

# 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.

MANNY MARTINEZ

**Division:** UTILITY & STREET SYSTEMS

**Department:** PERSIGO WASTEWATER  
PLANT.

## For Individual Questionnaires Only:

**Employee Name:** BENNINGHOFF KEVIN E  
(Last) (First) (Middle Initial)

**Current Classification Title:** SPECIALITY EQUIPMENT OPERATOR

**Division** UTILITY & STREET SYSTEMS **Department** PERSIGO WASTEWATER  
PLANT.

**Total Length of Time with organization** 17 Years 3 months

**Total Length of Time in Current Position** 7 Years 2 months

**Assigned Hours/Week; from** 7AM to 3:30PM **Assigned Days/Week** M-F

**Email:** N/A

**Work Phone:** 256-4161

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** LARRY BROWN

**Name:** DAN TONELLO

**Title:** MAINTANCE SUPERVISOR

**Title:** WASTEWATER SERVICES  
SUPERINTENDANT

**Work  
Phone** 256-4168

**Work  
Phone:** 256-4171

**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.

Kevin Benninghoff

**Division:** Public Works      **Department:** Persigo Waste Water

**For Individual Questionnaires Only:**

**Employee Name:** MARTINEZ Manuel  
(Last) (First) (Middle Initial)

**Current Classification Title:** Specialty Equipment Operator

**Division** Public Works      **Department** Persigo Waste Water

**Total Length of Time with organization**      **Years** 19 **months**

**Total Length of Time in Current Position**      **Years** 17 **months**

**Assigned Hours/Week:** from 7 to 3:30      **Assigned Days/Week** Mon + Fri

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

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Larry Brown      **Name:** Daniel Towello

**Title:** Waste Water Maintenance <sup>Supervisor</sup>      **Title:** Waste Water Services Superintendent

**Work Phone** 256-4168      **Work Phone:** 970-256-4171

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

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E-mail:

N/A

E-mail:

N/A

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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.

### **SPECIALTY EQUIPMENT OPERATOR-COLLECTIONS**

TO OPERATE HIGH VELOCITY JETTER TRUCK TO CLEAN, FLUSH, AND RESTORE SEWER SYSTEMS TO OPERATING CONDITION. INSPECT AND MAINTAIN STORM DRAINS, CATCH BASINS, AND IRRIGATION LINES. CLEAN AND MAINTAIN LIFT STATIONS AS NEEDED. ASSIST IN OPERATIONS OF TV INSPECTION OF SEWER LINES ECT. MAINTAIN RECORDS AND LOGS ON COMPUTER TERMINAL. RESPOND TO QUESTIONS AND INQUIRIES FROM THE GENERAL PUBLIC, PROVIDE PUBLIC WITH INFORMATION REGARDING SECTION OPERATION AND POLICY. RESPOND TO CALLS FOR EMERGENCIES AFTER HOURS. CHECK MECHANICAL FUNCTIONS OF ASSIGNED EQUIPMENT. CONDUCT PROPER PRE-TRIP INSPECTION. PERFORMS GENERAL MAINTENANCE ON ASSIGNED EQUIPMENT. PROVIDES LEAD SUPERVISION OVER STAFF DAILY.

## 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).	3
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3
<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

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		
WATER DEPT	6-8 TIMES PER YEAR	TO LOCATE MHS, CLEAN SEWER LINES OR WASH DOWN MHS.
STREETS DEPT	10-20 TIMES PER YEAR	TO UNPLUG CATCH BASINS, JET IRRIGATION LINES, AND CLEAN STORM LINES FRM DEBRIS.
PARKS DEPT	1-5 TIMES PER YEAR	TO UNPLUG SEWER LINES IN CITY PARKS.
ENGINEER DEPT	1-4 TIMES PER YEAR	TO CLEAN SEWER LINES AFTER CONSTRUCTION WORK IS COMPLETE.
FIRE DEPT	1-3 TIMES PER YEAR	TO CLEAN SEWER LINES OR IRRIGATION LINES & OR SUMPS.

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
GRAND JUNCTION DRAINAGE DISTRICT	1-2 TIMES PER YEAR	TO CLEAN DRAINAGE LINES
CENTRAL GRAND VALLEY SEWER	1-10 TIMES PER YEAR	TO CLEAN SEWER LINES FOR EMERGENCY CALLS.
ORCHARD MESA SEWER DISTRICT	1-10 TIMES PER YEAR	TO CLEAN SEWER LINES FOR EMERGENCY CALLS.

**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	CONDUCT PROPER PRE-TRIP INSPECTION	CITY MANDATE	Daily	1%
2	TALK TO MAINTENANCE SUPERVISOR	DISCUSS DAILY WORK	Daily	1%
3	DRIVE TO JOBSITES TO PERFORM WORK, LEAD SUPERVISION OVER STAFF	PULL DAILY WORK FROM COMPUTER	Daily	60%
4	SET UP TRAFFIC CONTROL DAILY AS NEEDED	PER LOCAL, STATE, FED CODES	Daily	10%
5	ASSIST TV OPERATOR	TO CLEAN VARIOUS LINES FOR INSPECTIONS	Weekly	5%
6	PERFORM GENERAL MAINTENANCE ON EQUIPMENT	WHAT NEEDS REPLACED OR FIXED	Monthly	3%
7	ADD DAILY WORK ORDERS INTO COMPUTER TERMINAL	DATA FROM DAYS WORK	Daily	15%
8	DOWNTIME ON EQUIPMENT	TAKE TO CITY SHOPS FOR REPAIR	Occasionally	2%
9	JET LINES FOR OTHER DEPTS	ADVICE HOW TO UPLUG LINES	Weekly	5%
10	WORK AT PERSIGO AS NEEDED	NO TRUCK	Occasionally	2%
11			Select	
12			Select	
13			Select	
14			Select	



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

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

#### Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
CDL LICENSE	17 years	ABLE TO OBTAIN OR HAVE COMMERCIAL LICENSE	1 years
COMPUTER SKILLS	5 years	SOME BASIC COMPUTER SKILLS	2 years
RESPONSIBLE EXPERIENCE OPERATING HEAVY EQUIPMENT	17 years	SOME KNOWLEDGE AS RELATED TO FIELD	2 years

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

BASIC COMPUTER SKILLS AND THE ABILITY TO READ AND WRITE AT A LEVEL NECESSARY FOR JOB PERFORMANCE. BASIC KNOWLEDGE OF WASTEWATER PLANT AND COLLECTIONS

**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.

VALID COMMERCIAL DRIVERS LICENSE AND A CLASS 1 COLLECTIONS CERTIFICATION AND A MEDICAL EXAMINERS CERTIFICATE AND EQUIVALENT TO THE COMPLETION OF





THE TWELFTH GRADE.

**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
3	DRIVE JETTER FROM PLANT TO JOB SITES TO CLEAN SEWER LINES OR OTHER LINES ECT. PROVIDE LEAD SUPERVISION OVER STAFF.	D / 60%
4	TO SET UP PROPER TRAFFIC CONTROL AS NEEDED PER CODES.	D / 60% <i>Change TO 10%</i>
7	DAILY DATA INTO COMPUTER TERMINAL	D / 15%
9	CALLS FOR JETTER TRUCK TO UNPLUG OTHER LINES FOR OTHER DEPTS OR SEWER DISTRICTS.	W/ 5%
6	USE HAND TOOLS TO FIX OR REPLACE PARTS ON JETTER TRUCK WHEN NEEDED	M/ 3% <i>Change TO 5%</i>
5	USE JETTER TRUCK TO CLEAN APPROPRIATE LINES FOR TV OPERATOR TO INSPECT LINES FOR DAMAGE.	W/ 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. PROVIDE DAILY LEAD SUPERVISION OVER STAFF TO WHERE AND WHEN WE GO TO JOB SITES AND WHAT TYPE OF WORK WE WILL PERFORM THAT DAY. WHEN TO GO HELP OTHER DEPTS ON CLEANING OTHER LINES.

2. BASIC PRINCIPLES AND PRACTICES OF LEAD SUPERVISION AND TRAINING

3. MAKE DAILY DECISIONS ON WHAT NEEDS DONE, LIKE WORKING ON A MAP PAGE OR WORKING ON GREASE LIST. I DECIDE WHEN TO DO WORK ORDERS ON COMPUTER I MAY DECIDE TO WORK ON SAFETY RELATED ISSUES SOME DAYS. ALSO I DECIDE ON WHAT NEEDS TO BE OUT FOR TRAFFIC CONTROL.

## 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.	3--Monthly	2--Very Important	ON LADDERS AT PERSIGO, LADDERS AT UNDERGROUND LIFT STATIONS TO FIX PROBLEMS
<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	YOU NEED YOUR BALANCE STANDING AROUND MHS WHEN PERFORMING WORK
<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	PULLING OFF MH LIDS
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	4--Weekly	2--Very Important	LOOKING INTO MHS FOR DEBRIS OR ROOTS
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	2--Quarterly	2--Very Important	GREASE SERTS ON BACK REEL

<b>Crawling:</b> Moving about on hands and knees or hands and feet.	1--Annually	1--Somewhat Important	CRAWLING INTO A STORM LINE TO SEE HOW MUCH DEBIS IS IN LINE
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	PULLING OFF HOSE ON REEL & REACHING FOR RADIO MIKE IN TRUCK
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	STANDING ON ASPHALT NEXT TO MHS JETTING SEWER LINES ECT
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	2--Very Important	WALKING TO LOCATE MHS ON NEW PAGES OR NEW SUBDIVISIONS
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	PUSHING ON MH TO CLOSE LID. PUSH ON WATER VALE TO CLOSE VALVE ON REEL
<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	PULL ON WATER VALVE TO OPEN VALVE ON REEL
<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	TYPING ON COMPUTER TERMINAL IN TRUCK
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	GRASPING HOSE ON REEL TO JET LINES
<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 MHS & LIFTING TOOLS OFF SIDE OF TRUCK RACKS
<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	CONTROLS ON BACK REEL & WATER VALVE
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey	5--Daily	3--Extremely Important	TALKING TO SUPERVISOR & MV HET PER

detailed or important spoken instructions to other workers accurately, loudly, or quickly.			ALSO COMMUNICATE WITH INTERNAL & OUTSIDE CUSTOMERS
<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	HEARING NOISE FROM JETTER TRUCK OPERATING
<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	WATCH FOR TRAFFIC & WATCH IN MH WHEN JETTING FOR DEBRIS. NEED GREAT VISION WHEN DRIVING IN TRAFFIC
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	MOVING HOSE LEVER IN AND OUT FOR HOSE CONTROL
<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	SITTING AND DRIVING JETTER TRUCK TO DIFFERENT MHS & CALLS
<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	GETTING IN AND OUT OF JETTER TRUCK AT NEW SETUPS
<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	WHEN MHS ARE BURIED

<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.	4--Weekly	3--Extremely Important	SOME MH LIDS IN SYSTEM WEIGH MORE THAN OTERS
<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	PULLING ON JETTER HOSE TO GET IT TO GO UP THE PIPE

## 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 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

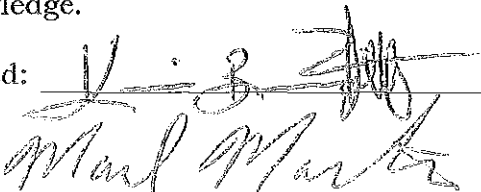
### ADDITIONAL COMMENTS

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

:SEE ATTACHED: COLLECTION PERSONNEL RECLASSIFICATION OUTLINE.

## EMPLOYEE CERTIFICATION

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

Signed: 

Date: 12/23/08

12/23/08

## COLLECTION PERSONNEL RECLASSIFICATION OUTLINE

### 1 CERTIFICATION/CDL

- Class 3 Collections Certification
- Certification for collection required after 1 year as per job description
- Required CDL either A or B
- Forklift training
- D Wastewater not required, but suggested
- Flagger certification required yearly
- CPR/First aid required yearly
- CDL driver license required for both helper & driver
- Annual CD safety training required in multiple topics  
i.e. lock out, tag out, trenching, shoring, confined space entry
- Storm water training required as of Jan 06

### 2 LIFT STATIONS

- Light Maintenance
- Vactor cleaning of wet wells/pump maintenance
- Emergency call to restart lift stations
- On call 24/7 for collection emergencies
- Minor repairs & troubleshoot abilities required
- Added responsibility of 24 hour on call coverage for lift station response
- Diagnosis, repair & dispatch of necessary personnel for on call
- Availability to lift station personnel for special project
- Confined space training required for underground entrance
- Plant mechanic skills required for potential lift station repair on call
- Knowledge of lift station locations & repair procedures
- Lift station personnel are plant attached

### 3 TV VAN (fill operations)

- Assist and operate TV van
- Cross train with TV operator
- Vactoring water levels down for TV operation
- Flagging
- Assist TV operator in day to day operations; traffic control set ups
- Collections personnel fill in for TV operator in absence
- TV van & operator already considered part of plant operations



#### 4 PLANT BASED MAINTENANCE OPERATIONS

- Assist and operate TV van on plant related jobs
- \* Grease beacher
- \* scrubber cleaning
- painting
- \* compost project
- \* Digester cleaning & maintenance
- Assist as on call basis with plant operators
- Help with plant maintenance on, digester cleaning, scrubber, drying beds, grease beacher
- \* Install security fence
- \* Re-roof buildings
- Assist on plant site general maintenance duties
- Snow removal
- Pump repair with mechanics
- Valve repair
- Vactor sumps
- Change filters & assist on established work orders roster
- Winter assignment to plant mechanics; list
- Cleaning and reorganization of blower room
- Cleaning and reorganization of bone yard
- \* Assist on river road cleanup projects
- Clean and Vactor lines at plant
- Rebuild pipe tubes in digester
- Welding & fabrication work for mechanics
- Assist on preventative maintenance of plant operations/grease removal
- Preventative maintenance of storm system on plant
- Fill in at plant as extra labor pool
- Assign to mechanics for assistance as needed
- \* General cleaning & Maintenance, landscaping & landscape maintenance

#### 5 PLANT OPERATIONS

- Assisting in sludge processing
- Fill in for aerobic digester staff; dump runs
- Assist on press operations
- Assist on trash & grit runs
- Assist on clean up on raw sewage breakdowns
- Shuttle vehicles for plant operations

#### 6 TRAFFIC CONTROL (Flagger Certification)

- Required
- Setting up effective traffic control
- Proper flagging when needed
- Flagger card require yearly
- Set up for day/night maintenance operations special projects, cleaning, emergencies
- Only city department that doesn't use traffic control contractors
- Constant threat of personal injury
- Assist other departments in traffic control for interdepartmental activities (PD, Engineering, Streets, Traffic, Water, and Parks
- work under guidance & testing of the MUTCD
- On-Call emergency traffic set ups
- More volume and changes all the time

7 HAZARDOUS ENVIRONMENTS

- Every manhole is hazardous
- Opening manholes
- Opening lift stations
- Vactoring sumps
- Driving
- Meth gas
- Sewer call respirators required and yearly refit
- Hazardous gases from septic decomposition (meter required, SO<sub>2</sub>, H<sub>2</sub>S, O<sub>2</sub> deficiency)
- Confined spaces
- Traffic hazards
- Electrical hazards

8 FIRST RESPONSE TO CUSTOMER (Public Relations)

- Speaking directly with customer
- Collecting survey information for Persigo
- Sewer calls, backups, odor complaints
- Interaction with other departments
- Work with other depts on storm & irrigations related activities, i.e Water Dept, Fire Dept
- Water Festival
- Difficult customers, i.e. back ups and respond to fixed income individuals
- Response to fixed income individuals

9 BILINGUAL

- Identify non-English speaking customers
- Address need of handicap customers

10 ON CALL RESPONSIBILITIES

- 24/7 for lift station calls
- 24/7 on call for sewer emergencies
- On call for storm water pump station
- sewer back ups
- First responder for damage issue
- first responder for lift station problems
- Assist on storm related issues
- Deal with fire dept on sewer/storm related issues
- Point of contact for other sewer districts
- Point of contact for utility company/storm problems
- Find point of contact for hazmat spills
- Plant related emergencies

11 DEPARTMENT INTERACTION

- Daily with all employees of Persigo
- Vactoring for parks, maintenance, streets
- Locate structures, new construction, recondition and clean up for Engineering
- Dying for service locations
- Water department post construction clean up, jetting to clean manholes
- Clean storm & irrigations lines on emergency and as needed basis for street department
- Sewer locates as needed for other departments and customers
- Cleaning and Maintenance schedule for Fruitvale & Grand Valley sanitation
- Service locations with push camera for customers

12 GIS

- Use GIS daily & on call
- Computerized mapping of city
- Sewer systems
- Modify changes to GIS as needed for Engineering

13 ENGINEERING SURVEY MODIFICATIONS

- Locate manholes and remap sewer when changes are required
- Modify maps and change when required
- Finding missing or unsurveyed manholes

14 COMPUTER SKILLS

- Use computer daily for maps & work orders
- GBA work orders
- GIS mapping
- Spreadsheets

15 REVENUE STREAM FOR CITY OF GRAND JUNCTION

- Fruitvale and Grand Valley revenue generated by collections department
- Streets department generated by storm calls
- Customer revenue generated by grease specials
- Revenue generated from Parks Dept for sump and storm line cleaning
- Revenue generated from Fire Dept from sump cleaning
- Revenue generated from Water Dept for required activities

" = SPECIAL PROJECTS FOR PERSIGO MAINTENANCE BASED OPERATIONS

**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
Essential Duties # 1,2,6,8,10	as one Duty and = 70.5%
4 machine tool equipment	4 Frequency/Time 0/10%
6	" " 0/5%
1	this is a group Questionnaire

January 2, 2009

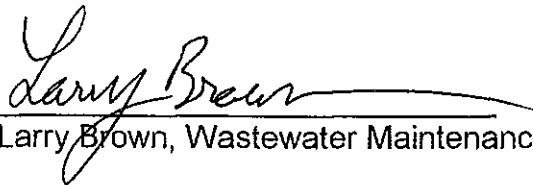
From: Larry Brown

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, reading "Larry Brown", with a horizontal line drawn underneath it.

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.**

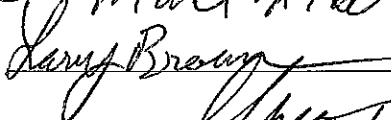
Employee Signature:



Date:

12/29/08

Supervisor  
Signature:



Date:

12/29/08

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

Dave Guillen, Jon Teige, BRIAN Seave, Doug SPARN

Division: Streets

Department: P.W.

## For Individual Questionnaires Only:

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

Current Classification Title: Special equipment oper (sweeper)

Division Streets Department P.W.

Total Length of Time with organization 31 Years 9 months

Total Length of Time in Current Position Years 9 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: Streets Supervisor Title: Manager

Work Phone 244-1575 Work Phone: 244-1575

E-mail: E-mail:





# 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.

JON Teige Doug Spahn  
BRIAN Serve  
DAVID Guillen

Division: STREET CLEANING Department: STREETS

## For Individual Questionnaires Only:

Employee Name: SPARN Douglas M  
(Last) (First) (Middle Initial)

Current Classification Title: Specialty Equipment operator

Division STREET CLEANING Department STREETS

Total Length of Time with organization 1 Years months

Total Length of Time in Current Position 1 Years months

Assigned Hours/Week:: from 8pm to 6am Assigned Days/Week MON - THUR

Email: Work Phone: (970) 244-1584

### Immediate Supervisor:

### Immediate supervisor reports to:

Name: Bob Spaid

Name: Chris Spears

Title: Crew leader

Title: STREET CLEAN, stormwater supervisor

Work Phone (970) 270-2033

Work Phone: (970) 270-2623

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.

To operate STREET Sweeper in order  
to clean and maintain City Streets,  
Gutters, and Roadways. The ability to operate  
a Dump TRUCK, Loader, and Flusher.  
Providing assistance in special STREET  
Maintenance projects. Response to Emergency  
Calls for service as required along with  
serving on 24 hour Standby duty during  
winter months for Snow and Ice Removal.

## 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 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

Equipment Operator 4
Equipment Operator 3
Equipment Operator 2
Equipment Operator 1
SEASONAL / Temp

### 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		
Water Department	VARIES	Clean up WATER breaks
WASTE WATER	VARIES	Clean up WATER breaks
SOILD WASTE	VARIES	Clean up Trash Spills
Police	VARIES	Clean up Accidents
Fire	VARIES	Clean up Fire scene / accident
Fleet Maintenance	VARIES	Fix mechanical Problems / cleaning

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Special Request

**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%)
	<b>Sweeping/Street Maintenance Program</b>		Select	60%
1.	Perform Street Sweeping & Cleaning.	What Route, what machine	Select D	
2.	Perform Separation & cleaning of sweeper dirt.	What Equipment used	Select M	
3.	Performs Regular Maintenance to city bike path system. What Equipment, Route		Select Q	
4.	Performs Routine pick up of Traffic Killed Animals. What Equipment used		Select W	
	<b>SNOW AND ICE PROGRAM</b>		Select	5%
5.	Perform Snow & Ice removal from City Streets.	What Route, Equipment used	Select A	
6.	Perform maintenance on City owned Sidewalks during Snow/Ice season.	What Route, Equipment used	Select A	
	<b>STREET DEPARTMENT PROGRAMS</b>		Select	25%
7.	Perform Cleanup before, After, & during Chipseal Program.	What Equipment used	Select A	
8.	Perform Cleanup during Annual Fresh as a Daisy Program.	What Equipment, Where to go	Select A	
9.	Perform Cleanup of City Streets during Annual Leaf Program.	What Equipment, Where to go	Select A	
	<b>Assist Emergency Services</b>		Select	5%
10.	Prepares and Delivers sand to Emergency Personnel.	What Equipment, Location	Select W	
11.	Assist and Cleanup of Accident sites,	What Equipment to be used How to Approach Accident site	Select W	
12.	Performs ON CALL DUTY as Required	Equipment needed What personnel is needed.	Select M	
	<b>Storm Water Program</b>		Select	5%
13.	Perform Cleanup and Maintenance of City catch basin system.	What Area, Tools Required	Select M	
14.	Performs Control and Cleanup of Illicit Spills.	Equipment and Materials used	Select W	
15.	Performs Cleanup after water breaks.	Equipment used	W	

#### 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.	Know how to operate Street Sweeper properly / Proper Equipment clean up procedure.
2.	Know how to operate Front End Loader / Vibroscreen / Dump Truck
3.	Know location of City Bike Paths and Proper clean up procedures.
4.	Locate Animal and Proper collection procedures.
5.	Know proper Winter Safe Driving Techniques, Equipment Application Rates AND maintenance.
6.	Know City System of City owned sidewalks. Application Rates. Proper & Safe operation of equipment
7.	Knowledge of proper sweeping Techniques. Varies per program.
8.	Knowledge of City Streets and Routes.
9.	Knowledge of Sweeper capabilities. Varies per machine. Truck Support Knowledge.
10.	Knowledge of when to deliver and where Stations are located.
11.	Knowledge of Approaching an accident scene, and proper safety procedures.
12.	Knowledge of ON Call procedures and policies. Knowledge of City Street. Operation of all Equipment
13.	Knowledge of City Catch Basin System. How Storm Drains operate.
14.	Knowledge of proper Containment equipment, and containment procedures.
15.	Knowledge of proper Approach and equipment used.

### 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): <u>Completion of 5 STAR Professional CDL Training.</u>

**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>
<u>Equipment Operator Training</u>	<u>5 years</u>	<u>Minimal</u>	<u>2 years</u>
	years		years
	years		years

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

Equipment Operator Training

**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 Driver License

\* TANKER Endorsement

\* AIR BRAKE Endorsement

**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.	1. Elgin Pelican Sweeper 3. Tymco 600 Sweeper (Broom, shovel, Hand tools) 2. Elgin Eagle Sweeper 4. Tymco 500 Sweeper	Daily / 10 hours
2.	1. Viboscreen DIRT Shaker 3. John Deere Loader 2. DumpTRUCK 4. Volvo Loader 5. John Deere Backhoe	Monthly / 40 hours
3.	1. Petebuilt Flusher 2. Street sweeper 3. Hand tools	Monthly / 15 hours
4.	1. Pick up TRUCK 2. DUMP TRUCK 3. Front END loader 4. Hand tools 5. MP3 player	Weekly / 2 hours
5.	1. Salt TRUCKS 2. MAG TRUCKS 3. Front END loader 4. Champion motor grader	ANNUAL / 160 hours
6.	1. ATV with Plow 2. Salt Spreader 3. Pickup with Trailer 4. Hand tools	ANNUAL / 160 hours
7.	1. Street Sweepers 2. DumpTRUCKS 3. Flushers 4. loaders 5. backhoe 6. Hand tools	ANNUAL / 100 hours
8.	1. STREET Sweepers 2. Dump TRUCKS 3. Flusher 4. HAND TOOLS	ANNUAL / 100 hours
9.	1. Street Sweepers 2. DumpTRUCKS 3. Loaders 4. HAND TOOLS	ANNUAL / 500 hours
10.	1. DumpTRUCK 2. Pickup TRUCK 3. Loader 4. backhoe 5. HAND TOOLS	Weekly / 5 hours
11.	1. STREET Sweeper 2. DumpTRUCK 3. Loader 4. backhoe 5. skidsteer 6. Hand tools	Weekly / 5 hours
12.	1. STREET Sweeper 2. Salt TRUCK 3. MAG TRUCK 4. Loader 5. Backhoe 6. motor grader 7. HAND TOOLS	Monthly / 160 hours
13.	1. HAND TOOLS 2. Pickup TRUCK 3. winch 4. Air Sweeper	monthly / 160 hours
14.	1. Pickup 2. DUMPTRUCK 3. Loader 4. Backhoe 5. STREET Sweeper 6. HAND TOOLS	Weekly / 2 hours
15.	1. STREET Sweeper 2. HAND TOOLS 3. HAND TOOLS	Weekly / 2 hours

**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. Decide which areas of the City to START Sweeping operations. Determine if job is done properly.

2. Decide which adjustments to make to Street Sweeper in order to get best performance and best ~~quality~~ <sup>quality</sup> of sweeping possible.

3. Deciding when to merge into traffic. Judge traffic speed and Flow. Judgement call.



## 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 2	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 3	Select 2	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 4	Select 2	
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 3	Select 2	
<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	

<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 4	Select 2	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 5	Select 2	
<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.	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 4	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 3	Select 2	
<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 1	Select 1	
<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 0	Select 0	

## 2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

JON → X *Jon Terry*

BRIAN → X *Brian*

DAVE → X

### EMPLOYEE CERTIFICATION

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

Signed: *Douglas M. Sp* Date: *12/21/08*

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

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

Question No.	Comments

**Please check the appropriate statement:**

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

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

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

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

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

Supervisor Signature: *Spears* 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.

# 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 type="checkbox"/> No	If yes, please list all employee names.
---	---

Division: Street Cleaning Department: Street

## For Individual Questionnaires Only:

Employee Name: Serve Brian S  
(Last) (First) (Middle Initial)

Current Classification Title: specialty equipment operator

Division Public works Street Cleaning Department Streets

Total Length of Time with organization 2 Years 8 months

Total Length of Time in Current Position 1 Years  months

Assigned Hours/Week:; from 5:30 to 3:30 Assigned Days/Week mon - thur

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Immediate Supervisor:

### Immediate supervisor reports to:

Name: Bob Spacke Name: Chris Spears

Title: Crew leader Title: Street cleaning / storm water supervisor

Work Phone 270 7033 Work Phone: 270- 2623

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

Brian Serve

### 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 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 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>
equipment operator training	10 years	minimal	2 years
	years		years
	years		years

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

equipment operator training

**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 and medical card,

Tanker endorsement

# 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.

Jon Teige  
Doug Sporn  
Brian Sene

Division: Streets Cleaning      Department: Streets

## For Individual Questionnaires Only:

Employee Name: Teige      Jon      E  
(Last)      (First)      (Middle Initial)

Current Classification Title: Specialty Equipment Operator

Division Street cleaning      Department Streets

Total Length of Time with organization      4 Years      4 months

Total Length of Time in Current Position      4 Years      4 months

Assigned Hours/Week; from 6 to 4      Assigned Days/Week Tues - Fri

Email:      Work Phone:

Immediate Supervisor:

Immediate supervisor reports to:

Name: Bob Spaid      Name: Chris Spears

Title: Crew Leader      Title: Stormwater / Street Cleaning Supervisor

Work Phone: 270-2033      Work Phone: 270-2623

E-mail:



Jon Teigre

### 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 checked="" 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>
Equipment Operator Training	32 <del>4</del> years	minimal	2 <del>0</del> years
	years		years
	years		years

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

Equipment Operator training

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  
Tanker Endorsement



# 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.
--	---

Mike Borrego, Calvin Anthony,

Charles Cordova, Tony Martinez

Shawn Nelson, Ernie Valencia Sr.,

Brandon Miller, Steve Bittle,

Marvin Gallegos, Robert Frady

**Division:** Solid Waste

**Department:** Utilities & Street Systems

### For Individual Questionnaires Only:

**Employee Name:**

(Last)

(First)

(Middle Initial)

**Current Classification Title:** Specialty Equipment Operator / Solid Waste

**Division** Solid Waste

**Department** Utilities & Street Systems

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

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

**Assigned Hours/Week::** from 0230 to 1030

Night & Day Shift 0630 to 1430

**Assigned Days/Week** 5

**Email:**

**Work Phone:**

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Robin Laurin

**Name:** Darren Starr

**Title:** Solid Waste Supervisor

**Title:** Manager

**Work Phone** 970-244-1570

**Work Phone:** 970-244-1570

## **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 operate and maintain specialized heavy equipment in the collection of residential and commercial refuse; to inspect assigned vehicle for mechanical or safety problems and make minor adjustments; and to perform a variety of tasks relative to assigned area of responsibility. Maintain a variety of logs and records; operate equipment in and around traffic and other hazards; provide quality customer service, respond to questions and inquiries from the general public and provide the public with information.

## 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

Specialty Equipment Operator
Public Works Crew Leader

### 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

## **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 operate and maintain specialized heavy equipment in the collection of residential and commercial refuse; to inspect assigned vehicle for mechanical or safety problems and make minor adjustments; and to perform a variety of tasks relative to assigned area of responsibility. Maintain a variety of logs and records; operate equipment in and around traffic and other hazards; provide quality customer service, respond to questions and inquiries from the general public and provide the public with information.

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	Operate and maintain sideload refuse collection vehicle for residential collection	Proper route collection. Ensure condition of collection vehicle. Customer service decisions.	Daily	25
2	Operate and maintain frontload refuse collection vehicle for commercial collection	Proper route collection. Ensure condition of collection vehicle. Customer service decisions.	Daily	25
3	Operate and maintain rearload refuse collection vehicle for residential and commercial collection	Proper route collection. Ensure condition of collection vehicle. Customer service decisions.	Daily	25
4	Repair, weld, fabricate, paint and clean dumpsters.	Proper welding rod and settings, material, paint and cleaning mixtures	Weekly	15
5	Assemble / wash and deliver Toters	cleaning mixtures, approve or reject containers. Correct delivery.	Daily	10
6			Daily	
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	Knowledge of specialized heavy refuse collection equipment including front, rear and side loading vehicles and boom truck.
1,2,3	Knowledge of assigned routes and all city streets, including all new annexations.
5	Knowledge of proper cleaning, assembly and delivery of Toter containers.
1,2,3	Knowledge of safe driving techniques, local, state and federal traffic laws, ordinances and rules pertaining to class 8 heavy specialized equipment vehicles.
1,2,3,4,5	Knowledge of proper customer service techniques and ability to apply them.
4	Knowledge of welding and fabricating techniques and procedures.



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
CDL class B with air brake endorsement	2 to 30 years (group)	CDL class B with air brake endorsement	1 years
	years		years
	years		years

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

Customer Service, Class 8, heavy truck / specialized heavy equipment operating skills.

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

Class B Drivers License with air brake endorsement

**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
1,2,3,6	Specialized front load refuse collection vehicle	Daily / 6 hrs
1,2,3,6	Specialized sideload refuse collection vehicle	Daily / 8 hrs
1,2,3,6	Specialized rearload refuse collection vehicle	Daily / 7 hrs
5	Powerwasher, small tools	Daily / 2 hrs
1,2,3,4,6	31 ft knuckleboom flatbed truck	Daily / 3 hrs
4	Arc welder, plasma cutter, airless paint sprayer, grinders	Monthly / 56 hrs

**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. Ensure the specialized heavy refuse collection vehicle is operational and in a safe condition prior to beginning routes.
  2. Decisions related to operating specialized heavy equipment in high volume traffic and/or other hazards while performing assigned routes.
  3. Responding to requests and inquiries from the general public, resolving complaints and issues in the best interest of the general public.

## 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	3--Extremely Important	1,2,3,4,5
<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	1,2,3,4,5
<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	1,2,3,4,5
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	1,2,3,4
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Standing:</b> Particularly for sustained periods of time.	4--Weekly	3--Extremely Important	4
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	1--Somewhat Important	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.	4--Weekly	3--Extremely Important	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.	4--Weekly	3--Extremely Important	1,2,3,4,5
<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	1--Somewhat Important	1,2,3,4,5
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	4--Weekly	2--Very Important	1,2,3,4,5
<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	1,2,3,4,5
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	3--Monthly	2--Very Important	1,2,3,4,5
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2,3,4,5
<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
<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
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3
<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	0--Not Important	0
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the	5--Daily	2--Very Important	1,2,3,4,5

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	1,2,3,4,5
<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.	4--Weekly	3--Extremely Important	1,2,3,4
<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	1--Somewhat Important	1,2,3,4

## 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 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 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: \_\_\_\_\_

**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: See Below Date: \_\_\_\_\_  
Supervisor Signature: Ruben Aguirre Date: 12-31-08  
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.

[Signature]  
Ernest Valencia  
Brandon Miller  
Charles Cordova  
Robert Brady  
[Signature]  
Mauricio A. Allega

[Signature]  
Mick T. Borrego  
Cahya Anthony  
[Signature]