

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Laurin	Robin	P.
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle Initial)</i>

Current Classification Title: Solid Waste Supervisor

Division Solid Waste **Department** Utilities & Street Systems

Total Length of Time with organization	24 Years 11 months
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Total Length of Time in Current Position 19 Years 3 months

Assigned Hours/Week:; from 6:00 t o 3:00 Assigned Days/Week 40

Email: robl@gjcity.org **Work Phone:** 970-256-4039

Immediate Supervisor:

Immediate supervisor reports to:

Name: Darren Starr **Name:** Terry Franklin

Title: Streets & Solid Waste Manager **Title:** Streets & Utilities Deputy Director

Work Phone: 970-244-1493 **Work Phone:** 970-244-1495

E-mail: darrens@gjcity.org **E-mail:** terryf@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 direct and supervise the Solid Waste Division, overseeing 11 employees, providing commercial and residential refuse collection for the City of Grand Junction.

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.	11
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input checked="" type="checkbox"/>	I make work assignments for others.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

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

YOUR COWORKERS' JOB TITLES

Public Works Maint Supervisor-Streets

YOUR DIRECT REPORTS' JOB TITLES

Speciality Equipment Operators
Public Works Crew Leader

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

☒ Full Time 11 ☐ 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		THERE ARE MORE THAN LISTED
911 Comm Center	Weekly	Parking Violations / Service Requests
Public Works Maint Sup	Daily	Assistance with spills/salt requests/public requests
Facilities Supervisor	Bi-Weekly	Building repair & Maintenance
Fleet Supervisor	Daily	Truck repair & maintenance scheduling
Risk Management	Monthly	Safety related/Accidents/Property damage claims
Construction Supervisor	Monthly	Construction related/ alley closures etc.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		THERE ARE MORE THAN LISTED
Mesa County Gov	Weekly	Refuse & Recycling collection requests
School District 51	Weekly	Refuse & Recycling collection requests
General Public	Minute by Minute Daily	Refuse & Recycling collection requests/Complaints
Western Colo Trucks Peterbuilt Trucks Kojs Brothers Equipment	Monthly	Trucks, Accessories, parts & Repairs
Commercial Customers	Minute by Minute Daily	Refuse & Recycling collection requests/Complaints
Various Vendors	Weekly	Ordering supplies and operational material

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	Respond to phone, e-mail and verbal requests for solid waste services. Prioritize and assign tasks to subordinate personnel. Resolve customer problems and complaints. Coordinate with fleet for maintenance repair on collection equipment.	Assign tasks, problem solving, staff and work assignment scheduling, utilizing Northstar and various inter-department forms. Notify fleet of immediate repair needed on collection equipment. Schedule non-immediate repair and maintenance.	Daily	60
2	Maintain reports, update route sheets.	Articles include, commercial and residential routes, container master list, staff scheduling, overload & specials, rates etc, using ms excel, ms access, ms word and Northstar.	Daily	20
3	Conduct staff and safety meetings.	Research and provide safety and other material for meetings.	Quarterly	5
4	Update truck specifications, perform annual employee performance reviews	Research market changes and improvements on collection equipment. Provide performance evaluations and review with each employee.	Annually	5
5	Assist shop personnal when needed.	Deliver containers, repair dumpsters and other shop duties	Occasionally	5

6	Assist Specialty Equipment Operators as needed	Operate Front, Side and Rear loading collection equipment in emergency situations.	Occasionally	5
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
1	Sound customer service and management abilities and skills. Ability to resolve requests and complaints from internal and external customers. Knowledge of collection equipment. Ability to write specifications, evaluate and recommend equipment. Coordinate maintenance and repairs with fleet division. Assign tasks and manage 10 specialty equipment operators and 1 crew leader. Assist with and monitor budget. Order supplies needed for daily operation of the department. Manage container inventory in Northstar utility billing system.
2	Ability to create and update spreadsheets and documents using MS Word, Access and excel. Update accounts in Northstar.
3	Knowledge of safety requirements in the solid waste industry. Ability to research, coordinate and provide safety training. Provide leadership in conducting meetings.
4	Knowledge of collection equipment and current industry standards. Ability to write specifications.
5	Knowledge of shop res. Ability to weld, fabricate dumpsters. Ability to assemble,

	clean and deliver automated containers.
6	Ability to operate collection equipment and knowledge of routes.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input 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 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>
Solid Waste Management	19 years	Solid Waste Management	2 years
Customer Service Training	years	Customer Service Training	years
General Management Practices	19 years	General Management Practices	2 years

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

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

CDL with class B endorsement.

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1	Computer, Telephone, Two way radio.	60
2	Computer	20
3	Computer, video equipment.	5
4	Computer, Demo collection equipment.	5
5	Welder, torches, boom truck and various hand tools.	5
6	Front, rear and side loading refuse collection equipment.	5

5. DECISION-MAKING & JUDGMENTS.

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

1. Decide when and how to respond to customer requests and complaints.

2. Delegate work orders to subordinate employees.

3. Assist subordinate employees in guidance and decision making for the best outcome for our customers and the department.

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

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

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.	2--Quarterly	1--Somewhat Important	Trash Trucks and Shop
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.	2--Quarterly	1--Somewhat Important	Trash Trucks and Shop
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	Select	Trash Trucks and Shop
Kneeling: Bending legs at knee to come to a rest on knee or knees.	2--Quarterly	Select	Trash Trucks and Shop
Crouching: Bending the body downward and forward by bending leg and spine.	1--Annually	Select	Trash Trucks and Shop
Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	Trash Trucks and Shop
Reaching: Extending hand(s) and arm(s) in any direction.	2--Quarterly	Select	Trash Trucks and Shop

Standing: Particularly for sustained periods of time.	2--Quarterly	Select	Trash Trucks and Shop
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	1--Annually	Select	Trash Trucks and Shop
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	2--Quarterly	Select	Trash Trucks and Shop
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	2--Quarterly	Select	Trash Trucks and Shop
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	Office
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	Office
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	Select	Trash Trucks and Shop
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	2--Quarterly	1--Somewhat Important	Shop
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	Office
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	Office
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	Trash Trucks and Shop Office
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	Office keyboard
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of	5--Daily	3--Extremely Important	Office

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.	2--Quarterly	1--Somewhat Important	Office
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.	2--Quarterly	1--Somewhat Important	Trash Trucks and Shop Office
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	Trash Trucks and Shop
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	Trash Trucks and Shop

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 checked="" 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: _____

Ralph Sam

D: _____

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



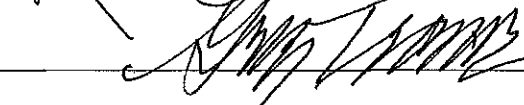
Please check the appropriate statement:

☒ 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:	<u></u>	Date:	<u>12/22/08</u>
Supervisor Signature:	<u></u>	Date:	<u>12/22/08</u>
Department Head Signature:	<u></u>	Date:	<u>1/8/09</u>

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Department: Water

For Individual Questionnaires Only:

Employee Name:	Key	Ronald	F
	(Last)	(First)	(Middle Initial)

Current Classification Title: PW Maint Supervisor / Water

Division	Utilities and Steets Systems	Department	Water
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Total Length of Time with organization 15 Years 6 months

Total Length of Time in Current Position 13 Years months

Assigned Hours/Week:: from 7:30 t o 4:00 **Assigned Days/Week** 5

Email: ronk@gjcity.org

Work Phone: 970-244-1572

Immediate Supervisor:

Immediate supervisor reports to:

Name: Rick Brinkman

Name: Terry Franklin

Title: Water Service Manger

Title: Deputy Director of Utility & Streets

Work Phone 970-244-1495

Work Phone: 970-244 1495

E-mail: rickbr@gjcity.org

E-mail: terryf@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 plan, prioritize, assign, supervise and review the work of staff involved in water or wastewater maintenance, repair and construction work including the maintenance of water and wastewater lines, valves, fire hydrants, meters, cross-connection and safety.

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.	14
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	14
<input checked="" type="checkbox"/>	I make work assignments for others.	14
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	14
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	14
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	14
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	14
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	14

- 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

Water Resources Supervisor
Water Supply Supervisor

YOUR DIRECT REPORTS' JOB TITLES

Pipeline Maintenance Workers
Pipeline Maint. Crew Leader
Utility Locator
Senior Meter Reader
Plant Mechanic

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

☒ Full Time 14 ☐ 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		
Wastewater Supervisor	W	Sewer Maint/Repair
Construction Supervisor	W	New Consruction
PW Maint. Supervisor	W	Assist Maint/Repair
GIS	M	upgrade gis system
Utility Engineer	W	Water & wastewater related jobs

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
All pipe venders	W	City Water
All City Customers	D	Customers needs
Contractors	W	constuction work and needs
Other Water Purveyors	m	Exchange info / Help when needed

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, implement and coordinate the organizational and operational activities of the Pipeline Maintenance.	Prioritize maintenance activities	Daily	35
2	Assist in development and implementation of programs goals and objectives, policies and procedures; monitor methods for water service system work; implement changes and modifications to improve services and quality.	Interpret rules and regulation	Daily	10
3	Establish and maintain a cooperative working relationships with other City departments, divisions and outside agencies to coordinate work	Work through issues while maintaining relationships	Daily	8
4	Answer questions and provide information to public. Investigate complaints and provide solution to complaint.	Investigate complaints and provide solution to complaints.	Daily	7
5	Check water service facilities and equipment and establish schedules for needed maintenance and repairs.	Prioritize maintenance activities	Daily	5
6	Troubleshoot the potential causes of water quality complaints.	Check and work with Water Resources Supervisor. Determine immediate corrective changes to reduce health risks	Daily	5
7	Inspect the work of crews while in progress and upon completion.	Make staffing and training Decisions. Provide advice and assistance to staff.	Daily	5
8	Conduct safety inspections; Follow safety rules for waterworks facilities; Develop and conduct safety meetings; Prepare a variety of reports and maintenance record logs and files.	Ensure employees are following department/city safety policies, make sure safety training/equipment is available	Daily	5
9	Prepare billings for water and wastewater work orders	Check work orders for accuracy	Weekly	5

10	Assist in preparation and monitor budget for Pipeline maint. and Ridges Irrigation; Purchase supplies and equipment for projects and inventory.	Identify short and long term needs	Weekly	5
11	Ensure proper procedures are in place and implemented for water shut downs and customer notifications during construction and/or emergency work; Ensure proper mapping and related records; Locate utilities; Assist in developing a computer mapping system.	Reason why, does it need turned off or is there another way around to keep customer in service.	Weekly	5
12	Participate in selection of staff and work with employees to correct deficiencies; Implement discipline.	Make performance, Evaluation decisions and provide performance improvement coaching	Monthly	5
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
1,2,3,4,5,6,7,8,9,10,11,12	Knowledge of materials, methods, practice and equipment used in distribution systems operation and construction; knowledge of construction technology and civil engineering as they relate to assigned construction and expansion projects.
1,2,3,4,5,6,7,8,9,10,11,12	Knowledge of safety practices, guidelines and regulations such as OSHA, the Safe Drinking Water Act and other related regulatory standards.
1,2,3,4,5,6,7,8,9,10,11,12	Knowledge of the standards, calculations and methods used to measure the operating efficiency of machinery and equipment used in water distribution.
1,2,4,7,8,12	Principles of supervision, training, and performance evaluation
1,2,4,7,8	Ability to work from sketches and blueprints; prepare plan for projects
1,2,3,4,5,6,7,8,9,10,11,12	Knowledge of City and departmental policies, rules and regulations.

1,2,3,4,5,6,7,8,9,10,11,12	Ability to plan, organize, prioritize, supervise, train and evaluate the work of staff involved in water production and distribution.
1,2,3,5,6,7,8,9,10,11,12	Ability to communicate clearly and concisely, orally and in writing
1,2,3,5,6,7,8,9,10,11,12	Ability to provide prepare clear and concise technical reports
	Ability to establish and maintain effective working relationships with internal and external contacts, and ability to interact with the general public and media representatives on water related issues
1,2,3,4,5,6,8,9,10,11,12	Ability to operate modern office equipment to include a computer.

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 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>
On the job training	18 years	On the job training	3-5 years
	years		years
	years		years

a. What field (s) should training or degree be in?
Water Distribution and Wastewater Collection

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.

Water Distribution Systems, class 4
Wastewater Collection System, class 4
Cross Connection Control Technician
CDL Drivers License
OSHA Trenching and Shoring
American Traffic Safety Services Administration
State of Colorado Supervisory Training
National Incident Management Systems IS 100,200,700

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

Duty #	Machines, Tools, Equipment	Frequency/Time
3-5-6	Operate a variety of equipment in emergency situations as required	Daily
1-2-3-4-6-8-9-10-11-12	Office equipment	Daily
5-6-7-11	Vehicle	Daily

5. DECISION-MAKING & JUDGMENTS.

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

1. My responsibility is to supervise Pipeline maintenance. This is plan, organize, train and implement the goals and objective of the department.

2. I anticipate problems and develop contingency plans to keep production rolling.

3. Have the ability to set clear goals and objectives.

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

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

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	1--Somewhat 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	1--Somewhat 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	1--Somewhat Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	1--Somewhat Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	1--Somewhat Important	
Standing: Particularly for sustained periods of time.	5--Daily	1--Somewhat Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	1--Somewhat Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	1--Somewhat Important	
Pulling: Using upper extremities to pull or exert force in	5--Daily	1--Somewhat 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	1--Somewhat Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	1--Somewhat 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	1--Somewhat Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	
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	2--Very 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	2--Very 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	2--Very Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very 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	1--Somewhat 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	1--Somewhat 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	1--Somewhat 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	1--Somewhat 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.	3--Monthly	0--Not Important	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input 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 checked="" 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: R. A. Key Date: 12-31-08

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:

R. A. Key

Date:

1-8-09

Supervisor
Signature:

Richard Key

Date:

1.8.2009

Department Head
Signature:

[Signature]

Date:

1/9/09

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

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Division: Street Systems

Department: FUSSY

For Individual Questionnaires Only:

Employee Name:	Van Wagoner	David	L.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Supervisor

Division	Street Systems	Department	FUSSY
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Total Length of Time with organization 17 Years 10 months

Total Length of Time in Current Position 17 Years 10 months

Assigned Hours/Week:: from 7+ to 3:30+ **Assigned Days/Week** 5+

Email: davev@gjcity.org

Work Phone: 970-256-4111

Immediate Supervisor:

Immediate supervisor reports to:

Name: Darren Starr

Name: Terry Franklin

Title: Solid Waste and Streets Manager

Title: Deputy Director

Work Phone 970-244-1493

Work Phone: 970-244-1495

E-mail: darrens@gjcity.org

E-mail: terryf@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.

Plan and supervise maintenance of City Streets, alleys, shoulders, parking lots, etc. Coordinate work of multi-talented and skilled workers involving the practice of asphalt patching, equipment operation, snow & ice control grading, excavating, trash removal, chipseal, crackfill, etc. Long-term planning and forecasting of resources and manpower; budget planning, allocation and job-costing; employee development and training, hiring and firing/discipline; administer policy and procedure.

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.	18
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	9
<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).	27-50
<input checked="" type="checkbox"/>	I make work assignments for others.	27-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	27-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	27-50
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	27-50
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	6
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	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

Stormwater Supervisor
Solid Waste Supervisor
Administrative Assistant
Street Support Tech.

YOUR DIRECT REPORTS' JOB TITLES

Equipment Operator (levels 1-4)
Specialty Equipment Operator
Seasonal Workers
Storm Water Inspector
Crew Leader
Clerk
Administrative Assistant

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

☒ Full Time 18 ☐ Part-Time ☒ Seasonal/Temp 9 ☐ Volunteer ☒ Contract 20

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		
Stores Clerk	Twice a month	Purchase supplies
Fleet Maintenance	Daily	Equipment Maintenance
Police/Fire	Weekly - winter	Snow & ice conditions
Parks	Monthly	Operational support
Engineering	weekly	inspections, operational support
Human Resources	weekly	Policies, employee matters

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Media	Weekly- winter	Storm conditions
Vendors	Weekly	Procure parts and supplies
CARMA	Monthly	Training, professional development
Citizens	Daily	Service opportunities

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>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Plan & coordinate field work and projects	What to do; when to do it; what resources to use; how much it will cost	Daily	50
2	Prepare/maintain budget	Purchases, resource usage, projections	Daily	5
3	Prepare/keep maintenance records	What to collect, how often to collect, how to organize into a report	Daily	5
4	Maintain personnel records	What to track, how often to track: policy, discipline, recognition, development, training	Daily	5
5	Staff Meetings	Provide direction for work crews, crew leaders. Discuss timelines, resources, methods, etc.	Daily	5
6	Provide customer service	Evaluate service request; schedule, provide feedback to customer; determine adequate level of service and appropriate department, time and resource availability, etc.	Daily	15
7	Organize, plan and execute and evaluate Street Systems projects and programs	Determine program/project goals and outcomes, review resources, develop plans, implement and adjust as needed.	Weekly	5
8	Employee training and development	What skills are possessed and needed, what will promote growth, satisfaction, and proficiency	Daily	15

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
5,6,7,8	Leadership
1,2,5,6,7,8	Prioritization
1,2,3,4,5,6,7,8	City Policy
2,6,7,8	Basic Budgeting
1,2,3,4,7	Computer and office equipment
1,2,3,4,7	Microsoft Office
1,2,3,5,6,7,8	Communication
1,2,5,6,7,8	Planning
1,4,7,8	Employee training and development
1,3,4,6,7,8	Operational methods and industry standards
1,5,7,8	Equipment operation
1,2,3,5,8	Data evaluation and manipulation for report writing and job-costing
1,2,3,4,5,6,7,8	Management practices

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 checked="" type="checkbox"/>	Other (explain): Communication skills needed to motivate, inspire, develop and discipline.

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Equipment Operation	15 years	Equipment Operation	5 years
Management	30 years	Management	5 years
Organization/Prioritizing	32 years	Organization/Prioritizing	5 years

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

Construction management, equipment operation, leadership and communication

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.

Driver's license, High school diploma

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,4,5,6,7,8	Computer/software	Daily/6 hours
2,4,5,6,7,8	Telephone	Daily/2 hours
1,2,3,4,5,6,7,8	Printer/copier/fax	Daily/.5 hour
1,5,6,7	Pickup	Daily/3 hours
1,3,5,6,7	Weather Stations	Daily-winter/2 hours
1,6,7	Temperature-sensing monitor	Weekly/.5 hour
3,6,7,8	Video/audio recording and editing equipment	Weekly/4 hours

5. DECISION-MAKING & JUDGMENTS.

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

1. What jobs/projects to do when, how do they fit with the rest of the work that needs to be done? What resources are needed, what kind of time frame do we use, how do we meet the needs of the customer? How are budget dollars best spent on these jobs and projects?

2. What kind of training and development does the employee need to perform at proficient level? What will motivate and inspire him to greater heights and higher levels of pride and ownership in his work?

3. What level of customer service is appropriate and fair based upon the rest of the citizens in our City? How are budget dollars best spent to serve the customer on an individual and global basis? How are resources best used to provide the highest level of customer service possible?

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.	2--Quarterly	1--Somewhat Important	1,6,7
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.	1--Annually	1--Somewhat Important	1,6,7
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.	1--Annually	1--Somewhat Important	1,6,7
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	1--Somewhat Important	1,6,7
Crouching: Bending the body downward and forward by bending leg and spine.	1--Annually	1--Somewhat Important	1,6,7
Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	1--Annually	1--Somewhat Important	1,6,7
Standing: Particularly for sustained periods of time.	3--Monthly	2--Very Important	1,6,7
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	3--Monthly	2--Very Important	1,6,7
Pushing: Using upper extremities to press	1--Annually	1--Somewhat Important	1,6,7

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	Select	
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	1,2,3,4,7,8
Grasping: Applying pressure to an object with the fingers or palm.	2--Quarterly	1--Somewhat Important	1,2,3,4,7,8
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.	0--Never	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
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	1,2,3,4,5,6,7,8
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	1,2,3,4,5,6,7,8
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	1,2,3,4,5,6,7,8
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,8
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.	0--Never	Select	

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____ Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

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

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

Employee Signature:	_____	Date:	_____
Supervisor Signature:	_____	Date:	_____
Department Head Signature:	_____	Date:	_____

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.