CITY OF GRAND JUNCTION
JOB ANALYSIS QUESTIONAIRE

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.

Rick Alexander, Scott Norton, Robert Spaid, Jason Brown

Division: Facilities, Utilities, Street Systems **Department:** Street Systems

For Individual Questionnaires Only:

Employee Name: Alexander (Last) Frederick (First) R. (Middle Initial)

Current Classification Title: Public Works Crew Leader

Division Utilities and Street Systems **Department** Streets

Total Length of Time with organization 25 **Years** 10 **months**

Total Length of Time in Current Position 6 **Years** 9 **months**

Assigned Hours/Week:; 40 **from** Jan 1 **to** Dec. 31 **Assigned Days/Week** Monday thru Friday

Email: rickA@ci.grandjct.co.us **Work Phone:** (970) 270-5864

Immediate Supervisor:

Name: Dave VanWagoner

Title: Public Works Maintenance Supervisor - Streets

Work Phone (970) 256-4111

E-mail: daveV@ci.grandjct.co.us

Immediate supervisor reports to:

Name: Darren Starr

Title: Streets and Solid Waste Manager

Work Phone: (970) 244-1493

E-mail: darrens@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.

Streets Department Crewleader

To oversee the Weed abatement Program, and be capable of doing all the jobs a crewleader is expected to do in the Streets Department. (Even if I have not done them in years... I still have to be ready to do them).

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
☐	I do not officially supervise other employees (sign performance reviews).	
☐	I evaluate and sign performance reviews of other full-time employees.	
☐	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
☒	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1-20+
☒	I make work assignments for others.	3+
☒	I make hiring and hiring pay recommendations.	3+
☐	I make hiring and hiring pay decisions.	
☒	I recommend termination for poor performance.	6+
☒	I provide advice to peers that they must consider carefully before making a decision.	5+
☒	I provide information to supervisors/management that they use in making a decision.	2-6+

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
Public Works Crewleader	
Equipment Operator	
Part time Maintenance Worker	
Specialty Equipment Operator	
Equipment Supply Coordinator	

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		
All Departments	varies	Information, Policy, assistance, service, training

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Partners of Mesa County	30+ times per year	contract services

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Surveys.	Track progress of	Select D	20%
2		weed removal & growth.	Select	
3		Prioritize sequence of	Select	-
4		weed abatement.	Select	
5	Office. Line out of crews	Track, document,	Select D	35%
6	Speak to Public requests & complaints.	colate data, and	Select	
7		Prepare reports.	Select	
8	Training	Self & Employees.	Select D	10%
9	Spray herbicides	What to spray...	Select D/W/M	15%
10		when, where, how,	Select	
11		why... and who.	Select	
12	Streets Department Misc.	Spring cleanup	Select D/W/M	10%
13		sidewalk grinding	Select	
14		Snowdesk	Select	
15		Streets "Standby"	Select	
16			Select	
17	Conduct "outside" supervision and	Partners of Mesa Co.	Select D	10%
18	business	Code Enforcement	Select	
19		Mesa County	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 Surveys	Concept of "Best Management Practices" and ability to organize, Prioritize, Plan, Line out, assign, document and respond in short timelines. Knowledge of Policies and Proceedures.
2. office	Computer Knowledge (multiple programs), Respond to citizens requests for service; ability to Plan and develop Best management practices; Communication skills; leadership skills.
3 Training	Knowledge of safety policies and proceedures, Herbicide training for Department of Agriculture requirements. Train spray technicians
4 Spray Applications	Train Employees, Knowledge of

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	
☐	☐	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
☐	☒	High School Diploma or equivalent (G.E.D.)
☐	☒	Up to one year of specialized or technical training beyond high school
☐	☐	Associate degree (A.S., A.A.) or two-year technical certificate
☒	☐	Bachelor's degree
☐	☐	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

You Have	Your Time	You Need	Minimum Time Required
Construction Experience	38+ years	Const. Experience	(However long it takes) years
Formal Education	16+ years	Education	12+ years
Crewleader Experience	12+ years	Leadership Experience	4+ years

a. What field (s) should training or degree be in? Heavy Equipment Operating, Political Science, Administration, Biology, Surveying, Public speaking.

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.

ATSSA traffic control Supervisor Certification.
CDL (Class A with tanker) Commercial Drivers License
Flagger Card
Qualified Supervisor License (Spray Applications thru Department of Agriculture Standards).

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	200 Gallon Sprayer	D/W/m (7%)
2	Laptop computer	D (20%)
3	1 ton pickup, 3/4 Ton Pickup	D (20%)
4	cell phone	D (5%)
5	Cement grinder	Occasionally (3%)
6.	operate heavy equipment. { 5 yd dumptruck, 10 yd dumptruck, Front End Loader, Skid Loader, Maintainer, Backhoe, Tractor/mower	Occasionally (10%)
	Spring cleanup; Leaf removal,	
	Streets on call, weed abatement,	
	special requests and projects	

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. I track and Disburse the weed abatement budget. (Over $200,000). I purchase needed supplies, track and supervise conditions of Equipment and tools and oversee contract labor progress.

2. I determine needs and direction of the weed abatement program,... help define it,... Employ it,... and problem solve. I deal with public requests and complaints and plan special projects.

3. I Line out the crews, assign their daily duties, train them on equipment, Policies, Procedures and responsibilities. I make important recommendations on hiring and performance evaluations, and pay increases.
I run the snowdesk (50% when Active) in the winter, and spend 5-6 weeks per year on standby for Streets.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5	3	in & out of vehicles, ... bi-pedal surveys, spraying herbicide
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5	3	"
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5	3	Loading, unloading and stacking inventory, weed abatement
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5	3	
Crouching: Bending the body downward and forward by bending leg and spine.	5	3	
Crawling: Moving about on hands and knees or hands and feet.	1	1	up hillsides (overpasses)
Reaching: Extending hand(s) and arm(s) in any direction.	5	3	
Standing: Particularly for sustained periods of time.	5	3	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5	3	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5	3	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5	3	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5	3	computer keyboard

Grasping: Applying pressure to an object with the fingers or palm.	5	3	measuring herbicides, spraying, weedeating
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5	3	Unloading herbicide cases; Loading brush and garden waste.
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5	3	
Talking: 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	3	
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5	3	
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5	3	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5	3	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5	3	office work, filing, driving surveys, computer, phone calls.
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5	3	
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5	3	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	5	3	Handling Herbicides, spring cleaning, loading brush
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	1	1	Unloading cases of herbicide

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.)	☒	☐	☐
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	☒	☐	☐
Hazardous materials (chemicals, blood and other body fluids, etc.)	☒	☐	☐
Extreme temperatures	☒	☐	☐
Inadequate lighting	☐	☐	☐
Work space restricts movement	☐	☐	☐
Intense noise	☒	☐	☐
Travel	☒	☐	☐
Environmental (disruptive people, imminent danger, threatening environment)	☒	☐	☐

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).

It is impossible to describe the duties of my job by the parameters of this questionaire. The wording is exclusive; the survey does not inquire about implied requirements for this position; only generalized data is reflected; special achievements are ignored --- as is the Political History of how my position has evolved.

EMPLOYEE CERTIFICATION

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

Signed: Frederick R Alexander 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: _____ Date: _____

Supervisor Signature: _____ Date: 1/6/09

Department Head Signature: _____ Date: 1/12/09

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

CITY OF GRAND JUNCTION
JOB ANALYSIS QUESTIONAIRE

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

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

Division: **Department:**

For Individual Questionnaires Only:

Employee Name: Spaid (Last) Bob (First) (Middle Initial)

Current Classification Title: Crew Leader

Division Storm, Irrigation and Sweeping **Department** USS

Total Length of Time with organization 14 **Years** 0 **months**

Total Length of Time in Current Position 9 **Years** 0 **months**

Assigned Hours/Week:; from 7:00 AM **to** 3:30 PM **Assigned Days/Week** 5

Email: bobs@gjcity.org **Work Phone:** 970-270-2033

Immediate Supervisor:		**Immediate supervisor reports to:**	
Name:	Chris Spears	**Name:**	Darren Starr
Title:	Public Works Maint Supervisor	**Title:**	
Work Phone	970-244-1584	**Work Phone:**	970-244-1493
E-mail:	chriss@gjcity.org	**E-mail:**	darrens@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.

Responsible for lining out crews in performing daily tasks while balancing time off of scheduled and unscheduled requests. Responsible for laying the grounds work for projects as they arise in addition to responding to emergencies as well. In terms of emergencies, responsible for responding to and dispatching personnel to emergencies in terms of illicit spills and accidents involving hazardous material leaks such as anti-freeze, motor oil, and any other material causing any potential environmental risk. Listed as the contact person for the general public and as an internal resource for sweeping needs outside of our normal route sweeping as they arise such as post parade sweeping or other special event sweeping. Oversee sweeping operations, storm drain operations and responsible for managing storm drain projects, and graffiti removal throughout the city limits of City property. Oversee and manage snow and ice removal operations from designated City maintained sidewalks. Participate in on-call activities, Phase II BMP's for internal needs in addition to providing education to the general public as those cases arise. Involved in evaluating, analyzing, and making modifications as necessary to sweeping routes based on data collected from and disseminated from historical information from databases.

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
☒	I do not officially supervise other employees (sign performance reviews).	
☐	I evaluate and sign performance reviews of other full-time employees.	
☐	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
☒	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	11
☒	I make work assignments for others.	11
☒	I make hiring and hiring pay recommendations. → Part of the process	~~11~~ 0
☒	I make hiring and hiring pay decisions. →	~~11~~ 0
☒	I recommend termination for poor performance. →	~~11~~ 0
☒	I provide advice to peers that they must consider carefully before making a decision.	11
☒	I provide information to supervisors/management that they use in making a decision.	11

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
Crewleaders
Utility Locators
Storm Water Inspectors
Specialty Equip Operators
Equipment Operators
Seasonal Laborers

YOUR DIRECT REPORTS' JOB TITLES
~~Specialty Equip Operators~~
~~Equipment Operators~~
~~Seasonal Laborers~~

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

☒Full Time 10 ☐Part-Time ☒Seasonal/Temp 1 ☐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		
Traffic Dept	Daily	Coordinate work schedules
Engineering Dept	Daily	Coordinate tasks and jobs
Water Dept	Daily	Equip. schedules
Fleet Maint Dept	Daily	Equip maint schedules
Sanitation Dept	Daily	Coordinate work, assist in solving problems
Persigo	Daily	Schedule line cleaning and storm drains

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Pipe vendors	Daily	Negotiate and acquire resources for job tasks
Heavy equip suppliers	Daily	Negotiate and acquire resources for job tasks
Gravel pits	Daily	Negotiate and acquire resources for job tasks
Hardware stores	Daily	Negotiate and acquire resources for job tasks
Concrete Companies	Daily	Acquire resources for jobs
General Public	Daily	Address and resolve 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)

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Plan, prioritize, assign, supervise and review the work of staff responsible for providing a variety of maintenance, repair, and reconstruction activities in area of assignment including street maintenance, traffic operations, and utility line maintenance; coordinate work crew activities with other crews, divisions, and departments as well as outside agencies and contractors.		Daily	30%
2	Inspect the work of crews in progress and upon completion; provide advice and assistance to crew members; ensure maintenance and construction procedures are completed in a satisfactory and thorough manner and in compliance with City, departmental and safety policies and procedures.		Daily	5%
3	Establish schedules and methods for providing assigned services; identify resource, material, and equipment needs; review needs with appropriate management staff; allocate resources accordingly.		Daily	15%
4	Recommend and assist in the implementation of goals and objectives; implement approved policies and procedures.		Monthly	10%
5	Participate in the selection of assigned staff; provide or coordinate staff training; work with employees to correct deficiencies; implement discipline procedures.		Daily	10%
6	Participate in the preparation and administration of assigned budgets; submit budget recommendations; monitor expenditures.		Monthly	5%
7	Answer questions and provide information to the public; investigate complaints and recommend corrective action as necessary to resolve complaints.		Daily	5%

8	Supervise the maintenance of time, material and equipment use records; track and analyze data related to the evaluation of performance, cost, and service levels.		Daily	5%
9	Inspect City facilities in assigned area for needed maintenance and repairs; develop and coordinate a system for preventive maintenance.		Weekly	5%
10	Assist in preparing bid specifications; requisition supplies and materials; maintain appropriate inventory levels.		Weekly	5%
11	Participate in the full range of operations, maintenance, repair, and construction duties including to perform the most difficult duties assigned to the work unit.		Daily	5%
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
1,2,3,4,6,7,8,10,11	Operations, services and activities of a comprehensive public works maintenance, construction and repair program.
1,2,3,4,5,7,8,10,11	Procedures, methods, practices, materials and equipment commonly used in a public works maintenance, construction and repair program.
All	Types and level of maintenance and repair activities generally performed in assigned maintenance program.
All	Elements of construction technology as they relate to assigned construction, maintenance and repair activities.
All	Occupational hazards and standard safety practices associated with a public works maintenance, construction and repair program.

1,3,5,6,8,10,11	Principles and procedures of record keeping and reporting.
3,6,8,10	Basic principles of municipal budget preparation and control.
All	Working knowledge of City specifications and standards used in capital improvement construction.
1,2,3,4,9,10,11	Ability to read and understand blueprints.

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	
☐	☐	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
☐	☐	High School Diploma or equivalent (G.E.D.)
☒	☒	Up to one year of specialized or technical training beyond high school
☐	☐	Associate degree (A.S., A.A.) or two-year technical certificate
☐	☐	Bachelor's degree
☐	☐	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

You Have	Your Time		You Need	Minimum Time Required	
Construction	30	years	Construction	2	years
		years			years
		years			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.

Commercial Driver's License - Class A
Certified Traffic Control Supervisor
Storm Water Compliance Certification
National Incident Management System
Comfined Spaced Certification
Gas Monitor 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
1,2,8,11,12	Backhoe/Trackhoe/Loader	Weekly
1,2,8,11,12	Skidster	Weekly
1,2,8,11,12	Sweeper	Daily/Weekly
1,2,8,11,12	Blade	Weekly/Monthly
1,2,8,11,12	Hand tools	Daily
1,2,8,11,12	Distributor	Yearly
1,2,8,11,12	Laydown Machine	Yearly
1,2,8,11,12	Snow Plow	Yearly
1,2,8,11,12	Track hoe	Monthly
1,2,8,11,12	Dump truck	Weekly
1,2,8,11,12	Trash truck	Yearly
All	Computer/Fax/Copier/Printer/Scanner	Daily
1,2,8,11,12	Grade rod/Level/Pipe laser	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. Crew Assignments - In determining which operator would be best suited for which jobs for any particular task. This takes into account the training and skills required to perform the tasks as well providing a healthy rotation to prevent burn-out.

2. Interpretation of drawings and blueprints to the intended purpose with regards to consideration of how these drawings may apply in actual circumstances as they relate to how they should actually be built.

3. Notifying contractors and vendors acquiring material costs with respect to budgetary constraints.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

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

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

Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	5--Daily	3--Extremely 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.)	☐	☐	☒
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	☐	☒	☐
Hazardous materials (chemicals, blood and other body fluids, etc.)	☐	☒	☐
Extreme temperatures	☐	☐	☒
Inadequate lighting	☐	☒	☐
Work space restricts movement	☐	☒	☐
Intense noise	☐	☐	☒
Travel	☐	☒	☐
Environmental (disruptive people, imminent danger, threatening environment)	☐	☒	☐

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).

First responder for illicit spills, Federal government's Storm Water Phase II Compliance. Run sweeping operations year-round across two shifts, while also running storm drain/irrigation operations year-round, leaf collection on a seasonal basis. In addition to these primary resonsibilities, I aslo assist in Spring Cleanup, Chipseal and snow and ice removal as needed. Responsible for storm water water systems maintenance, repairs and if necessary, all new construction and installation.

EMPLOYEE CERTIFICATION

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

Signed: Bob Spaid Date: 1-6-09

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**
II 2a	If first box in 2a is checked, there should be nothing under "Your direct reports' job titles" table of 2b.
II 2b	In check-box #'s 6, 7 & 8, Bob is a part of the process. The # of employees should be 0 with the process being used only as necessary.
II 3.1	Assist supervisor with planning, prioritizing, assigning, leading and reviewing the work of staff...
III 3	While the only requirements for this position are a CDL and to be certified as a Traffic Control Supervisor, the other training and certifications are necessary to accomplish the work Bob does.

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: Bob Spaid Date: 1-6-09

Supervisor Signature: Spears Date: 1/6/09

Department Head Signature: [illegible] Date: 1/14/09

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 QUESTIONAIRE

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.
Jason Brown (Crewleaders)	
Jack Albright	
Scott Norton	

Division: Utilty and Street Systems **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 **t o** **Assigned Days/Week**

Email: **Work Phone:** 244-1575

Immediate Supervisor:		**Immediate supervisor reports to:**	
Name:	Dave VanWagoner	**Name:**	Darren Star
Title:	Streets Supervisor	**Title:**	Streets and Solid Watse Manager
Work Phone	256-4111 ~~244-1575~~	**Work Phone:**	244-~~1575~~ 1493
E-mail:	davev@gjcity.org	**E-mail:**	darrens ~~darres~~@gjcity.org

II. POSITION INFORMATION

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

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

To safely lead crews in preforming all aspects of road maintenance and repair needed to provide a safe and smoth traveling surface for the genral 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
☒	I do not officially supervise other employees (sign performance reviews).	1-25
☐	I evaluate and sign performance reviews of other full-time employees.	
☐	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
☒	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1-25
☒	I make work assignments for others. (Included in)	1-25
? ☒	I make hiring and hiring pay recommendations. (Process)	~~1-25~~
☐	I make hiring and hiring pay decisions.	
? ☒	I recommend termination for poor performance. (NO)	~~1-25~~
☒	I provide advice to peers that they must consider carefully before making a decision.	1-25
☒	I provide information to supervisors/management that they use in making a decision.	1-25

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
Operator 1-4	Supervisor
Specialty Equipment Operator	Operations Manager
Equipment and Supply Cordinator	
Streets Crewleader	
Part time	

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

☒Full Time (11) ☐Part-Time ☒Seasonal/Temp (9) ☐Volunteer ☒Contract (13)

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	Patching Water Breaks, Equipment Needs
Traffic Department	Weekly	Pavement Marking Needs , Equipment Needs
Pesigo	Quartly	Storm Drain Problems
Solid Waste	Monthly	Sanding HydraulicLeaks, Salt slick areas
Engineering	Monthly	Contactor Issues, Constuction Standards
Fleet	Daily	Equipment Needs and Problems

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Public	Daily	Daily Work
Traffic Controll Co.	Monthly	Working in High Traffic areas
Aspallt Co.	Daily	Aspallt For Daily work
Hardware Co.	Weekly	Hardware for daily work

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Chipseal	Evaluate Job lead crew	Annually	16.6%
2	Patching / Overlay	Evaluate Job lead crew	Annually	16.6%
3	Spring Clean up	Evaluate Job lead crew	Annually	16.6%
4	Gradeing	Evaluate Job lead crew	Annually	16.6%
5	Crackfill	Evaluate Job lead crew	Annually	16.6%
6	snow and Ice	Evaluate Job lead crew	Annually	16.6%
7		Manage Resources For all	Select	
8		the above	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
All	Lead Crews
1-2-3-6	Loader
2-3-6	Skidstreer
1-2	Aspallt Distributor
2-3-6	Motor Grader
2	Aspallt Lay down machine
1-2-3-4-6	Snow Plow / Dump Truck
All	Computer
All	Office Equipment
1-2-4	Roller
2-4	Surveying Equipment
1-2-3-4-5	Traffic Controll
All	Hand Tools
All	Emergency calls
5	Crakfill Operation

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	
☐	☐	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
☐	☐	High School Diploma or equivalent (G.E.D.)
☒	☒	Up to one year of specialized or technical training beyond high school
☐	☐	Associate degree (A.S., A.A.) or two-year technical certificate
☐	☐	Bachelor's degree
☐	☐	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

You Have	Your Time		You Need	Minimum Time Required	
Constuction Experience	25	years	Constuction Experience	5	years
CDL	20	years	CDL	1	years
-		years			years

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

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 Controll Supervisor
Traffic Controll Technician
CDL And Medical Card

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	Loader	Weekly
2-3-6	Skidstreer	Weekly
1-2	Aspallt Distributor	Seasonally
2-3-6	Motor Grader	Monthly
2	Aspallt Lay down machine	Monthly
6	Snow Plow	Seasonally
All	Computer	Daily
All	Office Equipment	Daily
1-2-4	Roller	Weekly
1-2-3-4-5	Surveying Equipment	Monthly
All	Hand Tools	Daily
1-2-3-4-6	Dump Truck	Monthly
5	Crafill Kettel	

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. Leading crew members

2. Design ,Manage and Evaluate jobs

3. Manage Recorces

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

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

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

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.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	2--Very Important	All
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	3--Monthly	1--Somewhat Important	All
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	2--Quarterly	1--Somewhat 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.)	☐	☐	☒
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	☐	☐	☒
Hazardous materials (chemicals, blood and other body fluids, etc.)	☐	☒	☐
Extreme temperatures	☐	☐	☒
Inadequate lighting	☒	☐	☐
Work space restricts movement	☒	☐	☐
Intense noise	☐	☐	☒
Travel	☐	☐	☒
Environmental (disruptive people, imminent danger, threatening environment)	☐	☐	☒

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: 12/24/08

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: _____ 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.

CITY OF GRAND JUNCTION
JOB ANALYSIS QUESTIONAIRE

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: Solid waste **Department:** streets, Utilities

For Individual Questionnaires Only:

Employee Name: Klumker (Last) Terry (First) L (Middle Initial)

Current Classification Title: Crew Leader

Division **Department**

Total Length of Time with organization **Years** 21 **months** 6

Total Length of Time in Current Position **Years** 12 **months** 2

Assigned Hours/Week:; from 400AM to 1230 PM **Assigned Days/Week** M-F

Email: None **Work Phone:** (970) 244-1570

Immediate Supervisor:	**Immediate supervisor reports to:**
Name: Robin Lankin	**Name:** Darren Starr
Title: Solid Waste Supervisor	**Title:** Manager
Work Phone (970) 244-1570	**Work Phone:** 244-1493
E-mail: robl@gjcity.org	**E-mail:** darrens@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.

Fix and Repair Dumpsters and Tofers make sure Drivers are all There make sure customer needs are met make sure we have all materials we need to maintain The Tracks

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
☐	I do not officially supervise other employees (sign performance reviews).	
☐	I evaluate and sign performance reviews of other full-time employees.	
☐	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
☒	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
☐	I make work assignments for others.	
☐	I make hiring and hiring pay recommendations.	
☐	I make hiring and hiring pay decisions.	
☐	I recommend termination for poor performance.	
☐	I provide advice to peers that they must consider carefully before making a decision.	
☑	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	YOUR DIRECT REPORTS' JOB TITLES
Special Equipment Operators	

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 Dept	3-4 times a week	Check on Equiment
water Dept	2 times a week	help
maintance dept	2-3 Times a week	check on Repair

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Diamond Vogel Paint	1 To 2 Times a month	Buying Paint and Paint Sprayer Parts
Bonner Supply	5-6 Times a year	Buying Metel for Dumpster
Air gas	Twice a month	Buying Gas Welding Rod Etc
CRI	weekly	Dumpsters Card Board Delivery
Western Imp	3-4 Time a year	Tools and Supplies
Habor Fraight	3-4 Time a year	Tools

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)

1) Repair and maintence of commercial and residential metal Dumpsters including recovery and delivery assembly Fabrication and painting.

2) Delivery assembly and Repair of automated poly toter containers recording numbers and addresses.

3) Maintain inventory of Dumpsters, metal, plastic lids, poly Toter containers welding supplies and tools and other needed Parts order material and parts stock inventory.

4) Operation of Front, Rear and side Loader refuse collection vehicles both commercial and residential routes in absence of other employees or when needed.

5) Exercise supervision over other employees on holidays and other times durning supervisor's absence.

6) Operation of 31 foot overhead kunckle boom truck, boomers straps chains, welder and cutting torch

7) Maintain records of work completed in shop and field recording and Filing records

8) Lead direct and train lower level employees

9) Design and setup traffic control cones etc. prior to preformance of activites ensure work area safty direct traffic around work sites

10) Provide emergency work at any hour as situations require

11) Respond to public inquires in courteous manner provide information resolve complaints and insure customer satisfaction

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Repair and maintenance of commercial	what metirals to use and where	Select D	50
2	and residential metal dumpsters		Select D	
3	including Recovery and		Select	
4	reston attached-Page		Select	
5	#2 of attached Page	Know addresses	Select D	20
6	#3 " " "	Keep Good Records	Select D	15
7	#4 " " "		Select D	1
8	#5 " " "		Select M	3
9	#6 " "		Select D	2
10	#7 " "		Select D	2
11	#8 " "		Select D	2
12	#9 " "		Select M	1
13	#10 " "		Select BOM	2
14	#11 " "		Select D	2
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 and skill in The proper operation and Slection of welding Equipment and supplies Proper wire Rod metal and other materials for Repair and fabrication
2	Proper use of Pneumatic hydraulic and electric high energy Tools Proper use of hand Tools ability to fabricate and assembel from Drawing and Plans
3	Knowledge of Proper materials to use in fabrication Types hardness of metal proper welding settings per application, proper id Selection proper PPE and usage
4	Knowledge of all city streets and address for delivery of Residential & commercial Containers
5	Knowledge of all Front Side and Rear load Refuse trucks routes & location of dumpsters and handicap Customers
6	Ability to oprate motorized equip in and around overhead electrical wires building vehicles another obstacles.
7	Knowledge in communication and effect relationship with customers

Ability To solve problems Fill Request working with The Public in general

8) Knowledge of Supervisory Principles and practices including safty procedures
Provide direction for Lower level employees provide customer service and support
Scheduling and Coordinating work activities as well as lead direct and Train other
Employes.

Knowledge of proper traffic control an work zone setup and ability to direct Traffic
and safe work zone

10) Knowledage of Federal state and locals codes laws regulations
11) Ability To Interpret, explain ~~and enforce~~ polices and procedures
12) Establish and maintain a effective working relationship with those contacted
in The corse of work

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	
☐	☐	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
☒	☒	High School Diploma or equivalent (G.E.D.)
☐	☐	Up to one year of specialized or technical training beyond high school
☐	☐	Associate degree (A.S., A.A.) or two-year technical certificate
☐	☐	Bachelor's degree
☒	☒	Other (explain): welding classes Through mesa state College
	☒	welding experience

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

You Have	Your Time	You Need	Minimum Time Required
welding stick x MIG	years 12		3 years
cutting Torches Plasma cutter	years 12		3 years
	years		years

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

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 License / air Brake Endorsement
Forklift operator Certification
? ~~Confine space Training~~
? ~~Clarity CD Rom safty Training~~
? ~~welding Classes Throu mesa state Collage~~

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
	CMV Knuckle Boom Service	Daily
	CMV Front Rear Sideloader Refuse Trucks	one or more Daily
	Forklift	once or twice a month
	AC/DC welder Plasma cutter wire feed welder	Daily
	Power Tools Grinders Drill Drill Press Hydraulic Press High energy Tools	Daily
	Cutting Torches Airless Painter Hand Tools	Daily
	High Pressure cleaner/washer	Daily
?	Computer	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. What Tasks need Done first and what order They go in work on Dumpster Load CAN's check and make sure all supplys are avaible Get as much as Possible

2. what Driviensare present and if all services are covered for The Day

3. makesure all Department people are present

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	Select 5	Select 2	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	Select 4	Select 1	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	Select 5	Select 3	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 3	
Crouching: Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	
Crawling: Moving about on hands and knees or hands and feet.	Select 4	Select 2	
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 3	
Standing: Particularly for sustained periods of time.	Select 5	Select 3	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 2	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 3	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 3	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 3	Select 1	

Grasping: Applying pressure to an object with the fingers or palm.	Select 5	Select 3	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	Select 5	Select 3	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select	Select	
Talking: 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	
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	Select 5	Select 3	
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	Select 5	Select 3	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	Select 5	Select 3	
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	Select 5	Select 3	
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	Select 5	Select 3	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	Select 5	Select 3	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	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.)	☐	☒	☐
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	☐	☐	☒
Hazardous materials (chemicals, blood and other body fluids, etc.)	☐	☐	☐
Extreme temperatures	☐	☒	☐
Inadequate lighting	☐	☒	☐
Work space restricts movement	☐	☐	☐
Intense noise	☐	☐	☒
Travel	☐	☐	☐
Environmental (disruptive people, imminent danger, threatening environment)	☐	☐	☐

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). My Job consists of a lot of Different Types of Duties I sometimes have to over look Task That need to Be Done to make sure The customers need are met To The best of or availability sometimes need to run Specials with Trucks and make The time available need for Tasks of The Day I start Early and leave Late.

EMPLOYEE CERTIFICATION

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

Signed: Terry L Klumb 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**

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: Terry L Klumker Date: 12-23-08

Supervisor Signature: [illegible] Date: 12-23-08

Department Head Signature: [illegible] 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.