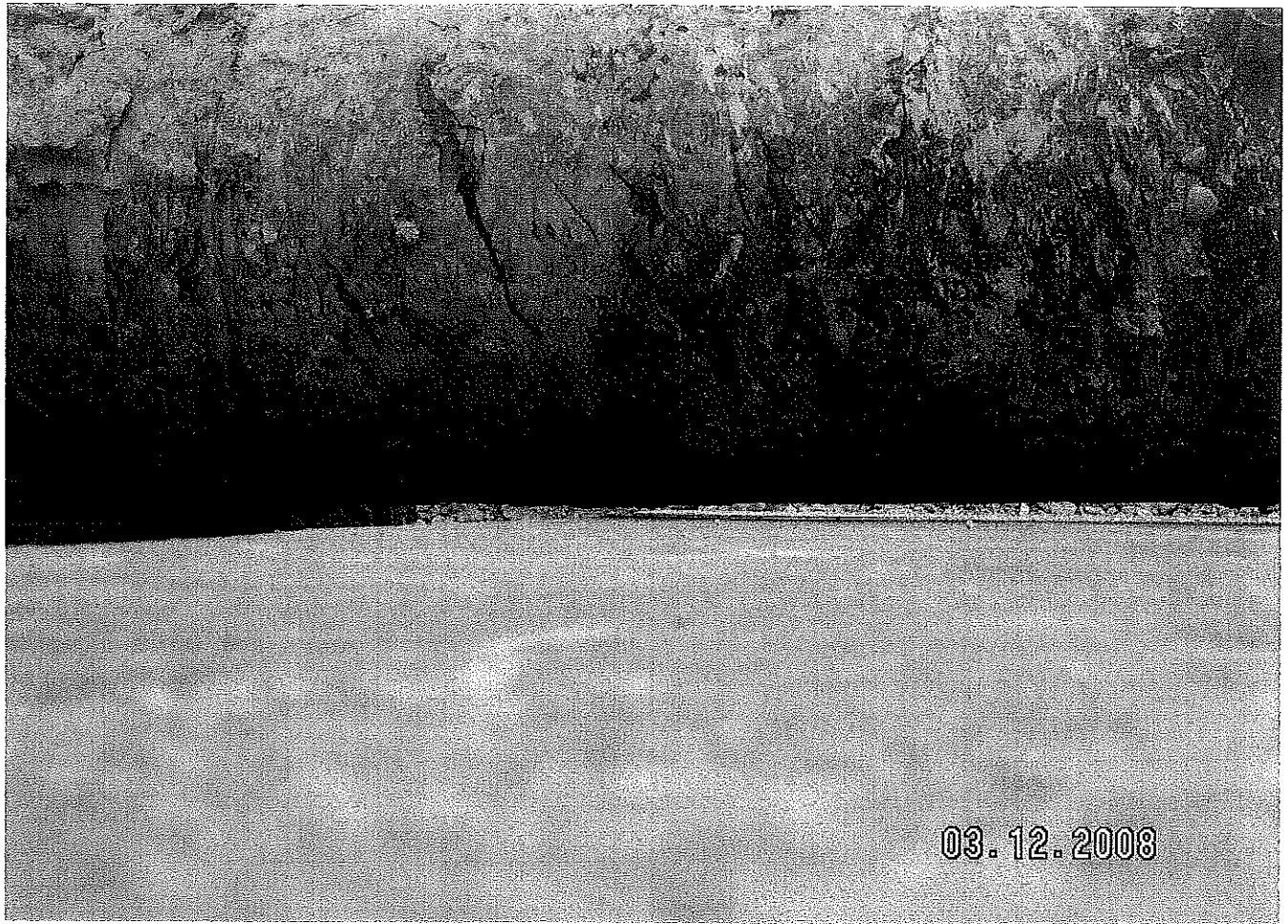
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.





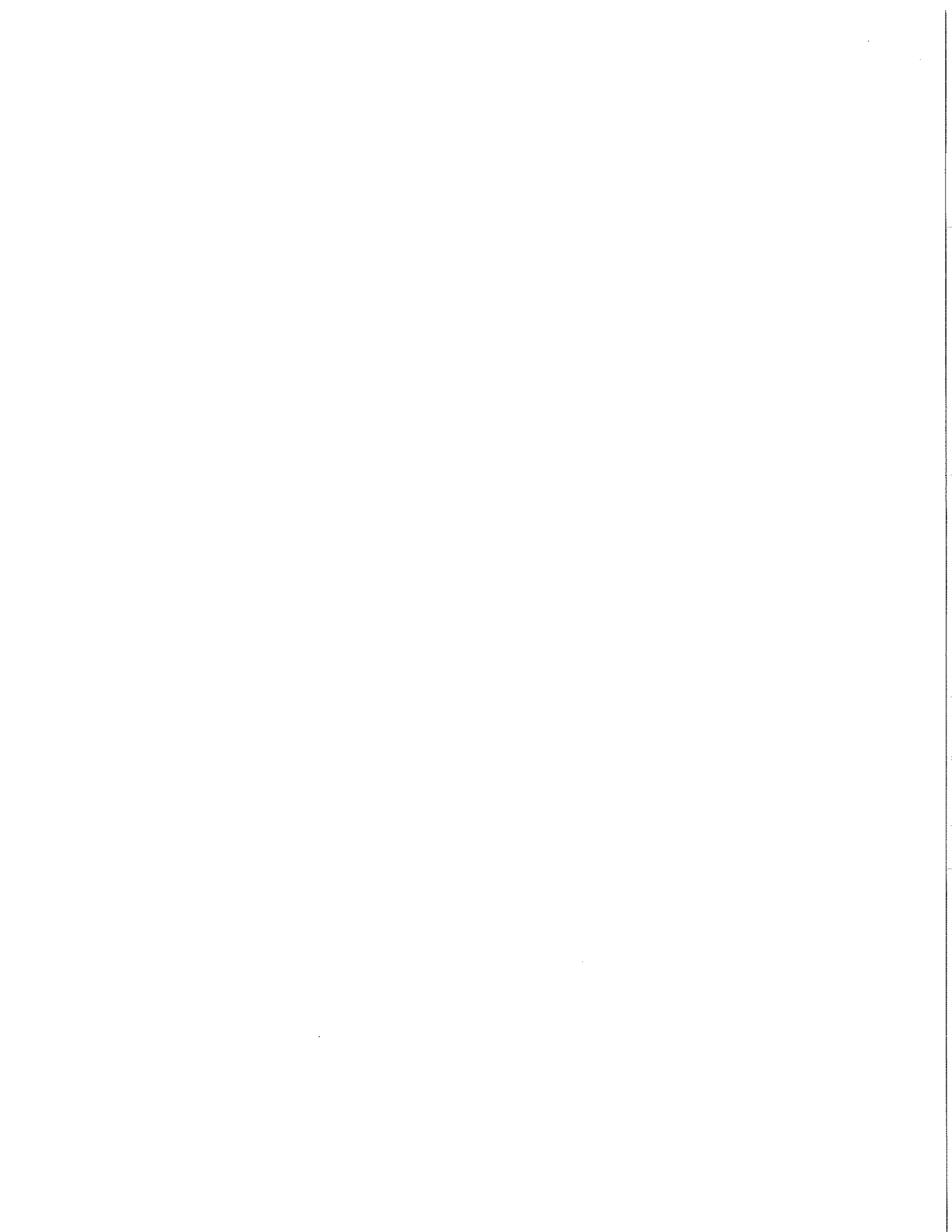












# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

**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.
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**Division:** \_\_\_\_\_ **Department:** \_\_\_\_\_

### For Individual Questionnaires Only:

**Employee Name:** \_\_\_\_\_  
*(Last)*
*(First)*
*(Middle Initial)*

**Current Classification Title:** \_\_\_\_\_  
Equipment Operator - Persigo

**Division** \_\_\_\_\_ **Department** \_\_\_\_\_  
Utility and Street System
WWTP - Persigo

**Total Length of Time with organization** \_\_\_\_\_  
1 Years 6 months

**Total Length of Time in Current Position** \_\_\_\_\_  
Years 11 months

**Assigned Hours/Week:: from** \_\_\_\_\_ **Assigned Days/Week** \_\_\_\_\_  
7am t o 3:30pm
Mon thru Fri

**Email:** \_\_\_\_\_ **Work Phone:** 970-256-4180

**Immediate Supervisor:** \_\_\_\_\_ **Immediate supervisor reports to:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
Larry Brown
Dan Tonello

**Title:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
Maintenance Supervisor
Plant Superintendent

**Work Phone** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
970-256-4168
970-2564164

**E-mail:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## 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.

Maintain and Mow WWTP - Persigo's Grounds.

Paint Plant buildings during winter time.

Daily Clean Operations Building.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

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

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

**YOUR COWORKERS' JOB TITLES**

7 Maintenance Mechanics
8 Operations personnel
7 Collections
5 Lab Staff
2 Administrative Assisants
1 Safety Coordinator

**YOUR DIRECT REPORTS' JOB TITLES**

Maintenance Supervisor
Plant Superintendant

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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
None		

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
None		

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

*Attach additional sheets if necessary.*

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



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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Mow, Edge, Trim Grounds	When and Where	Daily	40
2	Spray weeds -- mix chemicals	When and Where	Weekly	5
3	Irrigation - Sprinkler repair, Time clock, pump, filter	repair where needed	Daily	10
4	Equipment Mintenance - fuel, oil, grease belts, blades	As needed	Monthly	5
5	Grounds repair - dirt work, re-seeding, shovel, tractor	as needed	Weekly	5
6	Building cleaning - trash, sweep, mop, bathrooms	When and Where	Daily	10
7	Painting Buildings - clean, tape off, spray, roll, brush	What area to paint	Monthly	20
8	Order Supplies - clean supplies, paper, gloves	how much needed	Weekly	5
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

**4. REQUIRED KNOWLEDGE AND SKILLS.**

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

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

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

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

Duty #	Knowledge - Skills
1	Knowledge -safety and of plant growth, skill - ability to run machinery and tools
2	Knowledge - good vs. bad plants, chemicals, skill - to spray the right plants
3	Knowledge - Irrigation, sprinklers, valves, pump, timeclock, skill - ability to dig, fix broken pipe sprinklers
4	Knowledge - Machinery repair, oil, grease, fuel, skill - mechanical, sharpen blades
5	Knowledge - how deep to plant, run tractor, skill - run front loader safely, shovel
6	Knowledge - how to clean, chemical cleaners, skill - to clean, use of broom, mop, vacuum
7	Knowledge - of paints, painting equipment, skill - to paint that it looks good, not make a mess
8	Knowledge - of what to order, skill - to order the right amount

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

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

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

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
CSU Master Garden Certification	8 years	none	years
Chemical Pesticide Applicators License	6 years		years
Irrigation Repair	10 years		years

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

**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.

- ~~Master Gardener Certification~~
- ~~CPR and First Aid Card~~
- ~~D Wastewater Operations Certification~~
- ~~Collections I Certification~~
- ~~Fork Lift Certification~~

*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	Large Riding Lawn Mowers, Trimmers, Saws	D/20hr/wk
2	Spray tank and Spray wand, chemicals	W/2hr/wk
3	Pipe wrench, hand saw, shovel, PVC glue	W/5hr/wk
4	wrenches, grinder, grease gun, high pressure washer	M/5hr/mo
5	tractor, shovel, rake	M/8hr/mo
6	broom, mop, sponge	D/2hr/day
7	Airless Paint gun - pump, paint brush, roller	W/10hr/wk

**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. To decide how much time and what days to water on each irrigation zone.
  2. To decide how often to mow different areas of the property.
  3. To decide maintenance to perform on the lawn mowing equipment.

## 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.	4--Weekly	2--Very Important	1,7
<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.	4--Weekly	1--Somewhat Important	1,3,5,7
<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.	4--Weekly	1--Somewhat Important	3,4,5,6,7
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	4--Weekly	2--Very Important	3,4,5,6,7
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	3,4,5,6,7
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	4--Weekly	2--Very Important	3,4,6,7
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	4--Weekly	1--Somewhat Important	3,6,7
<b>Standing:</b> Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	1 through 8
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1 through 8
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	4--Weekly	1--Somewhat Important	1,5,6,7

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	1,5,6,7
<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	2--Very Important	1,3
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1 through 7
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	2--Very Important	1,3,6,7,8
<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	1,3,4,6,7
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1 through 8
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1 through 8
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1 through 8
<b>Repetitive Motions:</b> Substantial, repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1 through 7
<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	1,3,4,5,6,7
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	4--Weekly	2--Very Important	1,3,4,5,6,7

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	3--Monthly	1--Somewhat Important	1,6,7
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	2--Quarterly	1--Somewhat Important	1,6,7
<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.	0--Never	0--Not Important	

**2. WORKING CONDITIONS.**

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<del><input checked="" type="checkbox"/></del>
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 type="checkbox"/>	<input checked="" type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

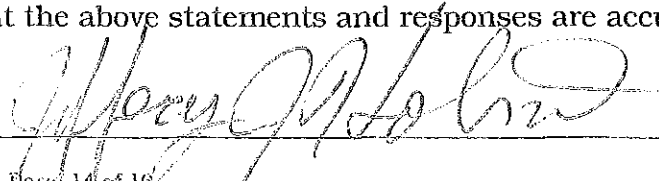
**ADDITIONAL COMMENTS**

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

**EMPLOYEE CERTIFICATION**

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

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



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

12-22-08



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

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

Question No.	Comments
#1	and sprinkler Repair and maintenance
2 B	change co-workers and Direct Reports
3	special requirements Drivers license

**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.**

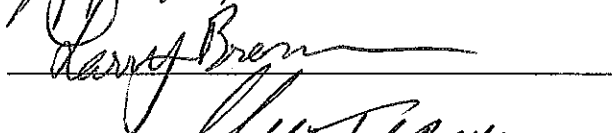
Employee Signature:



Date:

12/30/08

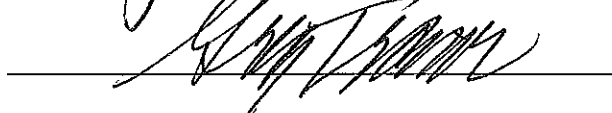
Supervisor  
Signature:



Date:

12/30/08

Department Head  
Signature:



Date:

1/8/09

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.
--	---

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

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

### For Individual Questionnaires Only:

**Employee Name:** Polley Craig A  
(Last) (First) (Middle Initial)

**Current Classification Title:** Equipment Operator

**Division** Water Services **Department** Utility & Street Systems

**Total Length of Time with organization** 10 Years 5 months

**Total Length of Time in Current Position** 8 Years 5 months

**Assigned Hours/Week::; from** 7:00 t o 3:30 **Assigned Days/Week** M-F

**Email:** \_\_\_\_\_ **Work Phone:** 970.260.4656

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Dan Vanover **Name:** Rick Brinkman

**Title:** Water Supply Supervisor **Title:** Water Services Manager

**Work Phone** 970.241.3889 **Work Phone:** 970.244.1429

**E-mail:** danny@gjcity.org **E-mail:** rickbr@gjcity.org

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DEPARTMENT OF CHEMISTRY

MEMORANDUM FOR THE RECORD  
DATE: 10/15/54  
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

## 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.

**Equipment Operator:**

To operate and maintain 100 gpm water filtration plant and hydro electric plant including installation and maintaining associated flow lines and water taps for 140 residence. I provide weekly water quality sampling for Water Quality Lab and maintain the Reservoirs including the recording of the monthly PZ Readings, weed control and snow surveys.





**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

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

**YOUR COWORKERS' JOB TITLES**

Pipeline Maintenance Supervisor
Water Supply Supervisor
Water Resources Supervisor
Plant Mechanics
Meter Readers

**YOUR DIRECT REPORTS' JOB TITLES**

Water Supply Supervisor

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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

REPORT ON THE RESEARCH OF  
THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY  
FOR THE YEAR 1954

BY  
THE DEPARTMENT OF CHEMISTRY

CHICAGO, ILLINOIS  
1955



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		
Class A Water Plant Operators	Daily	Water volume to town
Water Quality Technicians	Weekly	Water quality standards - lab
Plant Mechanics	Once a month	Instrumentation
Equipment Operators	Occasionally	Water breaks - Kannah Creek Line

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
140 water tap users	Occasionally	Water breaks & related problems

**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)**

1950

10

10

1950

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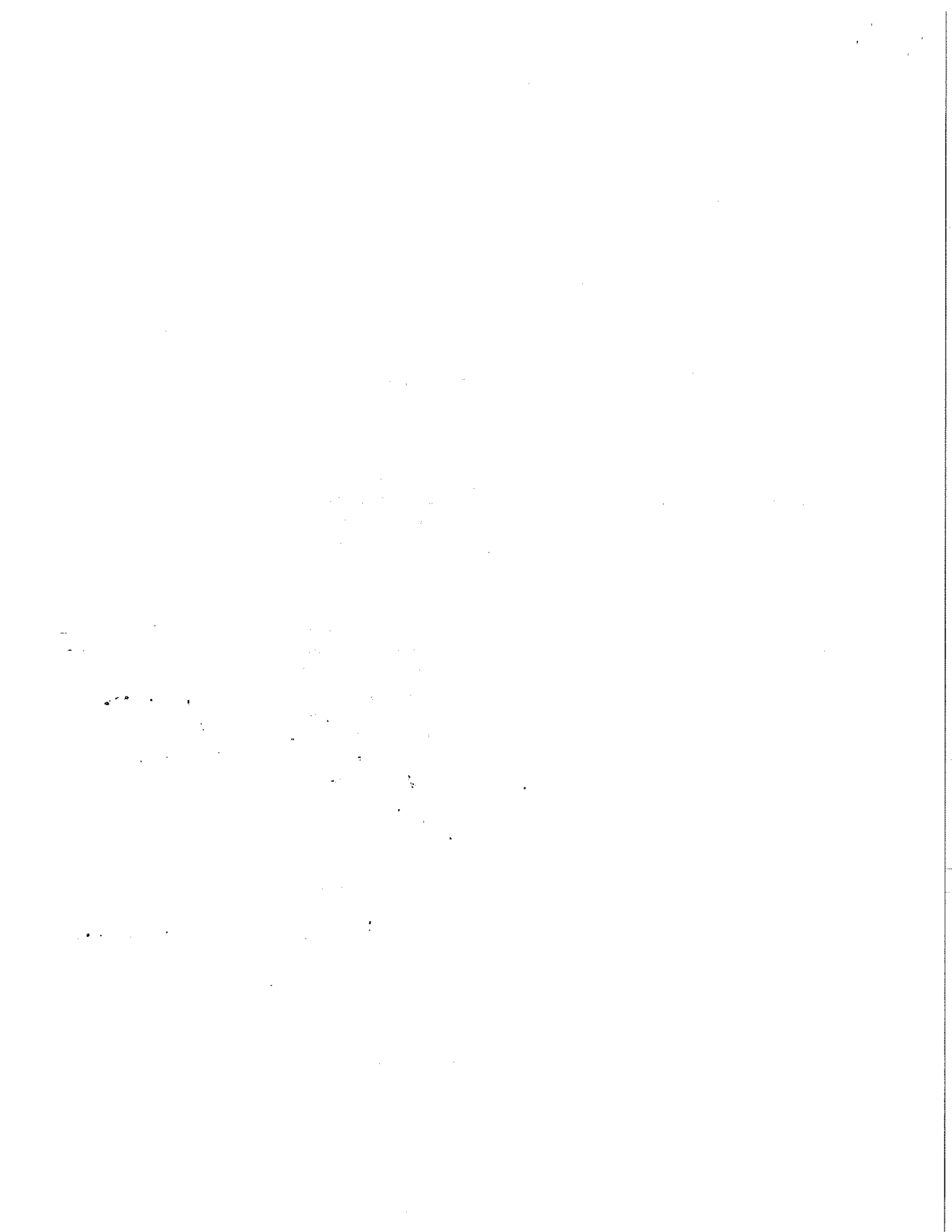
1950

1950

1950

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Water Plant & Hydro Operations	Water plant and hydro readings and chart readings; maintenace of chemical pumps and flow meters; N.T.U. meters	Daily	30%
2	Reservoir Operations	Snow surveys (A); Reservoir Readings (M); Piezometer Readings (M); Maintain Roads & Right-of-ways (Q); Bathroom & trash maintenance (W); Weed Spraying (A); Seasonal water flows in flowlines & ditches	Weekly	30%
3	Water Quality Sampling	Accurately test Sample Stations (W) and deliver to City Lab the following: S.O.P./Bacti P.H. Temp./Lead & Copper (Q) /N.T.U. Ice Pick M.D.A./Well Sampling; also, maintain C2 Standards (D)	Daily	15%
4	Maintain Distribution and Flow Lines	Inspect & repair pressure regulating valve; maintain & read master and residential meters; new water taps; repair water breaks; customer problems	Daily	15%
5	Water Meter Reports	Usage & Loss; Inventory and changes	Monthly	5%




### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

- | You Have                            | You Need                 |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/>            | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate                                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Bachelor's degree  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain):<br>Aerospace Training - one year  |

**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>
Drinking Water Systems	8 years	Drinking Water Systems	5 years
Equipment Operations	35 years	Equipment Operations	5 years
Accurate Record Keeping	35 years	Recording	5 years

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

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6	Water Shed Preservation	Identify and report Gas & Oil exploration activity; Domestic & Wildlife activity; Weed invasion	Daily	5%
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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
1,3,6	Knowledge of State and Federal drinking water regulations
1,3	Knowledge of chemicals and equipment in water treatment and distribution
1,3,4	Knowledge of safety practices and Osha Regulations, the Safe Drinking Water Act, etc.
4	Knowledge of Pipeline Distribution
2,4	Knowledge of Water Laws - Rights, Flows & Calculations
2,6	Knowledge of Forest and Range Management
6	Knowledge of Oil and Gas Exploration - practices, equipment and chemicals used in drilling
2,6	Knowledge of Weed eradication and inundation
6	Knowledge of Farm and Ranching methods etc.
5	Knowledge of Basic Math





## Water Treatment or Plant Operations

**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 C Water Operator

Proficient Backhoe Operator

Class Four Distribution Operator

U.S. Bureau of Reclamation Dam Tender Certification

Trench and Shoring Certification

The following information is provided for your information:

1. The total number of units is 100.

2. The total number of units is 100.

3. The total number of units is 100.

4. The total number of units is 100.

**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	Chlorine Meter	O
1	N.T.U. Meter	O
1,4	P.H. Meter	W
2	Piezometer	M
4	Backhoe	O
4	Tapping Machine (Water Lines)	O
3	Water Pump	W
2,6	Weed Sprayer & Snowmobile	A
4	Data Loggers	O
3	Generator	O
2,6	ATV	Q
2	Road-grater	Q
2,6	Brush cutter, chainsaw	Q

**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. Chemical adjustments at Water Plant (AcH, C-Poly, Cl2)

2. Time Management and prioritizing work load

3. Deciding when to ask for assistance in making important decisions about water quality

## 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--Extremely Important	1
<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.	4--Weekly	3--Extremely Important	1,2
<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	1,2,3
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	4--Weekly	2--Very Important	1,2,3,4
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	2--Very Important	4
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2,3,4,5,6
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	1,3
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	2--Very Important	3,5,6
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	3--Monthly	2--Very Important	1,4

forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	3--Monthly	2--Very Important	1,4
<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	1,3,5
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	3--Monthly	1--Somewhat Important	1,3,4
<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.	4--Weekly	3--Extremely Important	1,4
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	3--Monthly	1--Somewhat Important	1,3,4
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2,3,4,5,6
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1,2,3,4,5,6
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1,2,3,4,5,6
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,4,5,6
<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.	4--Weekly	2--Very Important	1,2,3,4,5,6
<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	5--Daily	3--Extremely Important	1,2,3,4,5,6

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	4--Weekly	3--Extremely Important	1,2,4,6
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	3--Monthly	3--Extremely Important	1,2,4,6
<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--Extremely Important	1,2,4,6



**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.

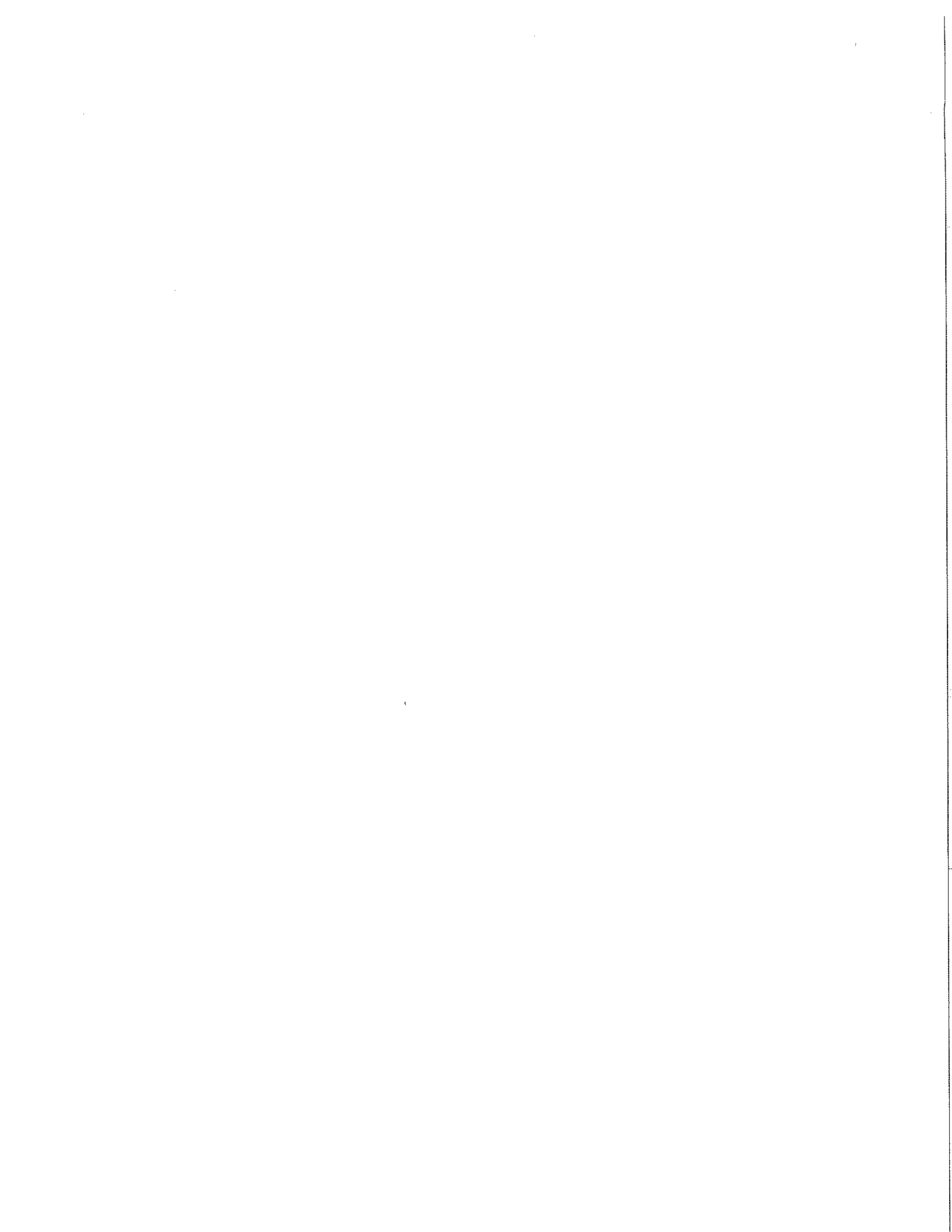
**I have noted the modifications made by my supervisor in the Comments Section above.**

Employee Signature: Craig Polley Date: 1-6-09

Supervisor Signature: Dan Yanover Date: 1-6-09

Department Head Signature: [Signature] Date: 1/9/09

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



# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Jeff Peak, Chris Sheffield, Frank Wagner, Lee Mcdonald, Mike Harmon Josh Dearstyne, Brant Westermire, Chris Mcdonald.

**Division:** USAF

**Department:** Streets

### For Individual Questionnaires Only:

**Employee Name:**

*(Last)*

*(First)*

*(Middle Initial)*

**Current Classification Title:**

**Division**

**Department**

**Total Length of Time with organization**

**Years**

**months**

**Total Length of Time in Current Position**

**Years**

**months**

**Assigned Hours/Week:: from** 700 am **t o** 3:30 pm

**Assigned Days/Week** M-F

**Email:**

**Work Phone:** (970) 244-1575

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Dave Van Wagoner

**Name:** Darren Starr

**Title:** Street Systems Supervisor

**Title:** Utilitys & Street Manager

**Work Phone** ~~(970)270-5434~~ 256-4111

**Work Phone:** (970) 244-~~1575~~ 1493

---

**E-mail:**

**E-mail:**

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## **II. POSITION INFORMATION**

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

**Example:** Computer Support Technician

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

To maintain and preserve roadways to provide safe travel for the general public.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	15
<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).	15
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	15
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	7

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**

EQUIPMENT OPERATOR
SEASONAL MAINTENANCE WORKER
SPECIALTY EQUIPMENT OPERATOR

**YOUR DIRECT REPORTS' JOB TITLES**

SUPERVISOR
OPERATIONS MANAGER
CREW LEADER

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

Full Time (6)     Part-Time     Seasonal/Temp (9)     Volunteer     Contract (3)

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		
Water Department	Weekly	Patch utility cuts, equipment
Police Department	Weekly	Traffic control, cleanup debris, spills
Parks and recreation	Monthly	building roads, road maintenance
Persegio water treatment	Occasionally	build roads, road maint, sewer drains
Sanitation	Occasionally	Pick up Trash, move containers
Fleet	Daily	Equipment repairs, parts

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Customer Service
State and county agencies	annually	Road Maintenance, equipment sharing

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

*Attach additional sheets if necessary.*

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Crack Filling - Prepares Street for crack filling operations, which includes blowing out cracks by high air pressure to ensure hot sealant can penetrate the crack. Crack pot crew will then apply hot sealant to clean cracks by squegging hot sealant.	traffic control, weather conditions, material inventory, equipment repair, equipment maintenance.	Daily	12%
2	Patching/Overlay - Repairing utility cuts or skin patching low areas or damaged road asphalt with new asphalt.	Traffic control, weather conditions, equipment, Asphalt availability, calculation for material needed.	Daily	13%
3	Chip Sealing - Applying new surface to existing asphalt by means of applying oil and rock chips and compaction. Then applying a top coat sealer.	Traffic control, weather conditions, coordination with chipper and dump trucks distributor and rollers	Annually	12%
4	Shouldering Roadways - Repair blown out areas along the asphalt road way by means of material replacement or grading roadway.	Traffic control, determine areas for repair, equipment needed, type amount of material needed	Quarterly	5%
5	Pot holes - Fill in holes in existing pavement with cold mix or hot asphalt.	Traffic control, determine areas for repair, equipment needed, type amount of material needed	Quarterly	5%
6	Grading - Preparing subgrade and finish grade for new roads and existing road surfaces; which includes new road construction, alleys, side walks, bike paths, parking lots, shoulder roads and ditches	Determine drainage needed for jobsite, traffic control, equipment needed, materials needed	Quarterly	12%
7	Guard Rail Repairs - Repairs damaged guard rails.	Traffic Control, materials needed, equipment needed	Quarterly	5%

8	Snow and Ice Removal - Plow and remove snow from road and apply de-icing agents road ways.	materials needed, equipment needed, weather conditions	Quarterly	12%
9	Spring Clean up - Removal of refuse,bulk items and green waste placed at the curbside from city residents.	Contractors, hazardous materials accepted, equipment location, traffic control, routing	Annually	12%
10	Traffic Control - Prepares jobsite traffic safety by placing either signs, cones or message boards or flagger to direct traffic.	Follow MUTCD guide lines for jobsite, equipment/signs needed	Daily	12%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
2,4,6,7,8,9	Operate Skidsteer
2,3,4,5,6,8,9	Operate Dump Truck - 5/10 yard - 1 ton
2,3,4,5,6,8,9	Operate Loader
2	Operate Laydown Machine
All	Traffic Control
2,3,4,6	Operate Roller
All	Hand tools
2,3,4,6,8	Operate Grader
1	Operate Air Compressor



2,4,6	Transit/Grade rod
2,4,7,8	Operate Backhoe
8	Operate Salt/Mag control units
2,4,6,9	Operate Water Truck
8	Operate Snow Plow
1	Operate Crack Fill machine

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

- | <b>You Have</b>                     | <b>You Need</b>          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school                               |
| <input type="checkbox"/>            | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate                                      |
| <input type="checkbox"/>            | <input 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>
CDL	25 years	CDL	1 years
Construction Experience	20 years	Construction Experience	5 years
Public Relations	15 years	Public Relations	1 years

a. What field (s) should training or degree be in?  
Traffic control, Use of Equipment

**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.

Traffic Control technician

Traffic Control Supervisor

CDL

**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.

<b>Duty #</b>	<b>Machines, Tools, Equipment</b>	<b>Frequency/Time</b>
2,4,6,7,8,9	Operate Skidsteer	Weekly
2,3,4,5,6,8,9	Operate Dump Truck - 5/10 yard - 1 ton	Weekly
2,3,4,5,6,8,9	Operator loader	Weekly
2	Operate Laydown Machine	Monthly
All	Traffic Control	Daily
2,3,4,6	Operate Roller	weekly
All	Hand tools	Daily
2,3,4,6,8	Operate grader	Monthly
1	Operate Air compressor	Monthly
2,4,6	Transit & Grade Rod	Monthly
2,4,6,9	Operate Water Truck	Weekly
8	Operate Snow Plow	Seasonally
1	Operate Crack Fill Machine	Weekly

**5. DECISION-MAKING & JUDGMENTS.**

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. Traffic Control

2. Equipment needed for the job

3. Materials needed for the job

## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

#### Frequency

**How frequently is the activity performed?**

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

#### Importance

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

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

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	2--Very Important	All
<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	2--Very Important	All
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	All
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	All
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	All
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	2--Very Important	All
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	All
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	All
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	All
<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	All
<b>Pulling:</b> Using upper extremities to exert force in	5--Daily	2--Very Important	All

order to draw, drag, haul or tug objects in a sustained motion.			
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	All
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	All
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	2--Very Important	All
<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	All
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very 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--Extremely 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 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
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	All
<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	All
<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	2--Very Important	All

<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	All
<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	3--Extremely Important	All
<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	All

**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 type="checkbox"/>	<input checked="" 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 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).

*Scott Peck*    *Chris W. [unclear]*    *Bruce [unclear]*  
*Jim [unclear]*  
*Frank Hogan*  
*Michelle Cannon*  
*Lee (Dugan) [unclear]*  
*Chris A. Sheffield*

**EMPLOYEE CERTIFICATION**

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

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

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

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

<b>Question No.</b>	<b>Comments</b>



**Please check the appropriate statement:**

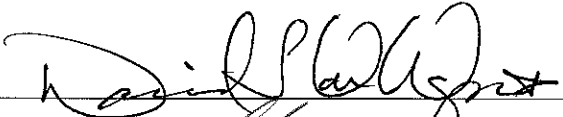
I agree with the incumbents' position questionnaire as written.

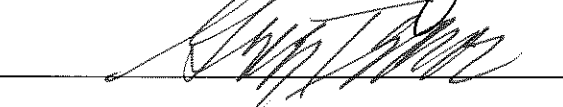
The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature:  Date: 12/31/08

Department Head Signature:  Date: 1/8/09

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.

1. 2011

2. 2011

3.

4.



## II. POSITION INFORMATION

**I. 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.

operation of equipment or tools to keep debris from obstructing water flow. This includes storm drains, detention ponds and irrigation ditches that could cause flooding. Also to help with hazardous spills that would need sand or equipment to keep it out of water supply. Replacing irrigation or storm water pipes that are plugged or leaking.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

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

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

**YOUR COWORKERS' JOB TITLES**

CREW LEADER
OPERATOR (1-4)
SPEC. EQUIP. OPERATOR
STORM WATER INSPECTOR
SEASONAL

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Parks & Rec.	Quarterly	Brush or tree removal
Fleet	Quarterly	Brush or tree removal
Pers:go	Weekly	Equipment Repair
Water	Monthly	Clean Storm Drains
Fire Dept.	Monthly	Clean up after water brake
Police	Monthly	Hazardous spills
	Monthly	Accidents & Spills

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Car Rentals	Occasionally	Rental Equipment & Supplies
Grand Junction Pipe	Monthly	Supplies
Munro Pump	Occasionally	Supplies
Home Depot	"	Supplies
Western Implement	"	Supplies
True Value	"	Supplies

**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

### 1. Cleaning storm drain system

Weekly 25%

Includes operation of backhoe, dump truck, skid steer loader, track hoe, shovels, rakes, to remove silt, trash and debris from ditches, roadway surfaces and detention basins.

#### Decisions Required

Contacting Presigo to jet plunged storm drain.  
Advise supervisor of underground locates.  
Determining grade for excavation

### 2. Installing storm drain and irrigation systems

Monthly 25%

Operation of backhoe, track hoe, loader, skid steer loader, dump truck, compactor, and miscellaneous hand tools and water pumps. Knowledge of traffic control, utility locations, and color markings of utilities. Forming and pouring of concrete structures.

#### Decisions' Required

Type and size of pipe  
Size of trench box  
Type of backfill material  
Size of equipment needed for job

### 3. Leaf Removal

Annually 15%

Operating dump truck and trailer equipped with vacuum machine to remove raked leaf piles from city streets. Supervising a seasonal employee during leaf removal activity.

#### Decisions' Required

Knowledge of daily routes  
Checking leaf pile for hazards that could cause damage to vacuum equipment or danger to personnel.





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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1			Select	
2			Select	
3			Select	
4			Select	
5			Select	
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 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	Location of storm system detention ponds ditches, basins to keep clear of debris.
# 2	Have a CDL in order to drive dump truck.
# 3	Be able to operate tube on vacuum.
# 4	Need to understand Traffic Control
# 5	Have a CDL, to drive snow plow and understand routes.
# 6	Have a CDL to operate dump truck and know your spring clean up areas

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 checked="" type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input 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>
Operating dump truck	7 years	1 years	1 years
Operating back hoe	3 years	2 years	2 years
Laying pipe	3 years	2 years	1 years

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

Construction

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.

National Incident Management Systems (NIMS)  
 Stormwater Management During Construction  
 Flagger certification  
 Confined space entry  
 Excavation awareness training (Trench Safety)  
 Class A C.D.L.

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,4,5,6	Loader	Weekly
1,2,4,6	Back hoe	Weekly
1,2,6	skid steer loader	Quarterly
1,2,3,4,5,6	Dump Truck	Daily
1,2	Track hoe	Yearly
2	Compactor	Quarterly
2	Jack Hammer	Quarterly
1,2,3,4,5,6	Shovel	Daily
2	Hammer Drill	Quarterly
2	Concrete saw	Quarterly
2	Power Saw (wood)	Quarterly
1,2,3,4,5,6	Hand Tools	Daily

5. **DECISION-MAKING & JUDGMENTS.**

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. How and when to clean a plugged storm drain that may cause flooding.
2. Ways to pick up a heavy object without hurting or endangering anyone.
3. Finding a way into the job sight, without getting in the way of other equipment.

**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 Select	3 Select	1, 2, 3, 4 5, 6
<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 Select	3 Select	1, 2, 3, 4 5, 6
<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 Select	3 Select	1, 2, 3, 4 5, 6
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	4 Select	2 Select	1, 2, 4 6
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5 Select	3 Select	1, 2, 4 6
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3 Select	2 Select	1, 2 6
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<b>Standing:</b> Particularly for sustained periods of time.	Select 4	Select 3	1, 2, 3, 4, 5, 6
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 4	Select 3	1, 2, 3, 4, 5, 6
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 2	1, 2, 3, 4, 5 6
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select	Select	1, 2, 3, 4, 5 6
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 5	Select 3	1, 2, 3, 4 5, 6

<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 5	Select 3	1, 2, 3, 6
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 4	Select 2	1, 2, 3, 4, 5, 6
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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).	Select 5	Select 3	1, 2, 3, 4, 5, 6
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 5	Select 3	1, 2, 3, 4, 5, 6
<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.	Select 4	Select 2	1, 2, 6
<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.	Select 3	Select 2	1, 2, 6

**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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Albert Dama Date: 12-23-08

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

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

Question No.	Comments



Please check the appropriate statement:

I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature: Albert Rann Date: 1/5/09

Supervisor Signature: [Signature] Date: 1/5/09

Department Head Signature: [Signature] Date: 1/8/09

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.

10/10/10

10/10/10

10/10/10

# 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: STREETS

Department: PUBLIC WORKS AND UTILITIES

### For Individual Questionnaires Only:

Employee Name:

KIEFER  
(Last)

DUANE  
(First)

M  
(Middle Initial)

Current Classification Title:

EQUIPMENT OPERATOR

Division

STREETS

Department

PUBLIC WORKS AND UTILITIES

Total Length of Time with organization

8 Years

2 months

Total Length of Time in Current Position

6 Years

8 months

Assigned Hours/Week; from

to

Assigned Days/Week

Email:

Work Phone:

244-1575

Immediate Supervisor:

Immediate supervisor reports to:

Name:

CHRIS SPEARS

Name:

DARREN STARR

Title:

STREET

Title:

STREET AND SANITATION MANAGER

Work Phone

970-~~344~~-244-1584

Work Phone:

970-244-1493

E-mail:

E-mail:

## 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.

INSTALLING OR REPAIR OF STORM DRAIN AND IRRIGATION  
ON CITY RIGHT OF WAY. CLEANING OF STREETS AND  
STORM DRAINS TO ASURE CLEAN STORM WATER FLOWS  
TO RIVER. RESPONDING TO HAZARDOUS SPILLS TO  
PREVENT THEM FROM REACHING WATER WAYS.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	6
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

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

**YOUR COWORKERS' JOB TITLES**

CREW LEADER
EQUIP. OPERATOR (1-4)
SPECIALTY EQUIP. OPERATOR
STORM WATER INSPECTOR
SEASONAL

**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
POLICE	OCCASIONALLY	ASSIST AT ACCIDENTS, TRAFFIC CONTROL
FIRE	MONTHLY	HAZARDOUS SPILLS, FEMA TRAINING
FLEET MAINT	WEEKLY	EQUIPMENT REPAIR
BUILD. MAINT.	OCCASIONALLY	PROBLEMS WITH BUILDINGS
WATER DEPT	OCCASIONALLY	OPERATE WATER TREATING, STORM DRAINS
PARKS DEPT	<del>MONTHLY</del> "O"	REPAIR STORM DRAINS
PERSIDG PLANT	MONTHLY	CLEAN STORM DRAINS

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
CAT RENTAL	OCCASIONALLY	EQUIPMENT & SUPPLIES
G.S. PIPE	MONTHLY	SUPPLIES
MUNROE PUMP	OCCASIONALLY	SUPPLIES
HOME DEPOT	OCCASIONALLY	SUPPLIES
WESTERN IMPLEMENT	OCCASIONALLY	SUPPLIES
TRUE VALUE	MONTHLY	SUPPLIES

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent  (Not to exceed 100%)
1	CLEAN STORM DRAIN SYSTEMS	SEE ATTACHMENT	Select W	25%
2	INSTALL STORM DRAIN + IRRIGATION	" "	Select M	25%
3	LEAF REMOVAL	" "	Select A	15%
4	CHIP SEAL	" "	Select A	15%
5	SPRING CLEAN UP	WHAT TO PICK UP HOW TO LOAD	Select A	5%
6	SNOW + ICE CONTROL	WHEN TO APPLY SALT HOW MUCH TO APPLY	Select A	5%
7	FLOOD CONTROL	WHERE TO APPLY RESOURCES HOW LONG	Select A	5%
8	MEETINGS & TRAINING	WHAT TO ATTEND	Select M	5%
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

**4. REQUIRED KNOWLEDGE AND SKILLS.**

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

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

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

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

Duty #	Knowledge - Skills
1	BASIC KNOWLEDGE OF STORM DRAIN SYSTEMS, DRIVERS LICENCE ABILITY TO DO PHYSICAL LABOR.
2	BASIC KNOWLEDGE OF PIPE INSTALLATION, CDL, OPERATION OF TOOLS AND EQUIPMENT FOR VARIOUS APPLICATIONS
3	CDL, STREET SYSTEMS, OPERATION OF LEAF VACUUM
4	CDL, TRAFFIC CONTROL, STREET SYSTEMS, ADVISE GENERAL PUBLIC
5	CDL, STREET SYSTEMS, TRAFFIC CONTROL, LOADERS
6	CDL, LOADERS, APPLICATION OF SALT AND MAGNESIUM CHLORIDE
7	DRIVERS LICENCE, PRIORITIZE SITUATIONS, STORM DRAIN SYSTEMS AROUND CITY
8	COMMUNICATION, NOTE TAKING



### 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): <i>SPECIALIZED TRAINING ON EQUIPMENT AND SAFETY PROCEDURES</i>

**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>
<i>TRUCK DRIVING</i>	<i>40</i> years	<i>SPECIFIC EQUIPMENT</i>	<i>2</i> years
<i>HEAVY EQUIPMENT</i>	<i>30</i> years	<i>PIPE SYSTEMS</i>	<i>1</i> years
<i>SAFETY</i>	<i>45</i> years	<i>CITY CODES &amp; SYSTEMS</i>	<i>1</i> years
<i>TRAFFIC CONTROL</i>	<i>10</i>		

a. What field (s) should training or degree be in? *HEAVY EQUIPMENT, SAFETY, TRAFFIC*

**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.

- FLAGGER CERTIFICATION*
- LOWFIND SPACE TRAINING*
- TRENCHING AND SHORING*
- ~~*ASBESTOS*~~
- MUTED - TRAFFIC CONTROL*
- CDL 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	BACK HOE, TRACK HOE, TRUCK, PICKUP, LOADER, MOTOR GRADER, CONTRACTOR LEVEL, SHOVEL, BROOM,	100%
2	BACK HOE, TRACK HOE, TRUCK, PICKUP, LOADER MOTOR GRADER, ROLLER, CONTRACTOR LEVEL, FRAMING LEVEL DRILL, JACK HAMMER, SKID LOADER, SHOVEL, BROOM, TRAFFIC CONES + SIGNS, HAMMER, SAGW DRIVER	100%
3	DUMP TRUCK, LEAF VACUUM, LOADER, HAND TOOLS	100%
4	TRAFFIC CONTROL DEVICES, TRUCK, LOADER ROLLER, BROOM, SHOVEL,	100%
5	TRUCK, SKID LOADER, TRAFFIC CONTROL, BROOM SHOVEL, LOADER	100%
6	TRUCK, MAG TANK, SALT SPREADER, LOADER	100%

7. TRUCK, PICKUP, LOADER, SKID LOADER, SHOVEL, JACKHOG 100%

8. COMPUTER, VIDEO PLAYER, WRITING MATERIAL 100%

**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. TRAFFIC CONTROL - WHEN TO MOVE THEM, WHERE TO MOVE THEM WHAT DEVICES TO DO THE JOB

2. ARE ALL SAFETY PRECAUTIONS IN PLACE TO DO THE TASK AT MINIMUM RISK.

3. AM I DOING MY TASK IN A SAFE AND ~~THE~~ <sup>TIMELY</sup> MANNER TO ACCOMPLISH THE TASK

## 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.	Select 5	Select 3	1, 2, 3, 4, 5, 6, 7, 8
<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.	Select 5	Select 3	1, 2, 3, 4, 5 6, 7
<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.	Select 5	Select 2	1 2 3 4 5 6, 7
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	Select 4	Select 3	1, 2, 3, 4, 5 6, 7
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	Select 4	Select 2	1, 2, 3, 4, 5 6, 7
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	Select 3	Select 2	1, 2, 3, 4, 5
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	Select 4	Select 2	1, 2, 3, 4, 5, 6, 7
<b>Standing:</b> Particularly for sustained periods of time.	Select 3	Select 2	1 2 3 4 5
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 3	Select 2	1 2 3 4 5
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 4	Select 2	1 2 3 4 5
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 4	Select 2	1 2 3 4 5
<b>Fingerin</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in	Select 3	Select 2	2 6 8

<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	Select 4	Select 2	1234567
<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.	Select 4	Select 2	1234567
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 4	Select 3	125
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	Select 5	Select 3	12345678
<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.	Select 5	Select 3	12345678
<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).	Select 5	Select 3	12345678
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 3	Select 2	123456
<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.	Select 3	Select 1	368
<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.	Select 3	Select 2	1368
<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.	Select 3	Select 2	12345
<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.	Select 2	Select 2	1257
<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.	Select 2	Select 2	1257

**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
X Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
X 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: *Dwaine M. Kiefer* Date: 1-5-09

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

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

Question No.	Comments

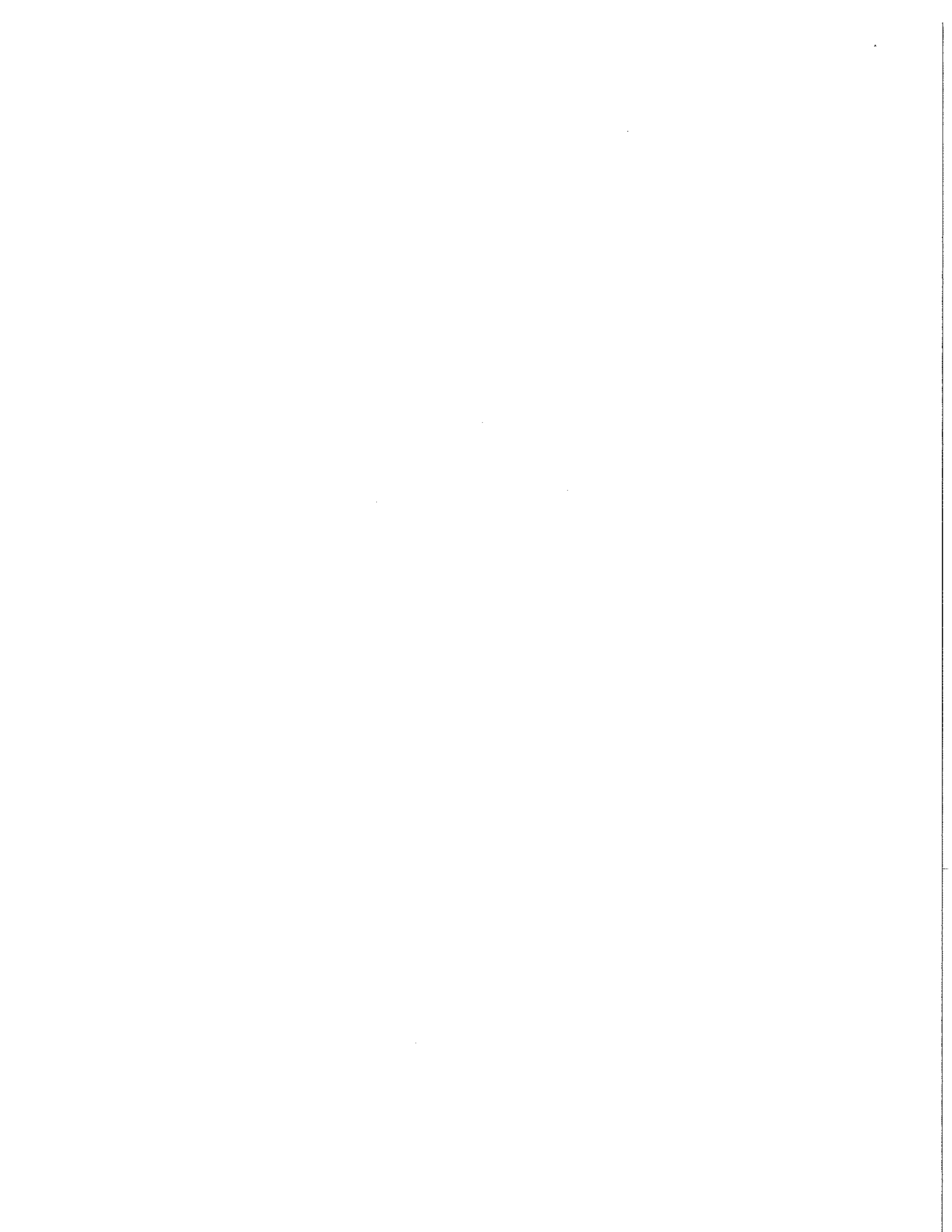
**Please check the appropriate statement:**

- I agree with the incumbents' position questionnaire as written.
  
- The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.
  
- The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature:	<u><i>Ryan M. Kiefer</i></u>	Date:	<u>1/5/09</u>
Supervisor Signature:	<u><i>[Signature]</i></u>	Date:	<u>1/5/09</u>
Department Head Signature:	<u><i>[Signature]</i></u>	Date:	<u>1/8/09</u>

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







## 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.

Operation of equipment or tools to keep debris obstructing water flow. This includes storm drains, detention ponds and Irrigation ditches that could cause flooding. Also to help with hazardous spills that would need sand or equipment to keep it out of the water supply. Replacing Irrigation or storm water pipe that are plugged or leaking.

**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

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

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**


**YOUR DIRECT REPORTS' JOB TITLES**


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

- Full Time     
  Part-Time     
  Seasonal/Temp     
  Volunteer     
  Contract

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

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

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Fleet Maintenance	Weekly	Repair of equipment
Parks	Quarterly	Brush / Tree Removal
Presigo	Monthly	Clean storm drains
Fire	Monthly	Hazard Spills Clean up
Police	Monthly	Accident / Spills
Water	Monthly	Clean up after water break

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
CAT Rentals	Occasionally	Rental Equipment / Supplies
G.J. Pipe	Monthly	Irrigation Supplies
MUNRO Pump	Occasionally	Parts / Pump Repair / Supplies
Western Implement	Occasionally	Supplies
Home Depot	Occasionally	Supplies
True Value	Occasionally	Supplies
Underground Locator	" "	Check for power, gas etc

**3. ESSENTIAL DUTIES.**

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

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

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

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

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

*Attach additional sheets if necessary.*

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	✓ Snow + Ice Removal		Select A	25% <del>25%</del>
2	✓ Spring Clean up F.A.D		Select A	8% <del>8%</del>
3	✓ Chip Seal		Select A	15% <del>15%</del>
4	✓ Leaf Removal		Select A	15% <del>15%</del>
5	✓ Clean Storm Drains		Select W	25%
6	✓ Install storm Drains / Irrigation		Select M	25%
7	✓ Flood Control / Levee work		Select O	15%
8	✓ Equipment Maintenance	Daily	Select D	5%
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

SEE ATTACHED MEMORANDUM!

**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
	<del>Essential duties</del>
	Ability to operate equipment in a safe and efficient way,
	Common sense while working with other people.
	To be proficient the best way you can for the job!
	Proper use of hand tools

Frequently  
Weekly 25%

CLEAN storm drain systems:

Includes operation of backhoe or Track hoe to REMOVE silt, trash, and any other debris, from ditches, ROADWAYS SURFACES, & BASINS AND OTHER EQUIPMENT NEEDED TO REMOVE DEBRIS includes dump truck, skid loader

DECISIONS REQUIRED:

Contacting Presigo for pipe getting

ADVISE SUPERVISOR FOR UNDERGROUND LOCATES

DETERMINE GRADE FOR EXCAVATION

Frequently  
Monthly 25%

INSTALLING storm drains AND IRRIGATION systems:

Includes operations of backhoe, trackhoe, loader, skid loader, dump truck, motor grader, compactor, and misc hand tools, pumps. Also knowledge of Traffic control, utility locations and markings. Ability to read and understand blue prints and set grade. Forming & pouring of concrete structures. Training in trenching, shoring, & confined spaces.

DECISIONS REQUIRED:

Type and size of pipe

Size of Trench Box

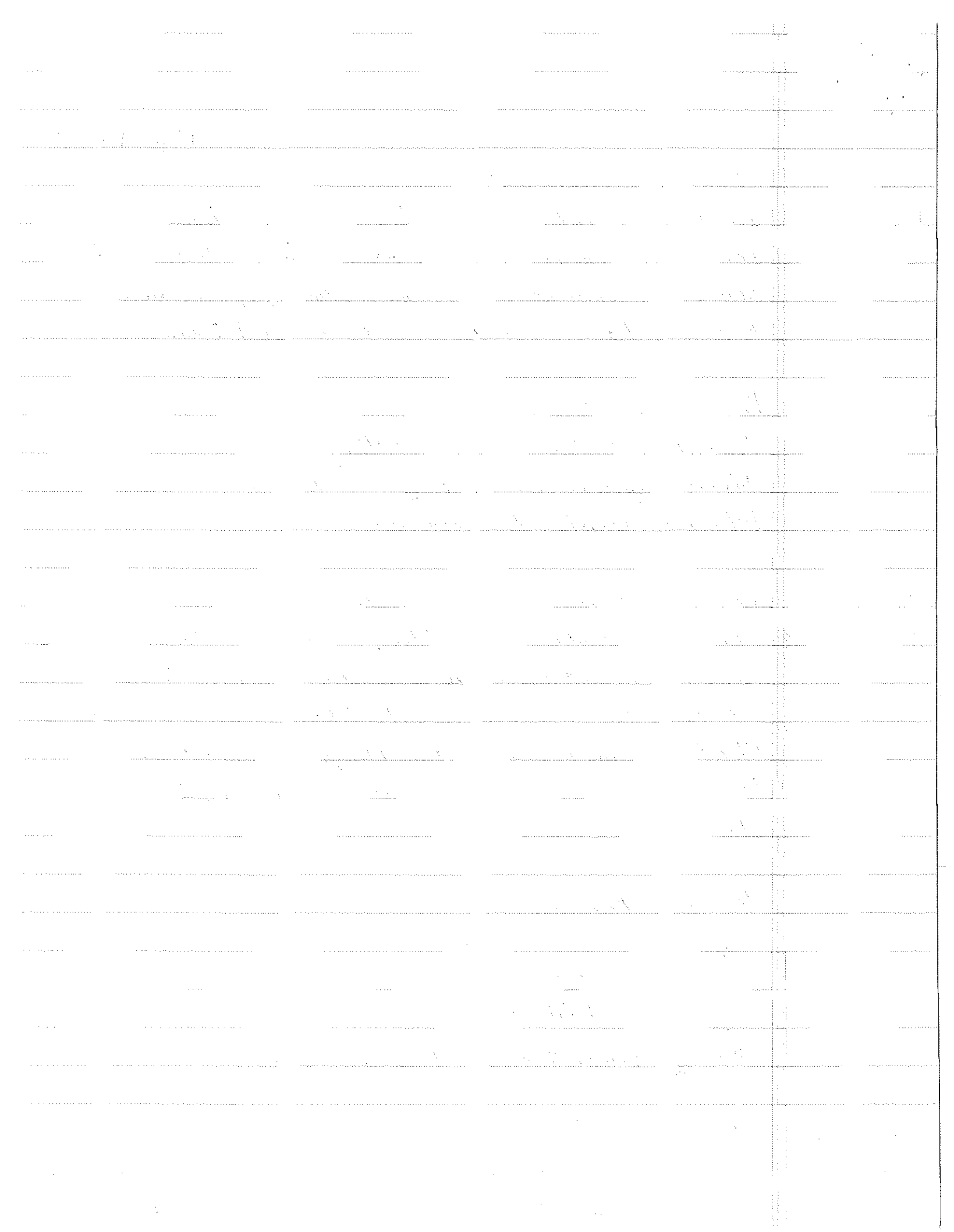
Type of Backfill material

Size of Equipment needed to perform job

LEAF REMOVAL:

Frequency  
15% Annually

Operating dump truck, vacuum machine, removal of leaves from City Streets, Supervising a seasonal employee during activities





Decision Required:

Knowledge of daily routes, deciding if piles are hazardous to personnel or equipment

Frequency

Chip Seal:

Annually 15%

Knowledge of traffic control & signage, Protection of stormwater drains during operation, Drive dump truck, also roller. Explain GENERAL operations to public

Decisions Required:

Routing Traffic away from work zone. Knowledge of how operations work.

Frequency

8%

Annually

Spring Clean up: (Annual pickup of material from residential spring cleaning)

Use of Dump Trucks, skid loader, front end loader,

Decision Required:

Separating hazardous material from piles, if necessary. Loading of Trucks

Frequency

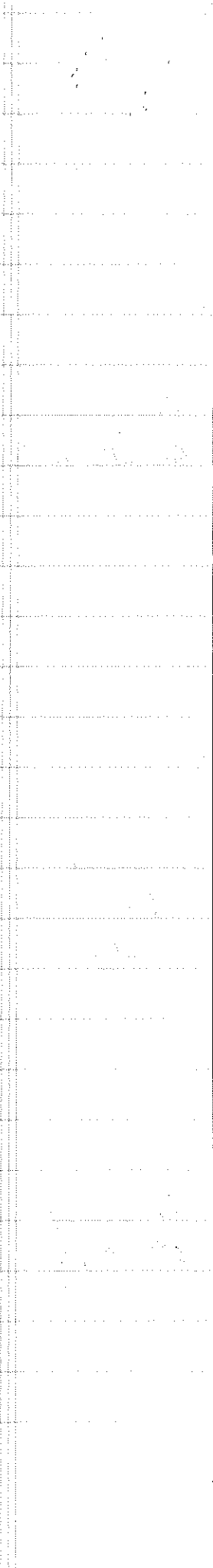
5% Daily

Equipment Maintenance

Daily Pretrip on Truck

Decision Required

To make sure the equipment you use is safe, and ready for job or any job you will perform



The first part of the document discusses the importance of maintaining accurate records. It emphasizes that every detail matters, from the date of entry to the specific measurements taken. This section also covers the methodology used for data collection, ensuring that the process is consistent and repeatable.

The second section details the results of the initial phase. It shows a clear upward trend in the data points, which is consistent with the theoretical model. The variance between individual measurements is kept to a minimum, indicating high precision in the data collection process.

In the third part, the data is analyzed using statistical methods. The mean values are calculated for each set of measurements, and the standard deviation is used to assess the reliability of the data. The results show a strong correlation between the observed values and the expected outcomes.

The final section discusses the implications of the findings. It suggests that the observed trends could be due to several factors, including environmental conditions and the inherent properties of the materials being studied. Further research is recommended to explore these factors in more detail.

Frequency  
25% Annually

### Snow + Ice Removal

To REMOVE, SNOW + ICE from city streets, to make transportation safe for the public. Running Snow Plows, Sanding etc. Knowledge of equipment

#### Decision ~~ATA~~ Required:

To know when to plow or not, To know how much deicing material to put down on streets per lane mile depending on conditions

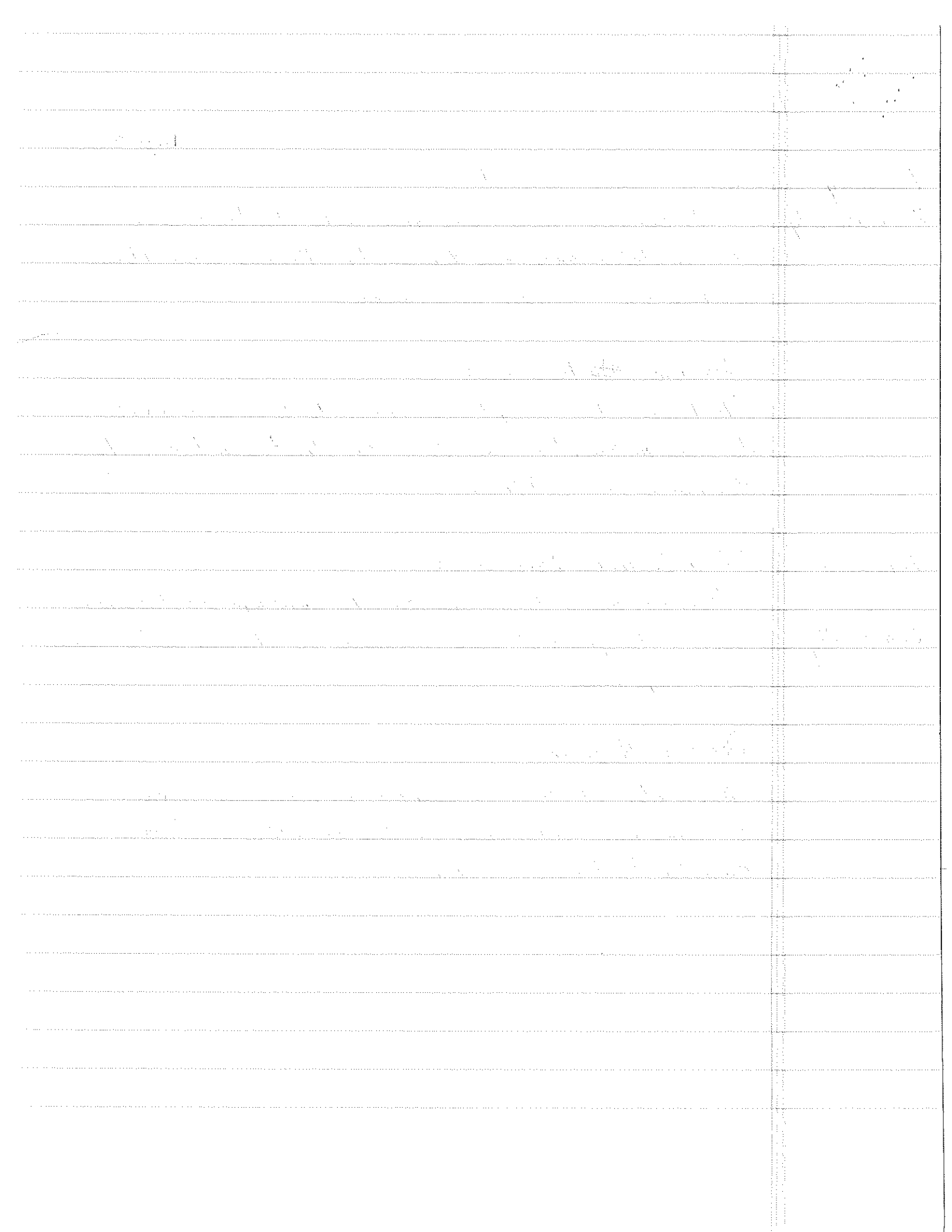
Frequency  
15%  
Occasionally

### Flood Control / LEVEE work

Use of dump truck, loader. To build up or stabilize ground to protect from flooding or other possible things from happening

#### Decision Required:

Knowledge of how to repair or stabilize levee to make area safe from flooding or other natural disaster that may occur?



III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input 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?  
*HAVE CDL LICENSE, BASIC KNOWLEDGE OF DUMP TRUCK*  
*COMMON KNOWLEDGE OF EQUIPMENT, LOADER, ETC*  
Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
<i>Construction</i>	<i>2</i>	years	years
		years	years
		years	years

a. What field (s) should training or degree be in? *Stormwater Maintenance, Equipment use, AND dirt work.*

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.

- CDL LICENSE (Commercial Driver License)*
- FLAGGER CARD FOR TRAFFIC CONTROL*
- AIR MONITOR - CONFINED AREAS*
- ATSA*
- Forklift*
- NIMS*
- FEMA*
- ~~*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
	Dump Truck	Weekly
	Loader	Occasionally
	Service Truck	Occasionally
	Back Hoe	Occasionally
	Skid Steer	Occasionally
	Jack Hammer	Occasionally
	Misc Hand tools / Power tools	Weekly
	Snow Plow	Annually

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. Ability + use good judgement, to perform your assigned job with ~~safety~~ in mind  
safety
2. To be able to get along with fellow employees and work together as a team
3. To make sure work area is safe, locates are done, all safety requirements are met to the best of your knowledge if you don't know ask!

**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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 3	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	Select 5	Select 3	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	Select 5	Select 3	
<b>Standing:</b> Particularly for sustained periods of time.	Select 5	Select 3	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 3	
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 3	
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 3	Select 3	

<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	Select 5	Select 3	
<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.	Select 5	Select 3	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 3	Select 3	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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).	Select 5	Select 3	
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 3	Select 3	
<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.	Select 1	Select 1	
<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.	Select 2	Select 1	
<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.	Select 5	Select 3	
<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.	Select 5	Select 3	
<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.	Select 4	Select 3	



**2. WORKING CONDITIONS.**

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.

Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**ADDITIONAL COMMENTS**

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

To be able to perform your job in a safe AND timely manner!  
 To be knowledgeable about your job AND do not be afraid to ask questions if you don't know

**EMPLOYEE CERTIFICATION**

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

Signed: *Y. M. H. Jones*

Date: 12/23/08

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

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

Question No.	Comments

Please check the appropriate statement:

I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: CSpears Date: 1/6/09

Department Head Signature: [Signature] Date: 1/8/09

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.

