

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Ron Felt

Eddie Mort

Division: Parks Operations

Department: Parks and Recreation

For Individual Questionnaires Only:

Employee Name: Vendegna Michael J
(Last) (First) (Middle Initial)

Current Classification Title: Parks Supervisor

Division: Forestry, Cemetery, Horticulture **Department:** Parks and Recreation

Total Length of Time with organization: 16 Years 4 months

Total Length of Time in Current Position: 16 Years 4 months

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

Email: mikev@gjcity.org **Work Phone:** 970-254-3821

Immediate Supervisor:

Immediate supervisor reports to:

Name: Parks and Recreation Superintendent **Name:** Rob Schoeber

Title: Parks and Recreation Superintendent **Title:** Parks and Recreation Director

Work Phone: **Work Phone:** 254-3881

E-mail: **E-mail:** robsc@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.

Fully responsible for all aspects of maintenance operations for three divisions within the Parks and Recreation Department. Urban Forestry, City Cemeteries and Horticulture Operations. Supervise, guide, and direct full time and seasonal employees. Manage operating and personnel budgets, equipment, extensive public relations, organize daily operations as well as long term goals and objectives.

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Work Phone: 970-254-3821

Immediate Supervisor:

Immediate supervisor reports to:

Name: Parks and Recreation **Name:** Rob Schoeber
Title: Superintendent **Title:** Parks and Recreation Director

Work Phone: **Work Phone:** 254-3881

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

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Example: Computer Support Technician

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

Fully responsible for all aspects of maintenance operations for three divisions within the Parks and Recreation Department. Urban Forestry, City Cemeteries and Horticulture Operations. Supervise, guide, and direct full time and seasonal employees. Manage operating and personnel budgets, equipment, extensive public relations, organize daily operations as well as long term goals and objectives.

	policies and practices
All	Ability to communicate effectively in both oral and written form with supervisor, employees, contractor, vendors, volunteer groups and administration, "public speaking skills"
3,5,7,8,9,11,13	Ability to calculate need, research availability and acquire supplies and materials needed for any given project
3,5,6,7,8,9,11,12,13	Ability to read, design and interpret blue prints, diagrams, irrigation plans and construction outlines
2,3,4,5,6,7,8,9,10,11	Knowledge of and ability to organize, coordinate and oversee large landscape and construction projects
All	Knowledge of cemetery operations

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Extensive knowledge of Parks, Forestry, Cemetery maintenance operations, Plant health needs, landscape design	30 years	Extensive knowledge of Parks, Forestry, Cemetery maintenance operations	5 years
Budget development and management	22 years	Budget development and management	5 years
Extensive supervisory managerial experience	30 years	Supervisory, managerial experience	5 years

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

Supervisory, Parks and Recreation Management, Business Administration, Horticulture, Landscape Design

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.

Ability to acquire certifications related to the above stated areas of expertise such as, Certified Parks and Recreation Professional, Certified Arbores, Certified Pesticide Applicator, etc...

2. WORKING CONDITIONS.

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

Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Mike Vandeyn Date: 12-22-08

CITY OF GRAND JUNCT
JOB ANALYSIS QUESTIONNAIRE

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

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Mike Vendegna
Eddie Mort
Ron Felt

Division: Park Maintenance **Department:** Park & Recreation

For Individual Questionnaires Only:

Employee Name: Felt Ronald W
(Last) *(First)* *(Middle Initial)*

Current Classification Title: Park Maintenance Supervisor

Division Park Operations **Department** Parks & Recreation

Total Length of Time with organization 28 Years 11 months

Total Length of Time in Current Position 24 Years months

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

Email: ronf@gjcity.org **Work Phone:** 970-254-3868

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

Name: **Name:** Rob Schoeber

Title: Park Maintenance Superintendent **Title:** Director Parks & Recreation

Work Phone **Work Phone:** 970-254-3881

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

II. POSITION INFORMATION

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Example: Computer Support Technician

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

Management of resources including personnel, equipment and budget needed to maintain all parks and trails within the Park Operations Division of the Parks and Recreation Department. Supervision of all full time, Crew Leaders & Equipment operators as well as seasonal employees. Supervision includes hiring, termination, pay, evaluations, training and day to day work assignments.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Park Maintenance Work	3	years	1 years
Park Maint Crew Leader	1	years	2 years
Park Maint Supervisor	24	years	years

a. What field (s) should training or degree be in?
Agronomy/Sport Turf Maintenance

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.

Drivers License
Master Gardener

2. WORKING CONDITIONS.

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

Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Ken Felt Date: 12-24-25

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

Mike Vendegna

Eddie Mort

Division: Parks

Department: Parks and Recreation

For Individual Questionnaires Only:

Employee Name: Mort Eddie L
(Last) (First) (Middle Initial)

Current Classification Title: Parks Supervisor

Division Parks **Department** Parks and Recreation

Total Length of Time with organization 12 Years 8 months

Total Length of Time in Current Position 1 Years 2 months

Assigned Hours/Week;; from NA to NA **Assigned Days/Week** 5+

Email: eddiem@gjcity.org **Work Phone:** (970) 254-3873

Immediate Supervisor:

Immediate supervisor reports to:

Name: **Name:** Rob Schoeber

Title: Parks Superintendent **Title:** Parks and Recreation Director

Work Phone **Work Phone:** (970) 254-3881

E-mail: **E-mail:** robsc@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 supervise, assign, review and participate in the work of staff responsible for providing a variety of parks and sports facility maintenance, repair, construction and reconstruction activities. To maintain the highest quality sports facilities possible and to prepare and administer budgets.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>		<u>You Need</u>	<u>Minimum Time Required</u>	
Extended knowledge of Parks maintenance and management.	12	years	Extended knowledge of Parks Maintenance and management	3	years
Turf and field maintenance experience	12	years	Turf and Field Maintenance Experience	3	years
Supervisory/Management Experience	5	years	Supervisory/Management Experience	3	years

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

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.

2. WORKING CONDITIONS.

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

Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Edith A. [Signature] 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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

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


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

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

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

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head Signature:  Date: 1/6/09

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.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	17
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	20+
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	20+
<input checked="" type="checkbox"/>	I make work assignments for others.	20+
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	10+
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	10+
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	20+
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	20+
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	20+

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

Park Supervisors
Recreation Supervisors

YOUR DIRECT REPORTS' JOB TITLES

Crewleaders
Equipment Operators
Administrative Assistants
Seasonal Employees
Park Mechanic
Ron Felt = 11 Full Time, 10 Seasonal
Eddie Mort = 14 Full Time, 12 Seasonal
Mike Vendegna = 14 Full time, 12 Seasonal

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

- Full Time 11 - 17 Part-Time Seasonal/Temp 10 - 20 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		
Peers/Subordinates	Daily/weekly	Provide direction and guidance in daily work duties, provide information and updates, training
Purchasing, public works and planning, fleet and facilities, engineering, streets, water and all other city departments and divisions	Weekly / monthly	Management of CIP projects, develop bid specifications and budget preparation, Management of all IS systems such as GIS, GBA, etc....
Recreation & Parks division employees	Daily / weekly	Provide general customer service internal and external, managerial support and leadership, guidance, and direction.
Police Department	Daily / Weekly / Monthly	Work closely with the Police Department to ensure safety in parks and facilities
Fire Department	Monthly	

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors / contractors	Daily / weekly	Request bids, review contracts, direct work on projects, inspect work, order materials and supplies, etc....
Meas County School District 51, Mesa State Collage	Weekly / monthly	Implementation of intergovernmental agreements, work closely with sport schedules on city fields and facilities, payments, use guidelines, etc....
General Public	Weekly	Meet the needs of parks and facility users, field complaints
Board and Commissions	Monthly	Serve as a City and Department representative and liaison

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:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	M	25%
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	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	Make recommendations as to the recruitment process, oversee and take the lead with interviews, and hire full time and seasonal employees as well as separate and or terminate	Decides the best recruitment possibilities, interview questions and select the best possible candidate	Monthly	5%

2	Conduct evaluations, review work performance and develop work plans for full-time and seasonal employees in divisions of responsibility	Determines the extent of employees work performance including discipline, guidance, advise, recommend training and individual / group work plans	Daily	5%
3	Provides supervision, leadership, guidance, assign work schedules and technical expertise for division employees	Determines assignments priorities and schedule, analyze and offer technical advise	Daily	10%
4	Counsel, encourage and perform employee disciplinary action as needed	Determines the extent of problems and concerns. Develop a plan to assist the employee, recommend and implement appropriate action	Daily	10%
5	Instrumental in training and providing educational opportunities for division employees. Research, develop and implement training programs as to the latest of industry standards for all Federal, State, County and City rules and regulations	Determines staff education needs for the various duties performed. Allocates funds and makes arrangements for employees to attend classes	Daily	5%
6	Instrumental in providing safety training and needed supplies to all division employees as to OSHA regulations, City safety policies and procedures, personal protective equipment, chemical application, and all areas of safety practices in maintenance operations	Determines and implements training as to all safety requirements, identifies and monitors procedures to ensure employees are following policy	Monthly	10%
7	Prepares, monitors and oversees division annual budgets. Authorize all expenditures of operating supplies, major capital, seasonal employee funds, overtime funds as well as purchase supplies and materials	Determines division needs and calculates appropriate funds. Determine priority of projects and purchases and appropriate use of funds	Daily	15%

8	Conduct research and develop written specification for all equipment and supply purchases, following City purchasing guidelines and participate in the bidding process	Determines the division needs and the best price of equipment to meet those needs. Develop specifications and appropriate funds	Monthly	10%
9	Assist with the development of capital improvement projects and other major projects. Work within parks divisions staff, coordinate between private contractors, other city divisions, inspects progress and reviews plans and budgets	Determines the need for and the priority of projects, determine employee involvement versus out side contractors. Determines project specification and plans, determines budget amounts, assists with overseeing the project	Monthly	5%
10	Provides training for employees and coordinates the maintenance schedule of City vehicles and equipment within respective divisions. Works closely between city fleet and parks mechanic	Determines the type of training needed to properly operate equipment, oversee and schedule service and repair times	Daily	10%
11	Prepares complete and concise reports involving employee work activities, purchasing, chemical records, etc....	Determines the context of the report, follows requirements, and develop methods most appropriate in the presentation of the report, form or document	Daily	5%
12	Extensive public contact "customer service" within all divisions, meet park user needs and requests, field complaints. Lend expertise to citizens answering questions and diagnosing horticulture "gardening" problems. Oversee and supervise division employees in numerous special events such as the Junior College World Series, Arborfest, South West Arborfest, etc....	Determines employee and materials necessary to meet user and citizen needs. Determine priority of resources and addresses complaints and meets needs as soon as possible	Monthly	10%

13	Work with various boards and commissions	Develops reports, conduct research, allocate time and resources, and make recommendations based upon Board suggestions and direction	Monthly	5%
14			Monthly	
15			Daily	
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
7,8,9,11	Knowledge of City's line item budgeting process
All	Ability and skill to use the City computer network for word processing, spread sheets, GIS, New World, etc....
All	Knowledge of principles of supervision, hiring procedures, training, performance evaluations and employee concerns as they relate to the City policies including disciplinary procedures, worker's compensation, etc....
1,3,4,5,6,7,8,9,10,11,12,13	Knowledge of proper horticultural practices relating to trees, turf, and all landscape vegetation
All	Knowledge of and ability to implement general business writing and communication skills
1,2,3,4,5,6,8,10,11	Ability to operate and train employees on a wide variety of park maintenance equipment
2,3,4,5,6,10,11	Knowledge of all City, State, Federal, CIRSA & OSHA safety guidelines,

	policies and practices
All	Ability to communicate effectively in both oral and written form with supervisor, employees, contractor, vendors, volunteer groups and administration, "public speaking skills"
3,5,7,8,9,11,13	Ability to calculate need, research availability and acquire supplies and materials needed for any given project
3,5,6,7,8,9,11,12,13	Ability to read, design and interpret blue prints, diagrams, irrigation plans and construction outlines
2,3,4,5,6,7,8,9,10,11	Knowledge of and ability to organize, coordinate and oversee large landscape and construction projects
All	Knowledge of cemetery operations

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

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
All	Computer, phone, fax	Daily
All	City vehicles	Daily
	Various hand tools	Weekly / Monthly
	vvarious large equipment, tractors, mowers, string trimmers, etc....	Monthly

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. Employee issues and management, leadership and directing the work of others
 - 2. Budget monitoring, efficient use of funds and the appropriation of expenditures and revenues
 - 3. Meeting customer needs and determining the resources needed to meet those needs

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

Importance

How frequently is the activity performed?

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

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

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

Physical Activity	Frequency	Importance	Duties
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.	1--Annually	0--Not Important	12
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.	0--Never	0--Not 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.	2--Quarterly	1--Somewhat Important	2,3,4,5,6,8,10
Kneeling: Bending legs at knee to come to a rest on knee or knees.	2--Quarterly	1--Somewhat Important	3,5,6,8,10
Crouching: Bending the body downward and forward by bending leg and spine.	2--Quarterly	1--Somewhat Important	2,3,5,6,
Crawling: Moving about on hands and knees or hands and feet.	1--Annually	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	3--Monthly	2--Very Important	3,5,6,8,9,10,11
Standing: Particularly for sustained periods of time.	4--Weekly	2--Very Important	2,3,5,6,10,12,13

Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	All
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	0--Never	0--Not Important	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
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	All
Grasping: Applying pressure to an object with the fingers or palm.	2--Quarterly	1--Somewhat Important	3,5,6,8,10,11
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.	2--Quarterly	1--Somewhat Important	2,3,5,6,8,10
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	3,5,6,8,10
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	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	3--Extremely 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	3--Extremely Important	1,2,3,4,7,8,9,11
Sedentary Work: Exerting up to 10 pounds	Select	Select	All

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.			
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.	3--Monthly	1--Somewhat Important	All
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.	1--Annually	1--Somewhat Important	3,4,5,6,8,10
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.	1--Annually	1--Somewhat Important	3,4,5,6,8,10
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--Annually	1--Somewhat Important	3,4,5,6,8,10

2. WORKING CONDITIONS.

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

Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____ Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature: *[Handwritten Signature]* Date: 1-8-09

Supervisor Signature: *Mike Verdegna* Date: _____

Department Head Signature: *[Handwritten Signature]* Date: 1/6/09

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.