

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: Golf

Department: Parks

For Individual Questionnaires Only:

Employee Name: Craig James S.
(Last) (First) (Middle Initial)

Current Classification Title: Grounds Crew Leader

Division Golf **Department** Parks

Total Length of Time with organization 38 Years ? months

Total Length of Time in Current Position 31 Years 9 months

Assigned Hours/Week:: from 5:30/7:00a.m. to 1:45/3:30 p.m. (Summer/Winter) **Assigned Days/Week** 5

Email: lpgolf@gjcity.org **Work Phone:** 254-3871 (Doug)

Immediate Supervisor:

Immediate supervisor reports to:

Name: Doug Jones **Name:** Rob Schoeber

Title: Golf Course Superintendent **Title:** Parks & Recreation Director

Work Phone 254-3839 **Work Phone:** 254-3881

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

I am the LP and TR Golf Courses Spray Tech.

I spray fertilizers and pesticides and apply granular fertilizers at both courses. I have sprayed the baseball stadium when needed. I also maintain application records and MSDS sheets for both courses.

At other times, I fill in (when needed and when spray duties are done) doing various golf course maintenance jobs such as mowing, mulching, snow removal, etc. These duties vary widely.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

| |
|------------------------------|
| Grounds Crew Leaders |
| Seasonal Grounds Maintenance |
| Golf Course Mechanic |
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| |

YOUR DIRECT REPORTS' JOB TITLES

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

- ☐ Full Time
 ☐ Part-Time
 ☐ Seasonal/Temp
 ☐ Volunteer
 ☐ Contract

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|--------------|--|
| Ex: Peers, Subordinates | | |
| City Stores Clerk | 1 or 2 x/mo. | Get supplies as needed from City Stores. |
| Varies | 2-3 x./yr. | E.g., get a large bin for re-cycling spray containers, borrow or return equipment. |
| | | |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|--------------|---|
| Ex: Vendors, Gen. Public | | |
| VENDORS | MONTHLY | ADVICE ON SPRAYER PROBLEMS (LL JOHNSON). ALSO BUY SUPPLIES (NOT NECESSARILY SPRAY RELATED) FROM RETAIL VENDORS IN TOWN AND ON-LINE (NOZZLES). |
| OTHER LOCAL GOLF COURSES | NOW AND THEN | BORROW OR RETURN EQUIPMENT |
| GENERAL PUBLIC | DAILY | Interaction w/ Golfers |
| | | |
| | | |
| | | |

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 | Apply fertilizers, wet. agents, pesticides, growth regulators, etc., at TR and LP Golf Courses (and, sometimes, baseball field). | <u>Weekly option not available.</u> Schedule w/ co-workers, apply each product at proper rates, select proper nozzles, avoid golfers and maintenance workers when possible, water in or not. | weekly in growing season Select | 50 |
| 2 | Record above activities in Excel | Opening and using Excel | Select weekly | 5 |
| 3 | Proper storage of above materials | Loading in pallets and materials as they arrive and keeping the fert. storage room at least semi-orderly. | Quarterly | 5 |
| 4 | Research of nozzles, other articles pertaining to applications, finding msds and labels online, printing and downloading them into the msds book and computer files. | Making decisions when updates are needed. | Quarterly | 5 |

| | | | | |
|----|---|--|---|----|
| 5 | All kinds of various golf course maintenance duties including all mowing duties when needed, general maintenance, buying supplies, snow removal, -whatever. | There is a wide variety. Making decisions on mowing procedures, equipment, trucks and trailers, topdressers, cleaning rest shelter, etc. * | Daily | 30 |
| 6 | Keeping the My-Turf (Toro) equipment records (an online program) up to date for Lincoln Park. | Recording miles, hrs. updates every week, printing work orders when they become due, give to LP mechanic, and recording them as done | Select <i>weekly during growing season</i> | 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 |
|--------|--------------------|
|--------|--------------------|

| | |
|----------------|--|
| Spray | Knowledge of spray equipment, nozzles, rates, calibration, proper application techniques (e.g., safety) or ability to learn these. Asked to read and under product labels. |
| Record | Knowledge of computer programs such as Excel and Word and basic internet skills |
| Mow | Knowledge of specific mowers and ability to learn course procedures |
| General Maint. | Range of knowledge relating to all golf course maint. procedures |
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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 type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |

☐ ☐ 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> |
|------------------------|-------------------------|------------------------|---|
| Spraying | 20+ years | 1 | 1 years |
| Golf Course Maint. | 31 years | 1 | 1 years |
| | years | | years |

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

It would be helpful for a beginner to attend some spray tech. seminars, take some basic computer classes and get some on-field experience on proper application procedures. It would also benefit any newcomer to have some training in dealing with the public and co-workers. As far as golf course maintenance, this can usually be acquired through training and experience.

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.

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 |
|------------|--|------------------|
| Spray (#1) | Toro Multi-Pro 1250 Sprayer, truck w/ trailer, pocket calculator, rubber gloves, other safety equip., measuring cups, etc. | 25 50 |
| Spray (#1) | Various back-pack or pull-behind sprayers and items above. | 40 5 |
| 2,4,6 | Computer w/Excel, internet | 15 10 |
| 3 | Pallet Jack, Bobcat w/forks | <5 |
| 5 | mowers, Bobcat, cup cutters, etc. | 45 30 |
| 1 | walk-behind granular spreaders | <5 |
| | | |
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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. Determine spray schedule based on other maintenance considerations, weather conditions and scheduling w/ co-workers. Judging when to stop if too windy, rainy.

2. After calibration and nozzle selection, determine proper spray rates for every application. Includes "on-the-fly" adjustments. This would also include constant monitoring of equipment to ensure consistency.

3. General judgements on mowing, topdressing or whatever maintenance task I am doing. Doing those tasks smoothly with minimum interference w/ golfers and co-workers. Judging also if mowers or other equipment develops problems.

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 | 1--Somewhat Important | Getting equipment from upper storage, painting, OCCASIONAL UPPER BRANCH REMOVAL (RARE) |
| 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 | 2--Very Important | SNOW REMOVAL, MOUNTING EQUIPMENT |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | LIFTING FERTILIZERS AND CHEMICALS, DUMPING BASKETS, CHECKING EQUIPMENT, ETC. |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 1--Annually | 1--Somewhat Important | Might do this to adjust reels or remove objects stuck. Sometimes when adjusting |

| | | | |
|--|-------------|------------------------|---|
| | | | nozzles. |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | 0--Not Important | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 4--Weekly | 2--Very Important | Loading and unloading fertilizers from shed and truck. |
| Standing: Particularly for sustained periods of time. | 1--Annually | 0--Not Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 3--Monthly | 3--Extremely Important | Granular apps., walk mowing |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 3--Monthly | 3--Extremely Important | Same as above |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 1--Annually | 2--Very Important | Pulling fert. or seed from shelves, pulling hoses... |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 4--Weekly | 2--Very Important | computer keyboard, sprayer controls |
| Grasping: Applying pressure to an object with the fingers or palm. | Select | Select | |
| 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. | 4--Weekly | 3--Extremely Important | Bag fertilizers, 2.5 gal. containers, some emptying of barrels |
| 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 | daily communication w/ co-workers, public, supervisor |
| 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. | 3--Monthly | 1--Somewhat Important | perceiving problems with equipment, e.g., reels |
| 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 | 5--Daily | 3--Extremely Important | Judging quality of work both in spraying and mowing--safety to others is also a consideration |

| | | | |
|--|------------|------------------------|---|
| 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). | | | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 4--Weekly | 2--Very Important | keyboard, spray controls |
| 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. | 4--Weekly | 1--Somewhat Important | computer time |
| 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 | 2--Very Important | General maint. |
| 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. | 4--Weekly | 3--Extremely Important | Adding liquid fert. into tank, lifting spreaders, occasional lifting of reels, etc. |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 3--Monthly | 2--Very Important | This could be the case instead of that listed in "Very Heavy Work" |
| 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 | 2--Very Important | Lifting fert. bags, esp. into Earthway hopper |

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).

I think being a good spray tech doing the somewhat detailed program that I do requires an amount of consistency, attention to detail and experience that not everyone can do. Maybe the person doing this has to have partially obsessive traits.

EMPLOYEE CERTIFICATION

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

Signed: James S. Craig

Date: 12-11-08

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 |
|--------------|--|
| | This job is extremely important in determining the quality of our golf courses. Poor calibration or application can result in damage to plants including the death of the plant. Errors in this area can lead to thousands of dollars in recovery costs. Since with some products we are dealing to within a thousandth of an ounce, accuracy ^{accuracy} and concentration are essentially to this position. In addition, good record keeping is necessary for government compliance. Be able to read and follow label direction is also extremely important. We couldn't have golf courses without a good spray tech. Even though this position does not directly supervise anyone it is equivalent in responsibility to a crew leader. |

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: James S. Craig Date: 12-11-08
Supervisor Signature: [Signature] Date: 12/3/08
Department Head Signature: [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.

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: Golf

Department: Parks & Recreation

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Carter | David | W |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Crew Leader

| | | | |
|-----------------|------|-------------------|--------------------|
| Division | Golf | Department | Parks & Recreation |
|-----------------|------|-------------------|--------------------|

Total Length of Time with organization 18 Years 1 months

Total Length of Time in Current Position 10 Years 11 months

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

Email: TRGolf@gjcity.org **Work Phone:** 970-254-3838

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|------------|--------------|--------------|
| Name: | Doug Jones | Name: | Rob Schoeber |
|--------------|------------|--------------|--------------|

| | | | |
|---------------|---------------------|---------------|-----------------------------|
| Title: | Golf Superintendent | Title: | Director Parks & Recreation |
|---------------|---------------------|---------------|-----------------------------|

| | | | |
|-------------------|--------------|--------------------|----------|
| Work Phone | 970-254-3839 | Work Phone: | 254-3881 |
|-------------------|--------------|--------------------|----------|

| | | | |
|----------------|------------------|----------------|-------------------|
| E-mail: | Dougj@gjcity.org | E-mail: | Robsch@gjcity.org |
|----------------|------------------|----------------|-------------------|

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Responsible for the daily maintenance of Tiara Rado GC. This includes crew and equipment management, as well as special projects.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 10 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 10 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 10 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 10 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 5 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 2 |

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

YOUR COWORKERS' JOB TITLES

| |
|--------------------|
| Crew Leader |
| Equipment Operator |
| Golf Professionals |
| Concessionaires |
| Rangers |
| Pro shop staff |
| Seasonal Workers |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|--------------------|
| Crew Leader |
| Equipment Operator |
| Seasonals |
| |
| |
| |
| |
| |

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

☒ Full Time 3 ☐ Part-Time ☒ Seasonal/Temp 10+ ☒ Volunteer 1 ☐ 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 | | |
| Forestry Division | Semi Annual | Tree Work |
| Public Works | Semi-Annual | Borrow Equipment |
| Human Resources | Annually | Information |
| Lincoln Park Golf Maint. | weekly | Information: Equipment sharing |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| Gj Pipe | Monthly | Ordering sand & gravel; irrigation information |
| Golfers | Daily | Inform and gather information |
| Pinion Grill | Quarterly | Maintenance issues |
| Home Owners | Monthly | Information sharing |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

| Essential Duties | Decisions Required | Frequency | % of Time |
|---|--|-----------|------------|
| 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 | Prepare Golf Course for play | staff, tools, & equipment needed; how to deal with which golf events are scheduled | Daily | 25 |
| 2 | Inspect Golf Course for plant health | look for pest and other damage; evaluate plant color for health | Daily | 25 |
| 3 | Interact with Pro shop & golfers | frost delays; course playability; other golf issues | Daily | 10 |
| 4 | Train, educate and monitor other work | evaluate quality of work; educate about operational procedures; train on equipment | Daily | 15 |
| 5 | Develop and implement course improvements | construction requirements & techniques; relaying ideas about projects | Weekly | 5 |
| 6 | Oversee work of outside contractors | evaluate quality of contractor's work so it conforms to what the agreement requires | Quarterly | 5 |
| 7 | Organize staff & equipment for daily work | determine which staff & equipment are necessary to complete the task efficiently | Daily | 10 |
| 8 | Monitor soil & plant health | Is the color good, cultural practices needed; moisture good | Daily | 5 |
| 9 | | | Select | |
| 10 | | | Select | |
| 11 | | | Select | |
| 12 | | | Select | |

| | | | | |
|----|--|--|--------|--|
| 13 | | | Select | |
| 14 | | | Select | |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge - Skills |
|-----------|--|
| 1,2,5,7,8 | Knowledge of turfgrass health requirements |
| 1,2,5,7,8 | What makes a course playable & the rules of golf |
| 1,2,5,7,8 | Operation of all mowers, tractors, & cultivation equipment |
| 1,2,5,7,8 | Knowledge of computerized irrigation |
| 1,2,5,7,8 | Staff & time management |
| 1,2,5,7,8 | Equipment & hand tool organization & preparation |
| 1,2,5,7,8 | Pest scouting |
| 1,2,5,7,8 | Overall safe work procedures |
| 1-7 | Good communicatin skills |
| 5 | Imagination, pragmatism, cost analysis |
| 8 | Use of water sensing meters |
| 1,4-7 | equipment mechanical skills |
| | |
| | |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input checked="" 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> |
|-----------------------|------------------|-----------------------|--------------------------------------|
| mechanic experience | 4 years | Mechanical awareness | 3 years |
| Golf maintenance | 18 years | golf maintenance | 3-4 years |
| Irrigation management | 18 years | Irrigation management | 3 years |

a. What field (s) should training or degree be in?
Some sort of ag-science or horticulture

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.

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 | mowers,backhoe, skid steer,hand tools,computer | 100 |
| 2 | Hand lense, utility cart, meters, hand tools | 100 |
| 3 | na | |
| 4 | mowers, backhoe, skid steer, hand tools | 100 |
| 5 | utility cart, skid steer, hand tools,transit, tractor & implents | 100 |
| 6 | utility cart | 100 |
| 7 | na | |
| 8 | computer, hand tools, meters | 100 |
| | | |
| | | |
| | | |
| | | |
| | | |

5. DECISION-MAKING & JUDGMENTS.

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

- ## 1. Course Playability

- ## 2. Staff assignments

- ### 3. Plant health

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|------------------------|---------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 2--Quarterly | 1--Somewhat Important | 1,2,4-8 |
| 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 | 0--Not Important | 1,2,4-8 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Crawling: Moving about on hands and knees or hands and feet. | 1--Annually | 0--Not Important | 1,2,4-8 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 5--Daily | 3--Extremely Important | 1,2,4-8 |

| | | | |
|--|-----------|------------------------|---------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 4--Weekly | 3--Extremely Important | 1,2,4-8 |
| 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 | 1,2,4-8 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| 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. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| 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 | 1,2,4-8 |
| 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 | 1,2,4-8 |
| 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 | 1,2,4-8 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 4--Weekly | 3--Extremely Important | 1,2,4-8 |
| 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. | 4--Weekly | 2--Very Important | 1,2,4-8 |
| 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 | 5--Daily | 3--Extremely Important | 1,2,4-8 |

| | | | |
|---|------------|------------------------|---------|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 3--Monthly | 3--Extremely Important | 1,2,4-8 |
| 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 | 3--Extremely Important | 1,2,4-8 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

| Condition | Less than 25% of the time | 25-50% of the time | More than 50% of the time |
|--|-------------------------------------|--------------------------|-------------------------------------|
| Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.) | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

12-23-08

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.**

[illegible]

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.

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: Golf

Department: Parks & Recreation

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Kruse | James | W |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Crew Leader

| | | | |
|-----------------|------|-------------------|--------------------|
| Division | Golf | Department | Parks & Recreation |
|-----------------|------|-------------------|--------------------|

Total Length of Time with organization 24 **Years** **months**

Total Length of Time in Current Position 19 **Years** **months**

Assigned Hours/Week:: from 7 AM t o 3:30PM **Assigned Days/Week** 5

Email: TRGolf@gjcity.org **Work Phone:** 970-254-3838

Immediate Supervisor:

Immediate supervisor reports to:

Name: Dave Carter

Name: Doug Jones

Title: AssistantGolf Superintendent

Title: Golf Superintendent

Work Phone 970-254-3838

Work Phone: 254-3839

E-mail: Trgolf@gjcity.org

E-mail: Dougj@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 operate, maintain, & repair the irrigation system at Tiara Rado GC.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 3 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 3 |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 3 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 2 |

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

YOUR COWORKERS' JOB TITLES

| |
|--------------------|
| Crew Leader |
| Equipment Operator |
| Golf Professionals |
| Concessionaires |
| Rangers |
| Pro shop staff |
| Seasonal Workers |
| Golf Mechanic |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------------------------------|
| Equipment operator (partial) |
| Seasonals |
| |
| |
| |
| |
| |
| |

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

☒ Full Time 1 ☐ Part-Time ☒ Seasonal/Temp 2 ☐ 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 | | |
| | | |
| Public Works | Semi-Annual | Borrow Equipment |
| Human Resources | Annually | Information |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--------------------------------|
| Ex: Vendors, Gen. Public | | |
| Gj Pipe | weekly | Irrigation parts & information |
| Golfers | Daily | Inform and gather information |
| Pinon Grill | Quarterly | Maintenance issues |
| Home Owners | Monthly | Information sharing |
| Monroe Pump | Monthly | Pump issues |
| | | |

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 | Irrigation system mangement | irrigation run times, computer input,programing schedules,turf needs, hydraulics | Daily | 75 |
| 2 | Irrigation system installation | Pipe sizing,irrigation head selection, design criteria | Quarterly | 10 |
| 3 | Building Maintenance | Necesssary Repairs | Monthly | 5 |
| 4 | Construction Projects | Construction techniques | Quarterly | 5 |
| 5 | Golf Maintenance | Equipment operation & cultural practices | Monthly | 5 |
| 6 | | | Quarterly | |
| 7 | | | Daily | |
| 8 | | | Daily | |
| 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.

[illegible]

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input checked="" 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> |
|---------------------------------|------------------|-----------------------|--------------------------------------|
| Irrigation management | 12 years | irrigation management | 3 years |
| golf maintenance | 24 years | golf maintenance | 3 years |
| Handy man & construction skills | 6 years | | years |

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

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.

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 | Backhoe, computer, pumps, hand tools, detection meters | 100 |
| 2 | trencher, backhoe, skid steer, hand tools | 100 |
| 3 | Hand tools | 100 |
| 4 | Backhoe, trencher, hand tools | 100 |
| 5 | Mowers, cultivation equipment, hand tools | 100 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5. DECISION-MAKING & JUDGMENTS.

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

1. Daily irrigation needs

2. irrigation timing issues

3. what should be spot

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 | 3,4 |
| 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 | Select | 3,4 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | 1-5 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | 1-5 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | 1,2,4-8 |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 1-5 |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | 1-5 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 2--Very Important | 1-5 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 5--Daily | 2--Very Important | 1-5 |

| | | | |
|--|------------|------------------------|---------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 2--Very Important | 1-5 |
| 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 | 1-5 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1-5 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1-5 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1-5 |
| 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 | 1-5 |
| 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 | 1-5 |
| 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 | 1-5 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 4--Weekly | 3--Extremely Important | 1,2,4-8 |
| 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. | 3--Monthly | 1--Somewhat Important | 1-5 |
| 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 | 5--Daily | 3--Extremely Important | 1-5 |

| | | | |
|---|------------|------------------------|-----|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1-5 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 3--Monthly | 2--Very Important | 1-5 |
| 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 | 2--Very Important | 1-5 |

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed:

James W. Kruse

Date:

01/07/09

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

[illegible]



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: | <u>12/23/08</u> |
| Department Head Signature: |  | Date: | <u>1/6/09</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. |
|--|---|

Division: Golf

Department: Parks and Rec.

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Schena | Guido | M. |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Grounds Crew Leader (Assistant Golf Course Superintendent)

| | | | |
|-----------------|------|-------------------|----------------|
| Division | Golf | Department | Parks and Rec. |
|-----------------|------|-------------------|----------------|

Total Length of Time with organization 7 Years 9 months

Total Length of Time in Current Position 0 Years 4 months

Assigned Hours/Week; from 7:00am **to** 3:30pm **Assigned Days/Week** 5

Email: keaandguido@yahoo.com

Work Phone: 970-216-9404

Immediate Supervisor:

Immediate supervisor reports to:

Name: Doug Jones

Name: Rob Schoeber

Title: Golf Course Superintendent

Title: Parks And Recreation Director

Work Phone 254-3839

Work Phone: 254-3881

E-mail: dougj@gjcity.org

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.

Grounds Crew Leader (Lincoln Park Golf Course Assistant Superintendent).

Manage and perform the day-to-day maintenance operations including irrigation of Lincoln Park Golf Course.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

- 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

| |
|------------------------------|
| Seasonal Grounds Maintenance |
| Grounds Equipment Operator |
| Golf Course Mechanic |
| Grounds Crew Leader |
| Golf Pros |
| Pro Shop Staff |
| Rangers |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|-----------------------|
| Crew Leader (Partial) |
| Seasonals |
| |
| |
| |
| |
| |
| |

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

- ☒ Full Time 1
 ☐ Part-Time
 ☒ Seasonal/Temp 7
 ☐ 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 | | |
| Golf Pro | Daily | Exchange information about what is being done on the course and what we need to do special for a tournament. |
| Parks Supervisors | Weekly | Equipment usage |
| Streets Dept. | Monthly | Irrigation supply line backing-up and borrow equipment |
| Human resources | Quarterly | Personnel Issues |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| GJ Pipe & Supply | Monthly | Ordering sand and irrigation repair |
| Golfers | Daily | Answer any questions or concerns that they might have. |
| Munroe Pumps | Monthly | Pump repair information |
| Equipment Suppliers | Weekly | Parts Information |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may

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

Attach additional sheets if necessary.

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

| 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 | Training Employees | Choosing the right person for the task | Monthly | 10 |
| 2 | Irrigation management | Deciding how much and how often to apply water to the turf | Daily | 20 |
| 3 | Irrigation maintenance | Frequency of irrigation checks | Monthly | 10 |
| 4 | Manage course maintenance | Prioritizing the daily tasks and assignments | Daily | 40 |
| 5 | Check course conditions | Checking moisture in the soil for the greens, tees, fairways and rough. Also checking for disease on the turf. | Daily | 10 |
| 6 | Special Projects | Specific to the project: | Quarterly | 10 |
| 7 | | | Select | |
| 8 | | | Select | |
| | | | Select | |

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|------------------------|---------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 2--Quarterly | 1--Somewhat Important | 6 |
| 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. | 5--Daily | 3--Extremely Important | 1-6 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | 1-6 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | 1-6 |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 1-6 |
| Standing: Particularly for sustained periods of time. | 5--Daily | 1--Somewhat Important | 1-6 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | 1,3-6 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 5--Daily | 3--Extremely Important | 3,4,6 |

| | | | |
|--|-----------|------------------------|---------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 3,4,6 |
| 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 | 3,5 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1-6 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,3,4,6 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 2,5 |
| 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 | 1-6 |
| 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 | 1-6 |
| 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 | 1-6 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 2--Very Important | 3,4,6 |
| 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. | 4--Weekly | 1--Somewhat Important | 2-6 |
| 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 | 5--Daily | 2--Very Important | 2-6 |

| | | | |
|---|-------------|-----------------------|-------|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| 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. | 4--Weekly | 1--Somewhat Important | 3,4,6 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 3--Monthly | 1--Somewhat Important | 3,4,6 |
| 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 | 0--Not Important | 3,4,6 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

| Condition | Less than 25% of the time | 25-50% of the time | More than 50% of the time |
|--|-------------------------------------|--------------------------|-------------------------------------|
| Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.) | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed:



Date: 12-17-08

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.**

[illegible]

Please check the appropriate statement:

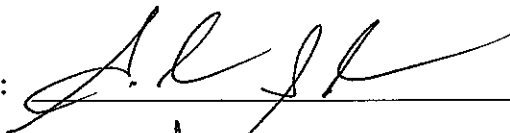
☒ I agree with the incumbents' position questionnaire as written.

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

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

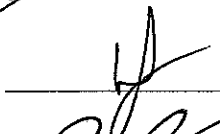
I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature:



Date: 12-22-08

Supervisor
Signature:



Date:

12/22/08

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.

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.

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 | Mowers, backhoes, skid steers, hand tools and specialty tools. | 100% |
| 2 | Computer and Cirrus, freedom radios, and IPAQ (Irrigation Software) | 100% |
| 3 | Hand tools, skid steer and other specialty tools. | 100% |
| 4 | Mowers (rough, fairway, greens, tees, trim) weed eater, backpack blower, cup cutter, skid steer, topdresser, aerator, vertidrain and utility carts. | 100% |
| 5 | Moisture meter, core sampler, hand lense and probe | 100% |
| 6 | Skid steer and all the attachments, roto tiller, tractor and box blade, sod cutter, slit seeder, spreader, backhoe, level eye and roller. | 100% |
| | | |
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| | | |

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. Prioritizing course needs.
 2. From observations of the course deciding the amount of water needed for the turf.
 3. Assigning tasks to meet the course needs.

| | |
|--|--|
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| | |

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 type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain): |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Currently enrolled in a Turf Management Certificate Program through UC Riverside. |

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> |
|------------------------|-------------------------|------------------------|-------------------------------------|
| Golf Course Experience | 7 years | Golf Course Experience | 3-4 years |
| Turf Management | 1 years | | years |
| Education | | | |
| | years | | years |

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

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.

Tim Wilkerson, Dan Wiedrich, Paul Conway,

Jeff Anderson, Nicci Carpendale

Division: Parks & Recreation

Department: Horticulture

For Individual Questionnaires Only:

Employee Name:

Tim

Wilkerson

B

(Last)

(First)

(Middle Initial)

Current Classification Title:

Crew Lead/Horticulture Division

Division

Parks and Recreation

Department

Horticulture

Total Length of Time with organization

9 Years 8 months

Total Length of Time in Current Position

1 Years 0 months

Assigned Hours/Week:: from 7:00 a.m. **to** 3:30 p.m.

Assigned Days/Week M - F

Email:

Work Phone: (970) 254-3849

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Marc Mancuso/Mike Vendegna

Name:

Open

Title:

Forestry/Horticulture/Cemetery
Supervisor

Title:

Parks Suprintendant

**Work
Phone**

(970) 254-3849

**Work
Phone:**

E-mail:

marcm@gjcity.org
mikev@gjcity.org

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

As Crew Lead of the Horticulture staff which is made up of 5 full time Equipment Operators and up to 5 part time Seasonal staff, I lead and organize the staff in planting and care of all landscaped areas, 26 acres, work with Forestry/Horticulture/Cemetery Supervisor on budget. I am responsible for selecting over 10,000 annual plants for City landscaped areas.

Organize and train in all irrigation turn on/off, installation and maintenance. Make design and installation decisions on landscape projects from plant selection to irrigation schematics. Train and organize staff on safe operation of street sweeper for building and parking lot maintenance. Lead and train staffing on riding lawn mower and hand tools for turf maintenance and troubleshooting and diagnosis of turf problems. Meet with contractors on all new landscape installation and sign off on all completed projects

Lead all staffing on the proper pruning techniques and care of thousands of trees, shrubs and perennials. Organize schedules and staffing to assist on all downtown special events, litter collection, electrical issues, to achieve success in all special events such as Oktoberfest, Cinco de Mayo, Farmers Market and Arts and Jazz Festival and Parade of Lights.

Train and Educate staff in the safe handling of all hazardous chemicals used in weed control and management, with follow up inspections and evaluations of use by staff. Train and Educate all employees on everyday safety practices and procedures to hazardous working conditions to promote and ensure the safety and success of the Horticulture staffing.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input checked="" type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | 4-5 |
| <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). | 2-9 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 2-9 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 4-5 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 4-5 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2-9 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 2-9 |

- 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

| |
|---------------------|
| Supervisors |
| Crew Leaders |
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |
| |

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

☒ Full Time 2 - 6
 ☒ Part-Time 2 - 6
 ☒ Seasonal/Temp 2 - 6
 ☒ Volunteer Up to 30
 ☐ Contract 0

TW

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--|
| Ex: Peers, Subordinates | | |
| Parks | Daily | Cooperating with assigned duties |
| Recreation | Monthly | Program enhancements |
| VCB | Daily | Facility improvements |
| Public Works | Weekly | Facility improvements/safety response |
| Engineering | Weekly | New and revamped project construction |
| Fire/Police | weekly | Public safety response/facility improvements |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|----------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| Downtown Development Authorities | Monthly | Staff and assist for special events, Art, Christmas lighting |
| School District #51 | Daily | Facility improvements |
| CSU Extension | Quarterly | Education/Volunteer projects |
| Private Contractors | Weekly | Provide expertise for new and revamped project construction |
| | | |
| | | |

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 | Planting and care of landscaped areas | Select plant material and location, lead, educate and communicate to co-workers on proper planting techniques. | Quarterly | 15% |
| 2 | Irrigation turn on/off, Installation, Maintenance | Evaluate integrity of irrigation systems, identify and rectify any existing problems | Daily | 15% |
| 3 | Special event set up and assistance | Communicate with event coordinator. Evaluate special needs. Determine solutions to potential problems. | Weekly | 5% |
| 4 | Landscape projects (design & install) | Design landscape plan, determine materials needed for project, determine sequence of installation. | Quarterly | 15% |
| 5 | Building and Parking lot maintenance | Evaluate site condition, determine required action. | Daily | 5% |
| 6 | Turf maintenance and trouble shooting | Evaluate turf condition, determine required action. | Daily | 10% |
| 7 | Weed control-chemical/hand | Evaluate site condition, Identify weed variety, determine course of action. | Daily | 15% |
| 8 | Lead, direct and train employees | Evaluate employee knowledge, communicate expectations, educate employee on assigned areas of responsibility | Daily | 5% |

| | | | | |
|----|--------------------------|--|---------|-----|
| 9 | Meeting with contractors | Communicate events and needs from all parties involved, determine course of action. | Monthly | 5% |
| 10 | Shrub care | Evaluate condition of shrub, educate employees to proper shrub care, identify shrub variety, determine course of action. | Weekly | 10% |
| 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 |
|---------------------|--|
| 1-10 | Knowledge of supervisory skills and the ability to assign tasks and oversee staff in all aspects of Horticulture operations. |
| 2,3,4,5,6 7,9,10 | Knowledge to recognize problems and accept complaints as well as rectify situations. |
| 1-10 | Knowledge and experience to work independently without direct supervision. |
| 1,2,4,9,10 | Knowledge to read and interpret maps, blue prints, records and computer information . |
| 1,2,4,6,7,10 | Advanced knowledge of plant physiology as it relates to plant health needs, water requirements, nutrient needs, chemical application, insect control |
| 2,3,4,5 | Knowledge of electrical wiring and lighting repair and maintenance |
| 1-10 | Communicate clearly and concisely both written and orally. |
| 1,2,4,6,7,10 | Knowledge of an ability to utilize mathematics as it relates to Horticulture maintenance and |

| | |
|------------------|---|
| | other landscape operations, i.e. fertilizer and chemicle calculations, irrigation pipe sizing, friction loss, claculate volume, linear footage for construction projects. |
| 1,2,4,5,6,7,10 | Knowledge to operate light to heavy equipment. |
| 1-10 | Organize , lead and review staff schedules and tasks to be most productive. |
| 1,2,4,6,7,10 | Assist in budget planning and budget management |
| 1,2,3,4,5,6,7,10 | Knowledge of City purchasing procedures |
| | |
| | |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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> |
|---------------------------------|-------------------------|------------------------|-------------------------------------|
| Certified Professional Gardener | 3 years | Master Gardener | 1 years |

| | | | | | |
|--------------------------|---|-------|-----|---|-------|
| Master Gardener | 4 | years | CLT | 1 | years |
| Heavy Equipment Operator | 4 | years | | | years |

a. What field (s) should training or degree be in?
Communication, Irrigation, Basic horticulture

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.

Three years of increasingly responsible landscaping or groundskeeping experience.

Master Gardner

Colorado Drivers License

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|------------------|---------------------------------|----------------|
| 3,4,5 | Street Sweeper | Weekly |
| 6,8 | Riding Mower | Daily |
| 6,8 | Push Mower | Daily |
| 3,4,5,6,10 | String Trimmer and Hedgetrimmer | Daily |
| 1,2,3,4,5,6,7,10 | Tractor and implements | Monthly |
| 2,4 | Trencher | Monthly |
| 3,4,5 | Backpack Blower | Daily |
| 4,5,6,7,10 | Chemical Sprayers | Daily |
| 1,4,5 | Skid Loader | Monthly |
| 1,4,7 | Roto Tiller | Monthly |
| 1-10 | Truck and Trailer | Daily |
| 1-10 | Hand Tools | Daily |
| 4 | Curbing Machine | Quarterly |

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. Determine health and viability of all plant material, through plant identification, soil analysis, water requirements, plant sensitivity, known biotic or abiotic problems.

2. Maximize manpower and equipment to accomplish daily tasks, by prioritizing required duties, assign appropriate personnel and equipment to specific tasks.

3. Determining proper safety procedures for performing required duties by selecting and wearing personal protective equipment, implementing appropriate traffic control and practicing safety awareness on a daily basis.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|-----------|------------------------|----------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 4--Weekly | 2--Very Important | 1,2,4,5,6 7,10 |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily | 3--Extremely Important | 1,2,5,6, 7,10 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,3,4,5, 6,7,10 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | 1,2,3,4,5, 6,7,10 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | 1,2,3,4,5, 6,7,10 |
| Crawling: Moving about on hands and knees or hands and feet. | 5--Daily | 3--Extremely Important | 1,2,6,7 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 1-10 |
| Standing: Particularly for sustained periods of time. | 4--Weekly | 3--Extremely Important | 1-10 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | 1-10 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 5--Daily | 3--Extremely Important | 4,6 |

| | | | |
|--|------------|------------------------|--------------------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 4,7,10 |
| 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 | 1,4,10 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 2,4,7,10 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,3,4,5,6,7,10 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1,2,6 |
| 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 | 1-10 |
| 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 | 1-10 |
| 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 | 1-10 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 1,2,3,4,5,6,7,9,10 |
| 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. | 3--Monthly | 1--Somewhat Important | 1,2,3,4,5,7,10 |
| 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 | 5--Daily | 3--Extremely Important | 3,4,5 |

| | | | |
|---|-----------|------------------------|-------|
| greater than Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 3,4,5 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 3,4 |
| 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. | 4--Weekly | 2--Very Important | 4 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

1. Safety is a priority in our daily duties as many of our job tasks involve working in high traffic areas.
2. Snow removal and Christmas lighting along with trimming of thousands of shrubs are part of our winter duties.

EMPLOYEE CERTIFICATION

Signed:

[illegible]

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:

Tim White

Date:

1-8-09

Supervisor
Signature:

Mike Verdegem

Date:

1-8-09

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.

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.

David Bullen, Tom Ziola, Ernie Valencia,

Randy Coleman, Willie Berg

Tony Alarid

Randy asked that I
take his name off
of this group SAQ
RW

Division: Forestry

Department: Parks

For Individual Questionnaires Only:

Employee Name: Ziola Tom J
(Last) (First) (Middle Initial)

Current Classification Title: Forestry Crew Leader

Division Forestry **Department** Parks

Total Length of Time with organization 14 Years 2 months

Total Length of Time in Current Position 14 Years 2 months

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

Email: **Work Phone:** (970) 250-4195

Immediate Supervisor:

Immediate supervisor reports to:

Name: Marc Mancuso

Name: Traci Altergott

Title: Interim Forestry Supervisor

Title: Parks Superintendant

Work Phone (970) 254-3849

Work Phone: (970) 254-3846

E-mail: marc@cityofgj.org

E-mail: traci@cityofgj.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.

The Forestry Division supervises, manages and participates in the complex task of providing necessary care for well over 31,000 life supporting trees. Using a wide range of skill and expertise the Crew Leader is responsible for overseeing the daily complex functions of forestry operations.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2-6 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 2-6 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 3-7 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 3-7 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2-30 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 1-5 |

- 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

| |
|---------------------|
| Supervisors |
| Crew Leaders |
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |
| |

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

☒ Full Time 2-6

☒ Part-Time 2-6

☒ Seasonal/Temp 2-6

☒ Volunteer up to 30

Contract 0

12

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--|
| Ex: Peers, Subordinates | | |
| Parks | Daily | Cooperating with assigned duties |
| Recreation | Daily | Facility improvements |
| VCB | Weekly | Banner installation, tree maintenance, decorative lights |
| Public Works | Weekly | Tree Maintenance & Safety response |
| Persigo | Quarterly | Tree Maintenance & Safety response |
| Fire/Police | Quarterly | Tree Maintenance & Safety |
| Neighborhood Services | Weekly | Tree Maintenance & Safety |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|--|------------------|---|
| Ex: Vendors, Gen. Public | | |
| Tamarisk Coalition | Daily | Assist with Volunteer Projects |
| Downtown Development Authorities | Weekly | Banners, Christmas lights, Art, Safety, Staffing Events |
| Volunteers of Outdoor Colorado | Quarterly | Assist with Volunteer Projects |
| School District 51 | Monthly | Tree Maintenance, Safety & Volunteer Projects |
| Mesa State College | Monthly | Safety, Planting & Education |
| CSU Extension Vendors and General Public | Monthly Daily | Education, Volunteer projects Tree Maintenance, Inform |

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 | Provide functional and technical support to equipment operators and seasonal staff which includes training in all aspects of safety, equipment operation, plant identification and plant physiology, and in all aspects of forestry maintenance operations. | Lead, Educate | Daily | #1 - #3 20% |
| 2 | Participates in the hiring, training, evaluation, discipline, implementation of duties and over sees the day to day work assignments of crewmembers. | Lead, Educate | Daily | See #1 |
| 3 | Inspects and verifies the work of assigned employees for accuracy, proper techniques and compliance with applicable national standards and specifications. | Lead, Educate | Daily | See #1 |
| 4 | Respond to citizen forestry work request inquiries in a prompt and courteous manner. Provide information, communicate and interact while resolving complaints as a professional city/forestry representative. | Communicate, Educate | Daily | 10% |
| 5 | Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials following the city purchasing procedures. Record! | Evaluate, Perform | Weekly | #4 - #7 15% |

| | | | | |
|----|---|-----------------------|---------|-----------------|
| 6 | Understand, implement, train and supervise others as to the latest of departmental, city, state and National , ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations; i.e. equipment operation, work performed in and around traffic, tree climbing, working at extreme heights, etc. | Communicate, Educate | Daily | See #4 |
| 7 | Design and set up, using state certification guidelines, safe and effective traffic control, including street barricades, signs and cones prior to the performance of activities to ensure public and worker safety through work zones; direct and control traffic around work sites. | Evaluate, Perform | Daily | See #4 |
| 8 | Participate in the use, care and operation of all aspects of forestry maintenance equipment, i.e. aerial lift trucks, chain saws, brush chippers, stump grinders, climbing equipment, etc. Always following the proper safety precautions and manufactures recommendations for this hazardous equipment | Communicate, Educate | Monthly | #8 - #12 15% |
| 9 | Inspect, identify, diagnose and observe the health and condition of city trees. Implement treatment and work required for all city trees within right-of-way, City parks & facilities, Golf courses, Cemeteries, Riverfront and out lying properties. | Evaluate, Rectify | Daily | See #8 |
| 10 | Identify hazard trees and take the appropriate action including the removal of trees and stumps, broken limbs and large standing trees using skilled rigging and roping techniques. | Evaluate, Rectify | Daily | See #8 |
| 11 | Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs. | Evaluate, Rectify | Daily | See #8 |
| 12 | Using an aerial lift truck and skilled climbing techniques, prune and maintain trees to reduce liability, improve health. | Evaluate, Rectify | Monthly | #12-13 30% |
| 13 | Recommend, select and plant new trees in the public right-of-way and city owned property. | Evaluate, Perform | Daily | See #12 |
| 14 | Assist in landscape design and construction. | Evaluate, Perform | Monthly | #14-#23 10% |
| 15 | Install banners in assigned areas through out the city and keep records of placement. | Evaluate, Perform | Monthly | See #14 |
| 16 | Respond to all types of forestry related emergency situations as required. | Evaluate, Perform | Daily | See #14 |
| 17 | Maintain and repair light fixtures and towers at various park facilities, install seasonal decorative lighting in trees and on city buildings as assigned. | Evaluate, Perform | Daily | See #14 |
| 18 | Assist with educating the needs and importance of trees to the public and other divisions, i.e. Homeowners, Western Slope Tree care Work Shop, Arbor Day "Arborfest", etc. | Evaluate, Communicate | Daily | See #14 |

| | | | | |
|----|---------------------|--|--------|--|
| 19 | Please See Attached | | Weekly | |
|----|---------------------|--|--------|--|

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 |
|--|--|
| 1,2,3,5,6,7,8,9,10,12 14,15,16,17,19,22 | Knowledge of supervisory skills to assign tasks and oversee staff in all aspects of forestry operations. |
| 1,3,4,6,7,8,9,10,11,13,14,16,18 | Knowledge of to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. |
| 3,4,6,7,8,9,10,11,13,16,17,19 | Recognize problems and accept complaints as well as rectify the situation. |
| 1,3,4,6,7,8,9,10,11,13,16,17,19 | Advanced knowledge of the latest of departmental, city, state and national, ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations. |
| 1,2,3,4,6,7,8,9,10,11,12 13,14,16,18 | Skills to professionally interact with fellow co-workers and the general public. |
| 1,3,4,6,7,8,9,10,11,12,16,17,18 | Advanced knowledge of operational characteristics, maintenance requirements, safe operation and train others as to the use of all forestry maintenance equipment and tools. |
| ALL | Work independently without direct supervision. |
| ALL | Organize, lead and review staff schedules and tasks to be most productive. |
| 4,9,13,14,19,20,22 | Read and interpret maps, blueprints, records and computer generated information. |
| 13,19,20,22 | Effectively use a computer to access information off the citywide GIS system. |
| 4,9,11,14,19 | Advanced knowledge of plant physiology as it relates to plant health needs, water requirements, nutrient needs, chemical application, insect and disease control. |
| ALL | Advanced knowledge and skill to implement the latest of arboriculture methods and techniques relating to all aspects of tree care maintenance |
| 12 | Become certified and instruct others in CPR - First Aid. |
| 10,13,19,24 | Knowledge of electrical wiring and lighting repair and maintenance. |
| PLEASE SEE ATTACHED | |

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 type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain): ISA Arborist Certification, Rocky Mountain Chapter #0186 |

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> |
|------------------------|-------------------------|------------------------|-------------------------------------|
| Urban Forestry | 34 | years | years |
| Parks Maintenance | 20 | years | years |
| ISA Certified Arborist | 12 | years | years |

a. What field (s) should training or degree be in?
Urban and Community Forestry

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

Commercial Drivers License.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--|---------------------------------------|-----------------------|
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Aerial Lift Truck, Large Dump Truck | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Brush Chipper | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Chain Saws and other power hand tools | Daily |
| 1,2,3,6,7,8 10,13,14,18 23 | Tree Spade | Monthly |
| 1,2,3,6,7,8 10,13,14,18 23 | Stump Grinder | Monthly |
| 1,2,6,7,8,11 ,14,18,23 | Truck Mounted & Tow Behind Sprayers | Monthly |
| See Aerial Lift | Winch Crane Truck | Daily |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Backhoe, Front End Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Skid Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Forklift | 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. Respond to daily requests from public & interdepartmental needs as to the safe & efficient care of the urban forest.

2. Evaluate and safely carry out tree maintenance operations for citizens and other customers that include crew safety, the safety of the general public and traffic control.

3. Train and educate co-workers and the general public in the safe and effective care of the urban forest and other related tasks.

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. | 5--Daily | 3--Extremely Important | 1,2,3,6,7,8,9 10,11,12,13, 14,15,16,17,18 |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily | 3--Extremely Important | 7,8,9,10,11 12,15,16,17, 23 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 4--Weekly | 2--Very Important | 13 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | All |
| Crawling: Moving about on hands and knees or hands and feet. | 3--Monthly | 1--Somewhat Important | Rare |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | All |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | All |
| Walking: Moving about on foot to accomplish | 5--Daily | 3--Extremely Important | All |

| | | | |
|--|------------|------------------------|---|
| tasks, particularly for long distances. | | | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5--Daily | 3--Extremely Important | 6,7,8,9,11,12 13,14,16,17,18 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| 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 | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1,2,3,4,6,7,8,9, 10,11,12,13, 14,15,16,17, 18,19,20,23 |
| 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 | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work | 3--Monthly | 1--Somewhat Important | 20 |

| | | | |
|--|-----------|------------------------|-----------------------------------|
| 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. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| 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. | 4--Weekly | 2--Very Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

The forestry department's responsibilities continue to increase at an alarming rate. Through annexation, development of new and existing areas, and the expansion of "other duties as assigned", the men of the forestry division are constantly asked to do more and more. The times when a city forester just trimmed trees are long gone. Through research the job has become one of biological expert, safety trainer, traffic control specialist, department liaisons, public relations worker, and finally arborist. The training the forestry workers need is well past how to run a chainsaw and brush chipper. These men are expected to deal with homeowners on a daily basis and determine the best route to achieve the results in a timely manner. On the job site, workers are expected to route traffic around the work zone in a safe and effective manner, sometimes requiring flagging operations, but always coning and lane closures. Tree trimming and removal of trees can and often is a very dangerous profession. Trimming on city streets and around power lines requires people who know and follow the strictest of safety guidelines. Often the crew must drop limbs in between a \$130,000 truck and a house worth much more than that all the while avoiding crewmembers and children on their way to and from school. To complicate matters, fences, shrubs other trees, and lawn ornaments are often in the way of falling limbs and roping the limb down is required. This obviously requires knowledge of ropes and knots with the unenviable reality that if they fail, the city's financial responsibility can be extensive. Quite often the tree to be removed is taller than the outstretched bucket, and the operator can have 20 to 25 feet of limb above him that he must fall. When the brush is on the ground,

the safety issue is quite far from finished. The publications are constant reminders of the danger of brush chipping. Injury and quite often deaths are an unpleasant yet real part of this profession. Away from trees, these employees are required to climb light poles up to 100 feet. Strapped only by a single lifeline, the worker must climb the poles for light maintenance. This crew has become the go-to guys for much of the construction of new projects in the park system. This requires the employee to know safe operation methods of all park equipment and deal with outside vendors and other city departments for the completion of the project. Due to the size of the equipment used on a daily basis, each crew member must have a commercial driver's license. The forestry workers need to be always aware of the present dangers on a job site and must communicate these dangers to new and seasonal employees as an extremely important part of their job. Currently homeowners expect much more information than in the past when asking tree questions. With access to the internet, the homeowner already knows the easy answer and expects more from our arborists. The forestry worker must stay abreast of the latest and most up to date research in tree physiology and must be ready to answer all sorts of questions. The physical requirements of the forestry division workers are quite another thing. Lifting large limbs on a daily basis for many hours is the reality of the job. Log rolling, working in noisy conditions, traffic and dangerous conditions all add to the dangerous, physically demanding aspect of the foresters daily life.

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

12/22

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

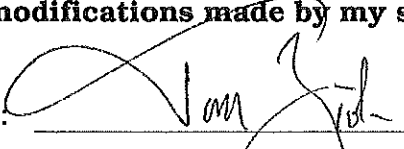
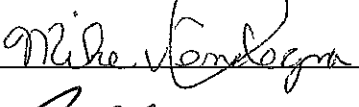
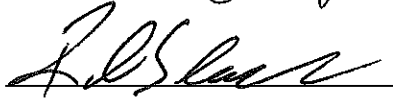
This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please 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: | <u>1/8/09</u> |
| Supervisor Signature: |  | Date: | <u>1-8-09</u> |
| Department Head Signature: |  | Date: | <u>1/6/09</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? ☒ Yes ☐ No

If yes, please list all employee names.

David Bullen, Tom Ziola, Ernie Valencia,

Randy Coleman, Willie Berg

Tony Alarid

Randy asked that I delete
his name off of this group
JAG - TW

Division: Forestry

Department: Parks

For Individual Questionnaires Only:

Employee Name:

Valencia

Ernie

R

(Last)

(First)

(Middle Initial)

Current Classification Title:

Forestry Crew Leader

Division

Forestry

Department

Parks

Total Length of Time with organization

12 Years 0 months

Total Length of Time in Current Position

9 Years 2 months

Assigned Hours/Week:: from 7:00 a.m. **to** 3:30 p.m.

Assigned Days/Week M - F

Email: ernestvalencia@netzero.net

Work Phone: (970) 254-3829

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Marc Mancuso

Name:

Traci Altergott

Title:

Interim Forestry Supervisor

Title:

Parks Superintendent

**Work
Phone**

(970) 254-3849

**Work
Phone:**

(970) 254-3846

E-mail:

marcm@gjcity.org

E-mail:

traciw@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.

The Forestry Division supervises, manages and participates in the complex task of providing necessary care for well over 31,000 life supporting trees. Using a wide range of skill and expertise the Crew Leader is responsible for overseeing the daily complex functions of forestry operations.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2-6 |
| <input checked="" type="checkbox"/> | I make work assignments for others: | 2-6 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 3-7 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 3-7 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2-30 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 1-5 |

- 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

| |
|---------------------|
| Supervisors |
| Crew Leaders |
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |
| |

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

☒ Full Time 2-6

☒ Part-Time 2-6

☒ Seasonal/Temp 2-6

☒ Volunteer up to 30

☐ Contract 0 EV

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--|
| Ex: Peers, Subordinates | | |
| Parks | Daily | Cooperating with assigned duties |
| Recreation | Daily | Facility improvements |
| VCB | Weekly | Banner installation, tree maintenance, decorative lights |
| Public Works | Weekly | Tree Maintenance & Safety response |
| Persigo | Quarterly | Tree Maintenance & Safety response |
| Fire/Police | Quarterly | Tree Maintenance & Safety |
| Neighborhood Services | Weekly | Tree Maintenance & Safety |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|--|------------------|---|
| Ex: Vendors, Gen. Public | | |
| Tamarisk Coalition | Daily | Assist with Volunteer Projects |
| Downtown Development Authorities | Weekly | Banners, Christmas lights, Art, Safety, Staffing Events |
| Volunteers of Outdoor Colorado | Quarterly | Assist with Volunteer Projects |
| School District 51 | Monthly | Tree Maintenance, Safety & Volunteer Projects |
| Mesa State College | Monthly | Safety, Planting & Education |
| CSU Extension Vendors and General Public | Monthly Daily | Education, Volunteer projects Tree Maintenance, Inform |

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 | Provide functional and technical support to equipment operators and seasonal staff which includes training in all aspects of safety, equipment operation, plant identification and plant physiology, and in all aspects of forestry maintenance operations. | Lead, Educate | Daily | #1 - #3 20% |
| 2 | Participates in the hiring, training, evaluation, discipline, implementation of duties and over sees the day to day work assignments of crewmembers. | Lead, Educate | Daily | See #1 |
| 3 | Inspects and verifies the work of assigned employees for accuracy, proper techniques and compliance with applicable national standards and specifications. | Lead, Educate | Daily | See #1 |
| 4 | Respond to citizen forestry work request inquiries in a prompt and courteous manner. Provide information, communicate and interact while resolving complaints as a professional city/forestry representative. | Communicate, Educate | Daily | 10% |
| 5 | Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials following the city purchasing procedures. Record! | Evaluate, Perform | Weekly | #4 - #7 15% |

| | | | | |
|----|---|-----------------------|---------|-----------------|
| 6 | Understand, implement, train and super others as to the latest of departmental, city, state and National , ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations; i.e. equipment operation, work performed in and around traffic, tree climbing, working at extreme heights, etc. | Communicate, Educate | Daily | See #4 |
| 7 | Design and set up, using state certification guidelines, safe and effective traffic control, including street barricades, signs and cones prior to the performance of activities to ensure public and worker safety through work zones; direct and control traffic around work sites. | Evaluate, Perform | Daily | See #4 |
| 8 | Participate in the use, care and operation of all aspects of forestry maintenance equipment, i.e. aerial lift trucks, chain saws, brush chippers, stump grinders, climbing equipment, etc. Always following the proper safety precautions and manufactures recommendations for this hazardous equipment | Communicate, Educate | Monthly | #8 - #12 15% |
| 9 | Inspect, identify, diagnose and observe the health and condition of city trees. Implement treatment and work required for all city trees within right-of-way, City parks & facilities, Golf courses, Cemeteries, Riverfront and out lying properties. | Evaluate, Rectify | Daily | See #8 |
| 10 | Identify hazard trees and take the appropriate action including the removal of trees and stumps, broken limbs and large standing trees using skilled rigging and roping techniques. | Evaluate, Rectify | Daily | See #8 |
| 11 | Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs. | Evaluate, Rectify | Daily | See #8 |
| 12 | Using an aerial lift truck and skilled climbing techniques, prune and maintain trees to reduce liability, improve health. | Evaluate, Rectify | Monthly | #12-13 30% |
| 13 | Recommend, select and plant new trees in the public right-of-way and city owned property. | Evaluate, Perform | Daily | See #12 |
| 14 | Assist in landscape design and construction. | Evaluate, Perform | Monthly | #14-#23 10% |
| 15 | Install banners in assigned areas through out the city and keep records of placement. | Evaluate, Perform | Monthly | See #14 |
| 16 | Respond to all types of forestry related emergency situations as required. | Evaluate, Perform | Daily | See #14 |
| 17 | Maintain and repair light fixtures and towers at various park facilities, install seasonal decorative lighting in trees and on city buildings as assigned. | Evaluate, Perform | Daily | See #14 |
| 18 | Assist with educating the needs and importance of trees to the public and other divisions, i.e. Homeowners, Western Slope Tree care Work Shop, Arbor Day "Arborfest", etc. | Evaluate, Communicate | Daily | See #14 |

| | | | | |
|----|---------------------|--|--------|--|
| 19 | Please See Attached | | Weekly | |
|----|---------------------|--|--------|--|

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 |
|--|--|
| 1,2,3,5,6,7,8,9,10,12 14,15,16,17,19,22 | Knowledge of supervisory skills to assign tasks and oversee staff in all aspects of forestry operations. |
| 1,3,4,6,7,8,9,10,11,13,14,16,18 | Knowledge of to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. |
| 3,4,6,7,8,9,10,11,13,16,17,19 | Recognize problems and accept complaints as well as rectify the situation. |
| 1,3,4,6,7,8,9,10,11,13,16,17,19 | Advanced knowledge of the latest of departmental, city, state and national, ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations. |
| 1,2,3,4,6,7,8,9,10,11,12 13,14,16,18 | Skills to professionally interact with fellow co-workers and the general public. |
| 1,3,4,6,7,8,9,10,11,12,16,17,18 | Advanced knowledge of operational characteristics, maintenance requirements, safe operation and train others as to the use of all forestry maintenance equipment and tools. |
| ALL | Work independently without direct supervision. |
| ALL | Organize, lead and review staff schedules and tasks to be most productive. |
| 4,9,13,14,19,20,22 | Read and interpret maps, blueprints, records and computer generated information. |
| 13,19,20,22 | Effectively use a computer to access information off the citywide GIS system. |
| 4,9,11,14,19 | Advanced knowledge of plant physiology as it relates to plant health needs, water requirements, nutrient needs, chemical application, insect and disease control. |
| ALL | Advanced knowledge and skill to implement the latest of arboriculture methods and techniques relating to all aspects of tree care maintenance |
| 12 | Become certified and instruct others in CPR - First Aid. |
| 10,13,19,24 | Knowledge of electrical wiring and lighting repair and maintenance. |
| PLEASE SEE ATTACHED | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|-------------------|------------------|-----------------|------------------------------|
| Urban Forestry | 34 | years | years |
| Parks Maintenance | 20 | years | years |
| | | years | years |

a. What field (s) should training or degree be in?
Urban and Community Forestry

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

Commercial Drivers License.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--|---------------------------------------|----------------|
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Aerial Lift Truck, Large Dump Truck | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Brush Chipper | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Chain Saws and other power hand tools | Daily |
| 1,2,3,6,7,8 10,13,14,18 23 | Tree Spade | Monthly |
| 1,2,3,6,7,8 10,13,14,18 23 | Stump Grinder | Monthly |
| 1,2,6,7,8,11 ,14,18,23 | Truck Mounted & Tow Behind Sprayers | Monthly |
| See Aerial Lift | Winch Crane Truck | Daily |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Backhoe, Front End Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Skid Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Forklift | 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. Respond to daily requests from public & interdepartmental needs as to the safe & efficient care of the urban forest.

2. Evaluate and safely carry out tree maintenance operations for citizens and other customers that include crew safety, the safety of the general public and traffic control.

3. Train and educate co-workers and the general public in the safe and effective care of the urban forest and other related tasks.

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. | 5--Daily | 3--Extremely Important | 1,2,3,6,7,8,9 10,11,12,13, 14,15,16,17,18 |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily | 3--Extremely Important | 7,8,9,10,11 12,15,16,17, 23 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 4--Weekly | 2--Very Important | 13 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | All |
| Crawling: Moving about on hands and knees or hands and feet. | 3--Monthly | 1--Somewhat Important | Rare |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | All |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | All |
| Walking: Moving about on foot to accomplish | 5--Daily | 3--Extremely Important | All |

| | | | |
|--|------------|------------------------|---|
| tasks, particularly for long distances. | | | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5--Daily | 3--Extremely Important | 6,7,8,9,11,12 13,14,16,17,18 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| 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 | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1,2,3,4,6,7,8,9, 10,11,12,13, 14,15,16,17, 18,19,20,23 |
| 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 | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work | 3--Monthly | 1--Somewhat Important | 20 |

| | | | |
|--|-----------|------------------------|-----------------------------------|
| 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. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| 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. | 4--Weekly | 2--Very Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

The forestry department's responsibilities continue to increase at an alarming rate. Through annexation, development of new and existing areas, and the expansion of "other duties as assigned", the men of the forestry division are constantly asked to do more and more. The times when a city forester just trimmed trees are long gone. Through research the job has become one of biological expert, safety trainer, traffic control specialist, department liaisons, public relations worker, and finally arborist. The training the forestry workers need is well past how to run a chainsaw and brush chipper. These men are expected to deal with homeowners on a daily basis and determine the best route to achieve the results in a timely manner. On the job site, workers are expected to route traffic around the work zone in a safe and effective manner, sometimes requiring flagging operations, but always coning and lane closures. Tree trimming and removal of trees can and often is a very dangerous profession. Trimming on city streets and around power lines requires people who know and follow the strictest of safety guidelines. Often the crew must drop limbs in between a \$130,000 truck and a house worth much more than that all the while avoiding crewmembers and children on their way to and from school. To complicate matters, fences, shrubs other trees, and lawn ornaments are often in the way of falling limbs and roping the limb down is required. This obviously requires knowledge of ropes and knots with the unenviable reality that if they fail, the city's financial responsibility can be extensive. Quite often the tree to be removed is taller than the outstretched bucket, and the operator can have 20 to 25 feet of limb above him that he must fall. When the brush is on the ground,

the safety issue is quite far from finished. Tree publications are constant reminders of the danger of brush chipping. Injury and quite often deaths are an unpleasant yet real part of this profession. Away from trees, these employees are required to climb light poles up to 100 feet. Strapped only by a single lifeline, the worker must climb the poles for light maintenance. This crew has become the go-to guys for much of the construction of new projects in the park system. This requires the employee to know safe operation methods of all park equipment and deal with outside vendors and other city departments for the completion of the project. Due to the size of the equipment used on a daily basis, each crew member must have a commercial driver's license. The forestry workers need to be always aware of the present dangers on a job site and must communicate these dangers to new and seasonal employees as an extremely important part of their job. Currently homeowners expect much more information than in the past when asking tree questions. With access to the internet, the homeowner already knows the easy answer and expects more from our arborists.. The forestry worker must stay abreast of the latest and most up to date research in tree physiology and must be ready to answer all sorts of questions. The physical requirements of the forestry division workers are quite another thing. Lifting large limbs on a daily basis for many hours is the reality of the job. Log rolling, working in noisy conditions, traffic and dangerous conditions all add to the dangerous, physically demanding aspect of the foresters daily life.

EMPLOYEE CERTIFICATION

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

Signed: *Eric R. Valencia* 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: Ernest Valencia Date: 1-8-09

Supervisor Signature: Mike Vandegea Date: 1-8-09

Department Head Signature: Rob Slan 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.

I have reviewed and read both Pages of this Summary *of Lundy*

Supervisor Summary Comments for Parks Operations Divisions

1/9/09

The following is a compilation of the Supervisors comments regarding the Job Analysis Questionnaires submitted for all the Parks Division's Equipment Operators, Crew Leaders and Mechanic. Includes: Parks, Sports Facilities, Forestry, Cemetery, and Horticulture.

- ✓ 1. **Reorganization:** On September 8, 2008 the Parks Division underwent the initial steps to a division-wide reorganization. The reorganization streamlined work duties, improved customer service to internal and external customers, and increased cross training opportunities. Although the reorganization will take place in several steps, the initial steps included the development of an irrigation crew, a maxicom crew (automated irrigation system), a special projects crew, a four quadrant park system, and the combination of all sports facilities. The next step includes the hiring of three additional equipment operators and the addition of the weed abatement program. Other changes may be required to fully reach the goals of the reorganization, but future plans include the implementation of a cross training and rotational work system to keep employees motivated, challenged, and knowledgeable in all areas of the division. This new system requires employees to broaden their education and knowledge base by requiring that they work together to increase efficiencies.
- ✓ 2. **Broadbanding:** Previous classification studies recommended the creation of three pay rates for Crew Leaders and three pay rates for Equipment Operators. Forestry employees received the highest pay rate, then Sports Facilities and Golf, and then Operations received the lowest pay rate. In September of 2008, all division employees were broadbanded. This meant that all Crew Leaders were moved to the highest pay level for that classification and all Equipment Operators were moved to the highest pay level for that classification. The broadbanding resulted in the elimination of the three different pay rates for the similar positions. The supervisors fully support the continuation of this broadbanding effort mainly due to the major changes that the division has incurred since the last compensation plan revision. Those reasons are listed as follows:
 - a. The demand to complete technologically challenging duties, such as the computerized irrigation systems and GBA, has increased dramatically. These tasks require a different skill set of employees than ten years ago.
 - b. Higher traffic, more dangerous areas have increased radically as the Riverside Parkway, 24 Road Interchange, and Horizon Drive Interchange have been developed. These areas significantly increase the risk of personal injury for those employees working in those areas. Forestry employees are no longer the only employees incurring personal risk while on the job.
 - c. Overall usage of parks and facilities has increased equating to a massive increase in customer service. When in the field, Equipment Operators and Crew Leaders are expected to assist citizens in meeting their requests, needs, and complaints. They are also expected to be able to answer questions, provide support, and problem solve on a daily basis.
 - d. The operations of the parks division have changed drastically from a decade ago. For example, Sports facilities now regularly operates on a 7 day a week schedule due to increased athletic use, and special event and shelter use is at its highest on the weekends and evenings when traditionally no staff is available to assist. With this increased usage and public demand, the division is now expected to operate 24 hours a day, seven days a week. Employees are expected to participate in an on-call policy for coverage at night and on weekends and use a less traditional work schedule to meet this high demand.

Although many employees may disagree, the supervisors fully support paying all parks division employees at the same Crew Leader and Equipment Operator rates. The issues listed above are just a few of the tangible reasons why the broadbanding effort should be continued.

3. **Mechanic:** The Parks Mechanic is required to maintain a wide variety of equipment and should be compensated at the same level as the mechanics at Lower Shops. When looking at similarities, the Parks Mechanic must have just as much technical expertise and knowledge as other mechanics. The size of equipment should not be a factor in determining pay.

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

4. **Certifications:** Currently, the only certification required for Crew Leaders or Equipment Operators is a CDL for those working in forestry. Due to the reorganization, employees at all levels and working in all functions will be required to obtain certifications. This process will be fully implemented in 2009. The following is a list of some of the applicable certifications:

- a. National Playground Safety Institute
- b. Commercial Drivers License
- c. ISA Certified Arborists
- d. Certified Landscape Technician
- e. Certified Turfgrass Professional
- f. Commercial/Private Chemical Applicator Certification

Certifications will be required based on the employee's specific area of responsibility.

5. **Lead Workers:** All Crew Leaders are responsible for directing and/or assigning the work of either seasonal employees and/or full-time Equipment Operators but they do not function in a supervisory capacity (discipline, hiring, pay, etc.); therefore, Crew Leaders are considered "lead" workers as opposed to "supervisors". Crew Leaders make pay and hiring recommendations and provide feedback to the supervisor to take into consideration during evaluations but do not actually perform the review or sign the review. Crew Leaders are expected to take the lead in their particular area of responsibility (a park, a sports facility, a function of parks such as spraying, etc.) in addition to leading staff. Their area of responsibility also includes safety, product purchasing, project development and management, Capital Improvement Plan, and customer service.

Equipment Operators on the other hand are not involved in leading employees except in certain instances where they are required to direct the work of seasonal employees that they may be working closely with. But, it is still the responsibility of the Crew Leader to develop and assign work tasks along with the assistance of the supervisors.

Duty List for Crew Leaders based on Supervisor Opinion

| | |
|--|-----|
| I evaluate and sign performance reviews of other full-time employees. | NO |
| I evaluate and sign performance reviews of part-time, temporary, or contract employees. | NO |
| I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties) | YES |
| I make work assignments for others. | YES |
| I make hiring and hiring pay recommendations. | YES |
| I make hiring and hiring pay decisions. | NO |
| I recommend termination for poor performance. | YES |
| I provide advice to peers that they must consider carefully before making a decision. | YES |
| I provide information to supervisor/management that they use in making a decision. | YES |

Duty List for Equipment Operators based on Supervisor Opinion

| | |
|--|-----|
| I evaluate and sign performance reviews of other full-time employees. | NO |
| I evaluate and sign performance reviews of part-time, temporary, or contract employees. | NO |
| I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties) | YES |
| I make work assignments for others. | YES |
| I make hiring and hiring pay recommendations. | NO |
| I make hiring and hiring pay decisions. | NO |
| I recommend termination for poor performance. | NO |
| I provide advice to peers that they must consider carefully before making a decision. | YES |
| I provide information to supervisor/management that they use in making a decision. | YES |

Average number of employees (Equipment Operators, Seasonals, Volunteers) that Crew Leaders Lead: 3-12

Average number of employees (Seasonals, Volunteers) that Equipment Operators Lead: 0-4

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. |
|--|---|

David Bullen, Tom Ziola, Ernie Valencia,

~~Randy Coleman~~, Willie Berg

Tony Alarid

Randy asked that I take
his name off of this
group JAG
TW

Division: Forestry

Department: Parks

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Bullen | David | A |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Forestry Crew Leader

| | | | |
|-----------------|----------|-------------------|-------|
| Division | Forestry | Department | Parks |
|-----------------|----------|-------------------|-------|

Total Length of Time with organization 28 Years 0 months

Total Length of Time in Current Position 20 Years 3 months

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

Email: bubba81501@bresnan.net **Work Phone:** (970) 250-4195

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|--------------|--------------|--|
| Name: | Marc Mancuso | Name: | |
|--------------|--------------|--------------|--|

| | | | |
|---------------|-----------------------------|---------------|----------------------|
| Title: | Interim Forestry Supervisor | Title: | Parks Superintendent |
|---------------|-----------------------------|---------------|----------------------|

| | | | |
|-------------------|----------------|--------------------|----------------|
| Work Phone | (970) 254-3849 | Work Phone: | (970) 254-3846 |
|-------------------|----------------|--------------------|----------------|

| | | | |
|----------------|------------------|----------------|-------------------|
| E-mail: | marcm@gjcity.org | E-mail: | traciw@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.

The Forestry Division supervises, manages and participates in the complex task of providing necessary care for well over 31,000 life supporting trees. Using a wide range of skill and expertise the Crew Leader is responsible for overseeing the daily complex functions of forestry operations.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2-6 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 2-6 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 3-7 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 3-7 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2-30 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 1-5 |

- 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

| |
|---------------------|
| Supervisors |
| Crew Leaders |
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment Operators |
| Seasonals |
| Volunteers |
| |
| |
| |
| |

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

☒ Full Time 2-6

☒ Part-Time 2-6

☒ Seasonal/Temp 2-6

☒ Volunteer up to 30

☐ Contract

DB

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--|
| Ex: Peers, Subordinates | | |
| Parks | Daily | Cooperating with assigned duties |
| Recreation | Daily | Facility improvements |
| VCB | Weekly | Banner installation, tree maintenance, decorative lights |
| Public Works | Weekly | Tree Maintenance & Safety response |
| Persigo | Quarterly | Tree Maintenance & Safety response |
| Fire/Police | Quarterly | Tree Maintenance & Safety |
| Neighborhood Services | Weekly | Tree Maintenance & Safety |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---|------------------|---|
| Ex: Vendors, Gen. Public | | |
| Tamarisk Coalition | Daily | Assist with Volunteer Projects |
| Downtown Development Authorities | Weekly | Banners, Christmas lights, Art, Safety, Staffing Events |
| Volunteers of Outdoor Colorado | Quarterly | Assist with Volunteer Projects |
| School District 51 | Monthly | Tree Maintenance, Safety & Volunteer Projects |
| Mesa State College | Monthly | Safety, Planting & Education |
| CSU Extension Vendors and General Public | Monthly Daily | Education, Volunteer projects Tree Maintenance, Inform |

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 | Provide functional and technical support to equipment operators and seasonal staff which includes training in all aspects of safety, equipment operation, plant identification and plant physiology, and in all aspects of forestry maintenance operations. | Lead, Educate | Daily | #1 - #3 20% |
| 2 | Participates in the hiring, training, evaluation, discipline, implementation of duties and over sees the day to day work assignments of crewmembers. | Lead, Educate | Daily | See #1 |
| 3 | Inspects and verifies the work of assigned employees for accuracy, proper techniques and compliance with applicable national standards and specifications. | Lead, Educate | Daily | See #1 |
| 4 | Respond to citizen forestry work request inquiries in a prompt and courteous manner. Provide information, communicate and interact while resolving complaints as a professional city/forestry representative. | Communicate, Educate | Daily | 10% |
| 5 | Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials following the city purchasing procedures. Record! | Evaluate, Perform | Weekly | #4 - #7 15% |

| | | | | |
|----|---|-----------------------|---------|-----------------|
| 6 | Understand, implement, train and supervise others as to the latest of departmental, city, state and National , ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations; i.e. equipment operation, work performed in and around traffic, tree climbing, working at extreme heights, etc. | Communicate, Educate | Daily | See #4 |
| 7 | Design and set up, using state certification guidelines, safe and effective traffic control, including street barricades, signs and cones prior to the performance of activities to ensure public and worker safety through work zones; direct and control traffic around work sites. | Evaluate, Perform | Daily | See #4 |
| 8 | Participate in the use, care and operation of all aspects of forestry maintenance equipment, i.e. aerial lift trucks, chain saws, brush chippers, stump grinders, climbing equipment, etc. Always following the proper safety precautions and manufactures recommendations for this hazardous equipment | Communicate, Educate | Monthly | #8 - #12 15% |
| 9 | Inspect, identify, diagnose and observe the health and condition of city trees. Implement treatment and work required for all city trees within right-of-way, City parks & facilities, Golf courses, Cemeteries, Riverfront and out lying properties. | Evaluate, Rectify | Daily | See #8 |
| 10 | Identify hazard trees and take the appropriate action including the removal of trees and stumps, broken limbs and large standing trees using skilled rigging and roping techniques. | Evaluate, Rectify | Daily | See #8 |
| 11 | Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs. | Evaluate, Rectify | Daily | See #8 |
| 12 | Using an aerial lift truck and skilled climbing techniques, prune and maintain trees to reduce liability, improve health. | Evaluate, Rectify | Monthly | #12-13 30% |
| 13 | Recommend, select and plant new trees in the public right-of-way and city owned property. | Evaluate, Perform | Daily | See #12 |
| 14 | Assist in landscape design and construction. | Evaluate, Perform | Monthly | #14-#23 10% |
| 15 | Install banners in assigned areas through out the city and keep records of placement. | Evaluate, Perform | Monthly | See #14 |
| 16 | Respond to all types of forestry related emergency situations as required. | Evaluate, Perform | Daily | See #14 |
| 17 | Maintain and repair light fixtures and towers at various park facilities, install seasonal decorative lighting in trees and on city buildings as assigned. | Evaluate, Perform | Daily | See #14 |
| 18 | Assist with educating the needs and importance of trees to the public and other divisions, i.e. Homeowners, Western Slope Tree care Work Shop, Arbor Day "Arborfest", etc. | Evaluate, Communicate | Daily | See #14 |

| | List of Essential Duties | Decisions Required | Frequency | % Time |
|----|--|---------------------------|------------------|---------------|
| 19 | Assist with the city wide tree inventory on city right-of-way and in all parks facilities. | Evaluate, Perform | Weekly | See #14 |
| 20 | Utilize computer skills to locate trees and city right-of-way using the citywide GIS system and access and input the tree inventory on trims | Evaluate, Perform | Weekly | See #14 |
| 21 | Research and present ideas to the supervisor relating to cost, crew and infrastructure need and availability for budget presentation. | Evaluate, Perform | Monthly | See #14 |
| 22 | Read, understand and train others how to read and interpret maps and blue print drawings. | Evaluate, Perform | Weekly | See #14 |
| 23 | Assist other departments with tree and liability related issues. | Evaluate, Perform | Weekly | See #14 |

| | | | | |
|----|---------------------|--|--------|--|
| 19 | Please See Attached | | Weekly | |
|----|---------------------|--|--------|--|

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 |
|--|--|
| 1,2,3,5,6,7,8,9,10,12 14,15,16,17,19,22 | Knowledge of supervisory skills to assign tasks and oversee staff in all aspects of forestry operations. |
| 1,3,4,6,7,8,9,10,11,13,14,16,18 | Knowledge of to follow all city, state, federal regulatinos and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance oepartions. |
| 3,4,6,7,8,9,10,11,13,16,17,19 | Recognize problems and accept complaints as well as rectify the situation. |
| 1,3,4,6,7,8,9,10,11,13,16,17,19 | Advanced knowledge of the latest of departmental, city, state and national, ANSI 300 - Z133 - ISA, standards for safety procedures and precautions as they relate to all aspects of forestry maintenance operations. |
| 1,2,3,4,6,7,8,9,10,11,12 13,14,16,18 | Skills to professionally interact with fellow co-workers and the general public. |
| 1,3,4,6,7,8,9,10,11,12,16,17,18 | Advanced knowledge of operational characteristics, maintenance requirements, safe operation and train others as to the use of all forestry maintenance equipment and tools. |
| ALL | Work independently without direct supervision. |
| ALL | Organize, lead and review staff schedules and tasks to be most productive. |
| 4,9,13,14,19,20,22 | Read and interpret maps, blueprints, records and computer generated information. |
| 13,19,20,22 | Effectively use a computer to access information off the citywide GIS system. |
| 4,9,11,14,19 | Advanced knowledge of plant physiology as it relates to plant health needs, water requirements, nutrient needs, chemical application, insect and disease control. |
| ALL | Advanced knowledge and skill to implement the latest of arboriculture methods and techniques relating to all aspects of tree care maintenance |
| 12 | Become certified and instruct others in CPR - First Aid. |
| 10,13,19,24 | Knowledge of electrical wiring and lighting repair and maintenance. |
| PLEASE SEE ATTACHED | |

| Duty # | Knowledge & Skills |
|-----------------------------------|---|
| ALL | Understand and follow oral and written directions. |
| All | Communicate clearly and concisely both written and orally. |
| 5,13,14,21,28 | Knowledge of city purchasing procedures. |
| 1,3,4,6,8,9,10,12,15,17 | Knowledge of proper techniques and safety requirements and the skill to work at extreme heights on a daily basis. |
| 3, | Knowledge to compile records and reports following city, state and federal regulations. |
| 1,2,3,4,6,7,8,9,10,11,12 16,22 | Knowledge to interpret, explain and enforce department policies and procedures. |
| 5,7,14,19,22 | Knowledge to utilize mathematics as it relates to forestry maintenance and other landscape maintenance operations, i.e. fertilizer and chemical calculations, irrigation pipe sizing and friction loss, calculate volume, linear footage and square footage for construction projects, etc. |
| All | Knowledge to apply landscape construction techniques as they relate to a variety of landscape and facility construction products, i.e. irrigation systems, retaining walls, waterfalls etc. |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| 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 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 type="checkbox"/> | Bachelor's degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain): |

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

| <u>Type of Experience</u> | | | |
|---------------------------|------------------|-----------------|------------------------------|
| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
| Urban Forestry | 20 | years | years |
| Parks Maintenance | 28 | years | years |
| | | years | years |

a. What field (s) should training or degree be in?
Urban and Community Forestry

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

Commercial Drivers License.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--|---------------------------------------|-----------------------|
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Aerial Lift Truck, Large Dump Truck | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Brush Chipper | Daily |
| 1,2,3,6,7,8, 9,10,12,15, 16,17,18,23 | Chain Saws and other power hand tools | Daily |
| 1,2,3,6,7,8 10,13,14,18 23 | Tree Spade | Monthly |
| 1,2,3,6,7,8 10,13,14,18 23 | Stump Grinder | Monthly |
| 1,2,6,7,8,11 ,14,18,23 | Truck Mounted & Tow Behind Sprayers | Monthly |
| See Aerial Lift | Winch Crane Truck | Daily |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Backhoe, Front End Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Skid Loader | Monthly |
| 1,2,3,5,6,7, 8,10,14,16, 23 | Forklift | 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. Respond to daily requests from public & interdepartmental needs as to the safe & efficient care of the urban forest.

2. Evaluate and safely carry out tree maintenance operations for citizens and other customers that include crew safety, the safety of the general public and traffic control.

3. Train and educate co-workers and the general public in the safe and effective care of the urban forest and other related tasks.

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. | 5--Daily | 3--Extremely Important | 1,2,3,6,7,8,9 10,11,12,13, 14,15,16,17,18 |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily | 3--Extremely Important | 7,8,9,10,11 12,15,16,17, 23 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 4--Weekly | 2--Very Important | 13 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | All |
| Crawling: Moving about on hands and knees or hands and feet. | 3--Monthly | 1--Somewhat Important | Rare |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | All |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | All |
| Walking: Moving about on foot to accomplish | 5--Daily | 3--Extremely Important | All |

| | | | |
|--|------------|------------------------|---|
| tasks, particularly for long distances. | | | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5--Daily | 3--Extremely Important | 6,7,8,9,11,12 13,14,16,17,18 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| 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 | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11,12 13,14,16,17,18 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1,2,3,4,6,7,8,9, 10,11,12,13, 14,15,16,17, 18,19,20,23 |
| 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 | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work | 3--Monthly | 1--Somewhat Important | 20 |

| | | | |
|--|-----------|------------------------|-----------------------------------|
| 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. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |
| 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. | 4--Weekly | 2--Very Important | 1,2,6,7,8,9,11, 12,13,14,17,18 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

The forestry department's responsibilities continue to increase at an alarming rate. Through annexation, development of new and existing areas, and the expansion of "other duties as assigned", the men of the forestry division are constantly asked to do more and more. The times when a city forester just trimmed trees are long gone. Through research the job has become one of biological expert, safety trainer, traffic control specialist, department liaisons, public relations worker, and finally arborist. The training the forestry workers need is well past how to run a chainsaw and brush chipper. These men are expected to deal with homeowners on a daily basis and determine the best route to achieve the results in a timely manner. On the job site, workers are expected to route traffic around the work zone in a safe and effective manner, sometimes requiring flagging operations, but always coning and lane closures. Tree trimming and removal of trees can and often is a very dangerous profession. Trimming on city streets and around power lines requires people who know and follow the strictest of safety guidelines. Often the crew must drop limbs in between a \$130,000 truck and a house worth much more than that all the while avoiding crewmembers and children on their way to and from school. To complicate matters, fences, shrubs other trees, and lawn ornaments are often in the way of falling limbs and roping the limb down is required. This obviously requires knowledge of ropes and knots with the unenviable reality that if they fail, the city's financial responsibility can be extensive. Quite often the tree to be removed is taller than the outstretched bucket, and the operator can have 20 to 25 feet of limb above him that he must fall. When the brush is on the ground,

the safety issue is quite far from finished. Tree publications are constant reminders of the danger of brush chipping. Injury and quite often deaths are an unpleasant yet real part of this profession. Away from trees, these employees are required to climb light poles up to 100 feet. Strapped only by a single lifeline, the worker must climb the poles for light maintenance. This crew has become the go-to guys for much of the construction of new projects in the park system. This requires the employee to know safe operation methods of all park equipment and deal with outside vendors and other city departments for the completion of the project. Due to the size of the equipment used on a daily basis, each crew member must have a commercial driver's license. The forestry workers need to be always aware of the present dangers on a job site and must communicate these dangers to new and seasonal employees as an extremely important part of their job. Currently homeowners expect much more information than in the past when asking tree questions. With access to the internet, the homeowner already knows the easy answer and expects more from our arborists. The forestry worker must stay abreast of the latest and most up to date research in tree physiology and must be ready to answer all sorts of questions. The physical requirements of the forestry division workers are quite another thing. Lifting large limbs on a daily basis for many hours is the reality of the job. Log rolling, working in noisy conditions, traffic and dangerous conditions all add to the dangerous, physically demanding aspect of the foresters daily life.

EMPLOYEE CERTIFICATION

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

Signed:  Date: 12-19-08

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.**

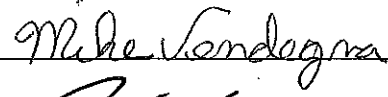
| Question No. | Comments |
|--------------|----------|
| | |


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: 1-8-09

Supervisor Signature:  Date: 1-8-09

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.

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: Cemetery

Department: Parks

For Individual Questionnaires Only:

Employee Name: Nave (Last) David (First) L (Middle Initial)

Current Classification Title: Grounds Crew Leader

Division Cemetery

Department Parks

Total Length of Time with organization Years 13 months 0

Total Length of Time in Current Position Years 7 months 4

Assigned Hours/Week: from 8:00 to 4:30

Assigned Days/Week Monday-Friday

Email:

Work Phone: 970-244-1549

Immediate Supervisor:

Immediate supervisor reports to:

Name: Mike Vendegna

Name: Traci Weiland

Title: Supervisor

Title: Superintendent or

Work Phone 970-254-3821

Work Phone: 970-254-3881

E-mail:

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Cemetery Crew Leader (Grounds Crew Leader)

To Operate and Maintain Equipment and records.

To Maintain Ground, Turf, Trees, Shrub, Stones and Irrigation System.

To Assist Customers, General Public and Interdepartmental. Customer relations.

To Assist [REDACTED] Locate available spaces and [REDACTED] [REDACTED] Counsel and consult.

To locate, set up Grave location, dig, Clean up and anticipate any safety issues.

To Set up and maintain Safety Standards and records.

[REDACTED]

To repair equipment and fabricate tools.

To repair and maintain buildings.

To Operate and Maintain Tools and Tool room and shop.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input checked="" type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | 4 +/- |
| <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). | 6 +/- |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 6 +/- |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 4 +/- |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 4 +/- |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2 |
| <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

| |
|-----------------------------|
| Cemetery Equipment Operator |
| Admin assistant |
| Seasonals |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment operators |
| Seasonals |
| |
| |
| |
| |
| |
| |

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

☒ Full Time 2 ☐ Part-Time ☒ Seasonal/Temp 4 +/- ☒ Volunteer 1 to 20 ☐ 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 | | |
| Mechanic/Power Shops | weekly/Monthly | Upkeep on Equipment |
| Water Plant | Annually | Irrigation Water |
| Parks Shop | Monthly | General Maint Turf Equipment |
| Stores | Quarterly | Supplies for Janitoria |
| Forestry | Quarterly | Tree or Tree Limb Removal (emergency) |
| Pipeline Maint | Annually | Emergency Repair on Mains or Locates |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| General Public | Daily | Location, Grievances, Consulting, Problems |
| Vendors | Monthly | Tools, Supplies, Materials |
| Mortuaries | Weekly | Info, Arrangement, Special Family Needs |
| Cemeteries Local/Non | Weekly | Info, Vaults, Special Need for Services |
| Cemetery Set up Co. | Annually | Set ups outside City Organization. |
| Contractor | Annually | Contract for Upgrades or Installations |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

| Essential Duties | Decisions Required | Frequency | % of Time |
|--|---|-----------|-----------|
| 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 | Coordinate with staff | Operations Via Daily Task | Select D | 5 |
| 2 | Coordinate Equipment/Maintenance | Transport/Records/maint | Select W | 5 |
| 3 | Burial/set-up/Dig/Cleanup. | Where/when/with whom | Select W | 20 |
| 4 | Public Assistance | Grievance/Requests | Select D | 20 |
| 5 | | | Select | |
| 6 | Location /Counsel | Meet family need | Select D | 10 |
| 7 | Irrigation/Watering/Repairs/upgrades | Who/what/dig/oversee New | Select W | 10 |
| 8 | Stone Manicure/Ground maint | Where's to what degree | Select D | 20 |
| 9 | Settle/Raise Graves/Disinterment | Locate possible second right | Select W | 5 |
| 10 | Raise trees/Trim shrubs/misc Planting ect. | Maintenance/Esthetic for Area | Select Q | 5 |
| 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 |
|--------|--|
| #10 | Horticulture Certificate i.e. (Mastergardner program) 2 yrs ^{on job training} with Forestry and Hort Crew or Tree Trimming Co. and landscap professionals. |
| #9 | Understanding water Hydraulics and proper procedures to raise sunken graves - The locating and proper Identification of graves and exposure to remove and transfer Bodies from grave to New site, acquiring Certificate of Handling Hazardous Waste. |
| #8 | Totally a skill acquired thru ^{on job training} Only. |
| #7 | Time tested skill working with Irrigation along with certificates in Irrigation and Landscap Manegement and Design. |
| #6 | Understanding layout of specific Cemetery - Certificate Customer service and relations. Knowledge of the laws of what can be done within the State. |
| #5 | Skill acquired thru a minimum of two yrs. ^{on job training} with a Cemetery. |
| #4 | Time tested people skills, Attending Classes (certificate) in Customer Service. |
| #3 | Operator skills acquired thru Specialize training (Certifrated) and ^{on job training} skills relative only to Cemeteries. Also Design and Dress layout individualized i.e. per situation |
| #2 | Record Keeping, Scheduling maintaining. Also Certificate of Maintenance |
| #1 | acquired people skills also customer service classed with Certificate. |

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 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? Cemetery Crew leader.

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|-------------------------------|------------------|-----------------------------|------------------------------|
| Cemetery Grounds | 13 years | Proper Entry level Cemetery | 2 years |
| Small Engine/Equipment | 27 years | School/Certified and On Job | 2 years |
| Horticultur (Master Gardener) | 10 years | Technical Training | 2 years |

a. What field (s) should training or degree be in? Horticultur and Small engine 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.

Certificate of Completion of Master Gardener
 Certificate of Completion of General Mechanic /small engines
 Valid Drivers License (CDL)

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--------|---|----------------|
| 2 | Truck, Mowers, Trimmers, Saws, Hand Tools i.e. shovels, Rakes ect. Drill, Saw, Hammer, Etc. | Weekly / 5% |
| 3 | Backhoe, Truck, Gators, Jackhammer, Ladder, Ax, shovels, Rakes, Pick, Hoppers, Sod cutter. | Weekly / 10% |
| 5 | Backhoe, Gator, Water tank, Bar, shovel, Rake Tamper, Lowering Device, Device setup, Containers chairs, Greens, Suction handles, Caulking gun and prybars. | Weekly / 10% |
| 7 | Backhoe, Hand Tools i.e. shovels/Picks, Tools i.e. Pipe wrenches, glue, Saws, Valve repair/sprinkler Tools and Watering. | Weekly / 10% |
| 8 | Prybars assortment, shovels, Backhoe, Gators, Tamper Trimmers, Pruners | Daily / 20% |
| 10 | Saws mechanical and gas, Pruners, Ladder, shears | Quarterly / 5% |

5. DECISION-MAKING & JUDGMENTS.

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

- On a regular basis, I have to make decisions based on the safety of the employees and customers.
Example: Weak Grave walls or cave ins. also sunken graves in surrounding area or trip hazards ect.
- During digging graves not only safety issues, I have to analyze and determine what to do when given a situation, when old remains are found and or how to approach remains when we disinter a Body i.e. Casket.
- Make adjustments when equipment brakes down or we have a lack of personnel which is all the time. I assume the responsibility and fill that position when necessary.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|-------------|-------------|-----------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 4 Select | 3 Select | 3,5,9 |
| 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. | 4 Select | 2 Select | 3,5,9 |
| 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. | 4 Select | 3 Select | 3,5,7,8 9,10 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | Select 4 | Select 3 | 3,5,7,8,9 10 |
| Crouching: Bending the body downward and forward by bending leg and spine. | Select 3 | Select 2 | 3,5,7,8,9 10 |
| Crawling: Moving about on hands and knees or hands and feet. | Select 2 | Select 1 | 8,10 |
| Reaching: Extending hand(s) and arm(s) in any direction. | Select 4 | Select 3 | 5,7,10 |
| Standing: Particularly for sustained periods of time. | Select 5 | Select 3 | All |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | Select 5 | Select 3 | All |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | Select 4 | Select 2 | 3,5,7,8,9 10 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | Select 4 | Select 2 | 3,5,7,8,9 10 |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | Select 3 | Select 3 | 2,7,10 |

| | | | |
|--|----------|----------|-------------------|
| Grasping: Applying pressure to an object with the fingers or palm. | Select 5 | Select 3 | 2,3,5,7,8 9,10 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | Select 4 | Select 3 | 2,3,5,7,8 9,10 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | Select 4 | Select 3 | 2,7 |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | Select 5 | Select 3 | 1,2,3,4 5,6,9 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | Select 5 | Select 3 | 1,2,3,4 5,6,9 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | Select 5 | Select 3 | All |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | Select 5 | Select 3 | 2,3,5,8,9 10 |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | Select 5 | Select 3 | 3,5,7,8 9,10 |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | Select 5 | Select 3 | 3,5,7,8 9,10 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | Select 4 | Select 3 | 3,5,8 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | Select 3 | Select 3 | 8,9 |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | Select 2 | Select 3 | 8,9 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

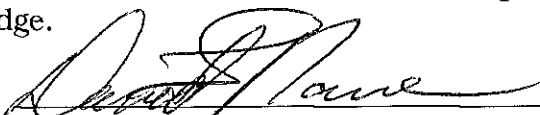
Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

No!

EMPLOYEE CERTIFICATION

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

Signed:



Date:

12-12-2008

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 |
|--------------|----------|
| | |
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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.

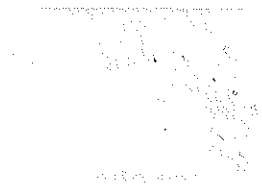
I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature: _____ Date: _____

Supervisor
Signature: Mike Verdogen Date: 1-8-09

Department Head
Signature: [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.



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:

Krabbe
(Last)

WAYNE
(First)

A
(Middle Initial)

Current Classification Title:

Parks crew leader

Division

Parks

Department

Parks & Rec

Position is (check one):

☒ Regular full-time

☐ Regular part-time

Total Length of Time with organization

18 YEARS MONTHS

Total Length of Time in Current Position

 YEARS 4 MONTHS

Assigned Hours/Week 6:00; from 4:30 to

Assigned Days/Week 4 to 5 Days

Email:

Work Phone:

254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Ron Felt

Name:

Tracy Weiland

Title:

Parks supervisor

Title:

Interim Parks Superintendent

Phone:

254-3868

Phone:

254-3866

E-mail:

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Parks crew leader To LEAD employees in maintaining
and constructing city Parks and Facilities as well as
support for event set up

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

| |
|---------------------------|
| Parks crew leaders |
| Parks equipment operators |
| Parks Seasonals |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------------|
| Parks equipment operators |
| Parks Seasonals |
| |
| |
| |
| |
| |
| |

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

- ☒ Full Time
 ☐ Part-Time
 ☒ Seasonal/Temp
 ☐ Volunteer
 ☐ Contract

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|---|
| Ex: Peers, Subordinates | | |
| Public Works | Monthly | Persigo, water, traffic, Fleet, streets |
| Police | Monthly | Vandalism, crimes |
| | | |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| OS Pipe | Weekly | irrigation/Pump issues, Filter systems |
| Home Depot | Weekly | Project Purchasing/Maintenance |
| Dist. 5 / Schools | Weekly | Maintain dist 51 properties and events |
| General contractors | Monthly | consulting, Planning input |
| | | |
| | | |

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 | Heavy equipment operating | | D | 10% |
| 2 | Meeting with contractors | | M | 5% |
| 3 | event set up | | W | 5% |
| 4 | Building construction, Maintenance, Trouble shooting | | W | 5% |
| 5 | Turf Maintenance and Trouble shooting | | D | 15% |
| 6 | Irrigation Repair and trouble shooting | | D | 15% |
| 7 | Tree and shrub maintenance | | W | 10% |
| 8 | lead and train employees | | D | 5% |
| 9 | Project purchasing | | D | 5% |
| 10 | Dirt work leveling, grading | | M | 5% |
| 11 | vandalism | | D | 10% |
| 12 | pump and Filter maintenance | | W | 10% |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge - Skills |
|-----------------|---------------------------------|
| 1,3,4,5,6,7,10 | Equipment operating |
| 1-12 | Hand tool Knowledge |
| 1,5,6,7,8,10,12 | Irrigation and Turf Maintenance |
| | |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|--------------------------|------------------|-----------------|--------------------------------------|
| Turf Maintenance | 18 years | 1 | years |
| Heavy Equipment operator | 10 years | 2 | years |
| | years | | years |

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

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

Master Gardening
Commercial Drivers License
Certified Landscape Technician

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 |
|----------------------------|-----------------------------------|----------------|
| 10, 12 1, 4, 5, 6, 7, 8 | Backhoe | M |
| 4, 5, 6, 7, 8, 10 | Tractor / TE mplements | W |
| 3, 4, 5, 7, 8, 10 | Dump truck | W |
| 5, 6, 8, 10 | Trencher | M |
| 1-12 | Hand and Power tools | D |
| 1, 3, 5, 6, 7, 10 | Digging tools | D D |
| 1-12 | Pickup & trailer | D |
| 1-12 | Utility carts | D |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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. Prioritize Tasks Based on SAFETY and Priority Importance

2. Task Delegation to employees For Job completion and maintenance.

3. Customer service with Park Patrons

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|-----------|------------|--------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 5 | 3 | 1-12 |
| 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. | 5 | 3 | 1-12 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5 | 3 | 1-12 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5 | 3 | 1-12 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5 | 3 | 1-12 |
| Crawling: Moving about on hands and knees or hands and feet. | 5 | 3 | 1-12 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5 | 3 | 1-12 |
| Standing: Particularly for sustained periods of time. | 5 | 3 | 1-12 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5 | 3 | 1-12 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5 | 3 | 1-12 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5 | 3 | 1-12 |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5 | 3 | 1-12 |

| | | | |
|--|---|---|------|
| Grasping: Applying pressure to an object with the fingers or palm. | 5 | 3 | 1-12 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5 | 3 | 1-12 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5 | 3 | 1-12 |
| 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 | 3 | 1-12 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5 | 3 | 1-12 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5 | 3 | 1-12 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5 | 3 | 1-12 |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5 | 3 | 1-12 |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 5 | 3 | 1-12 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5 | 3 | 1-12 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5 | 3 | 1-12 |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5 | 3 | 1-12 |

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

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).

In the North West Quadrant I maintain 6.5 Acres of Trails, 15.5 Acres of undeveloped Property, and 47 acres of Developed Park land. Other performed duties include, Fertilizing, Aerateing, weed eating, spraying, edging, PVC, copper, backflows, clocks, sprinklers electrical, Plumbing, spring start up and winterization of Buildings and irrigation systems, operating chain saws to remove and trim shrubs and trees, Pond maintenance, Painting, Skate Park maintenance, computer skills,

EMPLOYEE CERTIFICATION

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

Signed: Wayne D. Winkle
Page 13 of 15

Date: 12-15-08
Fox Lawson & Associates, LLC

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 |
|--------------|----------|
| | |
| | |
| | |
| | |
| | |
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| | |
| | |

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: *Don Lett* Date: 1-8-09

Department Head
Signature: *Rob Stone* 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.

100

1000

1000

1000

1000

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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: Sports Facility Department: Parks + Rec

For Individual Questionnaires Only:

Employee Name:

Franklin
(Last)

Matthew
(First)

J
(Middle Initial)

Current Classification Title: Crew Leader Special Projects and Events

Division Sports Facility Department Parks

Total Length of Time with organization 10 Years months

Total Length of Time in Current Position Years 4 months

Assigned Hours/Week:: from 6 to 4:30 Assigned Days/Week 4-5/week

Email: mattf@gjcity.org

Work Phone: 254-3873

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Traci Weiland

Title: Sports Fac. Supervisor

Title: Interim ^{PARK} Superintendent

Work Phone 254-3873

Work Phone: 254-3866

E-mail:

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Crew Leader Special Project/Events

To Maintain and construct city facilities and Parks as well as support for event set-up.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 2 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 2 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay decisions. | 2 |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 2 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 2 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 2 |

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

YOUR COWORKERS' JOB TITLES

| |
|--|
| sports facility crew leaders |
| sports facility equipment operator |
| Part-time crew leaders |
| Part-time equipment operators |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------------------------------------|
| sports facility equipment operator |
| " " seasonals |
| |
| |
| |
| |
| |
| |

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

- ☒ Full Time ☐ Part-Time ☒ Seasonal/Temp ☐ Volunteer ☐ Contract

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|----------------------------------|
| Ex: Peers, Subordinates | | |
| Public Works | 1/month | water, persigo, traffic, service |
| Engineering | 1/ Month | For Projects |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|-----------------------------|
| Ex: Vendors, Gen. Public | | |
| Home Depot | 1/week | Purchase items for Projects |
| Lowe's | 1/week | " |
| True Value | 1/week | " |
| Western Imp. | 1/week | " |
| GT Pipe | 1/ Month | " |
| Grainger | 1/ Month | " |
| School Dist. | 1/ month | set up for events |

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 | Power Hand Tools | | Select | |
| 2 | Heavy equipment operating | | Select D | 20 |
| 3 | Meeting with contractors | | Select M | 5 |
| 4 | Event set-up | | Select W | 10 |
| 5 | Playground Installation | | Select M | 5 |
| 6 | Building construction and Maintenance/Troubleshooting | | Select D | 20 |
| 7 | Turf Maintenance/Troubleshooting | | Select M | 5 |
| 8 | Irrigation Repair and installation/Troubleshooting | | Select M | 5 |
| 9 | Tree & Shrub Main/Troubleshooting | | Select M | 5 |
| 10 | Pool Maintenance/Troubleshooting | | Select M | 5 |
| 11 | Hand and Power Tools | | Select | |
| 12 | Supervising and Training employees | | Select M | 5 |
| 13 | Project Purchasing | | Select M | 5 |
| 14 | Design and implementation of Projects | | Select M | 5 |
| 15 | Dirt Work Leveling and grading | | Select M | 5 |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

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.

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.

[illegible]




III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|---------------------------|--------------------------------------|---|--------------------------------------|
| Turf Maintenance | ¹² 10 years |  | 3 years |
| Building Construction | 8 years |  | 2 years |
| Heavy Equipment Operating | 5 years |  | 2 years |

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

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

Master Gardening
 Certified Landscape Tech
 Commercial Drivers Lic.

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 |
|------------------------|----------------------------|----------------|
| 2,4,5,6,7 8,9,10,15 | Backhoe | W |
| " | Skid-loader | W |
| " | Tractor / Implements | W |
| " | Dump Truck | W |
| " | Trencher | W |
| " | Transit | W |
| 6 | Carpentry Tools | W |
| 2,4,5,6,7 8,9,10,15 | Digging Tools | W |
| 2-15 | Pickup and Trailer | W D |
| 2,4,6,13 | welding and cutting Tools | M |
| 5,6 | concrete tools | M |
| 6 | Multi-Meter | M |
| 2-15 | utility carts | W |

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. prioritize tasks based on safety and importance

2. Personnel needs to know their duties due to the responsibilities ~~that~~ and efficiency needed for projects installed in the utmost safety for Patrons and coworkers

3. use the right tools and equipment for the job

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

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. | Select 5 | Select 3 | 2-15 |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | Select 5 | Select 3 | 2-15 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | Select 5 | 3 Select | 2-15 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5 Select | 3 Select | 2-15 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5 Select | 3 Select | 2-15 |
| Crawling: Moving about on hands and knees or hands and feet. | 5 Select | 3 Select | 2-15 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5 Select | 3 Select | 2-15 |
| Standing: Particularly for sustained periods of time. | 5 Select | 3 Select | 2-15 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5 Select | 3 Select | 2-15 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5 Select | 3 Select | 2-15 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5 Select | 3 Select | 2-15 |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 3 Select | 2 Select | 2-15 |

| | | | |
|--|----------|----------|------|
| Grasping: Applying pressure to an object with the fingers or palm. | 5 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| 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 Select | 3 Select | 2-15 |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5 Select | 3 Select | 2-15 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

- 1) Framing, sheetrock, trim, paint, carpet
- 2) Fertilizing, Aerating, Weed eating, spraying
- 3) PVE, copper, backflows, clocks, sprinklers, design
- 4) Spring start-up and winterization of pools and irrigation
- 5) Reading blue prints, electrical, plumbing, bull floats
- 6) Plasma cutter, Torch, wirefeed welder
- 7) computer skills and knowledge

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

12-15-08

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 |
|--------------|----------|
| | |
| | |
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Please check the appropriate statement:

☐ I agree with the Incumbents' position questionnaire as written.


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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-7-09

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.

**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:

Gemoya
(Last)

EDWARD
(First)

V.
(Middle Initial)

Current Classification Title:

Crew Leader

Division

Department

Parks & Rec

Total Length of Time with organization

Years

16

months

5

Total Length of Time in Current Position

4 months

Years

months

3

Assigned Hours/Week:: from

7 to 3:30

Assigned Days/Week

5 days a week

Email:

Work Phone:

254 3873

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Eddie Mont

Name:

TRACE WIELAND

(INTERIM)

Title:

SPORTS FACILITY SUPERVISOR

Title:

PARKS SUPERINTENDANT

**Work
Phone**

254-3873

**Work
Phone:**

E-mail:

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

~~MOVED FROM SPORTS FACILITY CREW LEADER TO~~

~~MUNICIPAL & WATER MANAGER of all turf & trees & shrubs in Parks
To maintain & construct City Facilities & Parks as well
as event set up~~

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|--|------------------|-----------------|--------------------------------------|
| LANDSCAPE + IRRIGATION HOUSEHOLD + COMMERCIAL | 2.5 years | | 3 years |
| PLUMBING + ELECTRICAL + TREE TRIMMING + SHOOTING | 10 years | | 1 years |
| TURF MAINT. - CARE + INSTALLATION | 2.5 years | | 3 years |

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

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

COLORADO DRIVERS LICENSE

DRUG SCREENING

PHYSICAL EXAM.

MASTER GARDNER

POSSIBLE CLT

MAXI COM CLASSES

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 |
|--------------------------|----------------------------|----------------|
| 1,6,10,12 | Back Hoe | Quarterly |
| 1,3,10,11,12 | Tractor | Quarterly |
| 1,3,10,12 | Front End Loader | Weekly |
| 1,3,6,10,12 | SKID LOADER | Quarterly |
| 3,5,7,10,12 | Dump TRUCK | Quarterly |
| 1,3,4,5,6,7,8,9,10,11,12 | Hand Tools & Small Equip | DAILY |
| 1,3,8,10,11,12 | Line locators & Meters | Monthly |
| 3,5,7,9,10,12 | Gators | DAILY |
| | | |
| | Maxicom computer? | |
| | | |
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| | | |

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.

Time given work

IRRIGATION ASSIST in design & Reconstruction

2.

Trouble shoot ^{TRR} Pipes & electrical ^{Problems} & what is needed to fix

3.

Maxicom - Programming & Problems

Games Playable on VME

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

PAINTING, FERTILIZATION, AERATION, WEED EATING, SPRAYING

PVC, COPPER, BACK FLOWS, CLOCKS, (MAXICOM) + SET UP

SPRINKLER DESIGN, SPRING START UP, WINTERIZATION

READING BLUEPRINTS ELECTRICAL + PLUMBING

EMPLOYEE CERTIFICATION

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

Signed: Edward J. Johnson

Date: Dec 15 2002

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 |
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Please check the appropriate statement:

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


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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-7-09

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.

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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.

CHRIS GRASSO MATTHEW FRANKLIN WAYNE KRASSIS BRUCE HANAW
RANDY MCANUNCH TOM DAVIS ED GEMOYA GARY GOE

Division: PARKS

Department: PARKS OPERATIONS

For Individual Questionnaires Only:

Employee Name:

GOE

(Last)

GARY

(First)

L

(Middle Initial)

Current Classification Title:

PARKS CREW LEADER (MUNICIPAL IRRIGATION)

Division

PARKS

Department

PARKS OPERATIONS

Total Length of Time with organization

28 Years

months 6

Total Length of Time in Current Position

Years

months 4

Assigned Hours/Week:: from

7 to 330

Assigned Days/Week

M-F

Email:

Work Phone:

254-3861

Immediate Supervisor:

Immediate supervisor reports to:

Name:

ED MORT

Name:

TRACI WEILAND

Title:

SPORTS FACILITIES SUPERVISOR

Title:

INTERIM PARKS SUPERINTENDENT

Work Phone

254-3873

Work Phone:

E-mail:

E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|---|------------------|--------------------------------------|------------------------------|
| * MANICOM I+II CERTIFICATION | years | ABILITY TO OBTAIN MANICOM I, II, III | years |
| PLUMBING / ELECTRICAL TROUBLESHOOTING | years | | 10+ years |
| TURF MAINTENANCE / IRRIGATION INSTALLATION / DESIGN | years | | 10+ years |

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

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

COLORADO DRIVERS LICENSE
PASS DRUG SCREEN
PHYSICAL EXAM

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 |
|--------|------------------------------|----------------|
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| #1 | Sgt. [illegible] [illegible] | [illegible] |

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.

2.

3.

2. WORKING CONDITIONS.

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

☐ Does Not Apply

| Condition | Less than 25% of the time | 25-50% of the time | More than 50% of the time |
|--|------------------------------|--------------------------|------------------------------|
| Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input 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. 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 |
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Please check the appropriate statement:


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

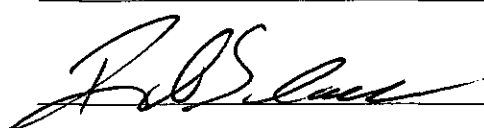
☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-7-09

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.

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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. |
|--|---|

Randy Coleman

Bruce Hagen

Marc Mancuso

Division: Parks

Department: Sports Facilities

For Individual Questionnaires Only:

| | | | |
|-----------------------|---------|---------|------------------|
| Employee Name: | Coleman | Randy | A |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Sports Facilities Crew Lead

| | | | |
|-----------------|-------|-------------------|-------------------|
| Division | Parks | Department | Sports Facilities |
|-----------------|-------|-------------------|-------------------|

Total Length of Time with organization 7 Years months

Total Length of Time in Current Position Years 6 months

Assigned Hours/Week:: from Any t o **Assigned Days/Week** Varies

Email: canyonview68@aol.com **Work Phone:** (970)255-9715

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|------------|--------------|---------------|
| Name: | Eddie Mort | Name: | Traci Weiland |
|--------------|------------|--------------|---------------|

| | | | |
|---------------|------------------|---------------|----------------------|
| Title: | Parks Supervisor | Title: | Parks Superintendent |
|---------------|------------------|---------------|----------------------|

| | | | |
|-------------------|---------------|--------------------|---------------|
| Work Phone | (970)254-3873 | Work Phone: | (970)254-3846 |
|-------------------|---------------|--------------------|---------------|

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| E-mail: | | E-mail: | |
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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 type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other (explain): Certificates in Landscaping and Irrigation Maintenance |

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> |
|---|-------------------------|---|-------------------------------------|
| Increasing responsibility in turf and facility management | 7 years | Increasing responsibility in turf and facility management | 5 years |
| | years | | years |
| | years | | years |

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

12-18-08

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 |
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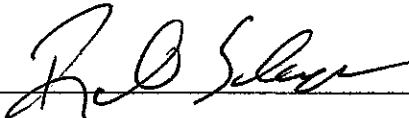
Please check the appropriate statement:

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-7-09

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.

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. |
|--|---|

Randy Coleman

Bruce Hagen

Marc Mancuso

Division: Sports Facilities

Department: Parks and Recreation

For Individual Questionnaires Only:

| | | | |
|-----------------------|---------|---------|------------------|
| Employee Name: | Mancuso | Marc | A |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Grounds Crew Leader

| | | | |
|-----------------|-------------------|-------------------|----------------------|
| Division | Sports Facilities | Department | Parks and Recreation |
|-----------------|-------------------|-------------------|----------------------|

Total Length of Time with organization 7 Years 0 months

Total Length of Time in Current Position 1 Years 9 months

Assigned Hours/Week:: from 40 t o **Assigned Days/Week** 5 - days vary

Email: marc@gjcity.org

Work Phone: 970-254-3821

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Traci Weiland

Title: Parks Supervisor

Title: Parks Superintendent

Work Phone 970-254-3873

Work Phone: 970-254-3846

E-mail: eddiem@gjcity.org

E-mail: traciw@gjcity.org

EMPLOYEE CERTIFICATION

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

Signed: _____

Marc Mancuso

Date: _____

12-17-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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| Question No. | Comments |
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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 type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other (explain): Certificates in Landscaping and Irrigation Maintenance |

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> |
|---|-------------------------|---|---|
| Increasing responsibility in turf and facility management | 7 years | Increasing responsibility in turf and facility management | 5 years |
| | years | | years |
| | years | | years |

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

Please check the appropriate statement:

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

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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-7-09

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.

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.

Randy Coleman

Bruce Hagen

Marc Mancuso

Division: Parks

Department: Sports Facilities

For Individual Questionnaires Only:

Employee Name: Hagen Bruce A
(Last) (First) (Middle Initial)

Current Classification Title: Sports Facilities Crew Lead

Division Parks **Department** Sports Facilities

Total Length of Time with organization 19 Years months

Total Length of Time in Current Position 11 Years months

Assigned Hours/Week; from 40 to **Assigned Days/Week** 5

Email: canyonview68@aol.com

Work Phone: (970)255-9715

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Traci Weiland

Title: Parks Supervisor

Title: Parks Superintendant

Work Phone (970)254-3873

Work Phone: (970)254-3846

E-mail:

E-mail:

| | |
|--|--|
| | |
| | |
| | |
| | |

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 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): Certificates in Landscaping and Irrigation Maintenance |

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

| <u>Type of Experience</u> | | | |
|---|-------------------------|---|-------------------------------------|
| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
| Increasing responsibility in turf and facility management | 15 years | Increasing responsibility in turf and facility management | 5 years |
| | years | | years |
| | years | | years |

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

[Signature] 12-18-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Please check the appropriate statement:

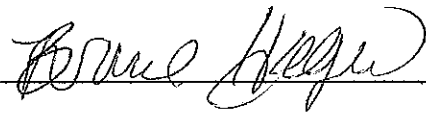
☒ I agree with the incumbents' position questionnaire as written.

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

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

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

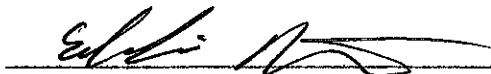
Employee Signature:



Date:

12-18-08

Supervisor
Signature:



Date:

1-7-09

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.

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.

Sports Facilities Crew Leader

To set the standard in sports facility management by presenting a safe and customer service oriented facility. Develop and maintain a strong work group who strive for quality and top notch service to user groups and peers.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input checked="" type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | 6 |
| <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). | 16 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 16 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 16 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 16 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | n/a |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | n/a |

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

YOUR COWORKERS' JOB TITLES

| |
|--------------------|
| Crew Lead |
| Equipment Operator |
| Seasonals |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|--------------------|
| Equipment Operator |
| Seasonals |
| |
| |
| |
| |
| |
| |

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

☒ Full Time 6 ☐ Part-Time ☒ Seasonal/Temp 10 ☐ 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 and Subordinates | Daily | Contracts, Scheduling, Contacts, Assignments |
| Two Rivers Convention/Concession | Daily | Coordinate concession coverage for events. |
| Recreation Department | Weekly | Coordinating daily tasks and scheduling |
| Streets/Water | Quarterly | Coordinating tasks related to respective dept. |
| Sanitation | Monthly | Coordinating tasks related to the department |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---|-----------|---|
| Ex: Vendors, Gen. Public | | Event Specifications, Criteria & Special Requests |
| Mesa State College | Weekly | Event Specifications, Criteria & Special Requests |
| Mesa County School Dist | Monthly | Event Specifications, Criteria & Special Requests |
| Junior College World Series | Annually | Event Specifications, Criteria & Special Requests |
| Grand Mesa Youth Soccer | Monthly | Event Specifications, Criteria & Special Requests |
| Mesa County Junior Football Association | Monthly | Event Specifications, Criteria & Special Requests |
| Vendors and General Public | Daily | Customer Service |

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 | Clean maintain assigned athletic fields and playing areas including football, soccer, baseball and softball fields, track, volleyball and tennis courts, swimming pools and stadium areas, wash and mop stadium and bleacher seats | equipment & supply selection, task delegation, field conditions, weather conditions | Daily | 5 |
| 2 | Monitor the condition of turf ; prepare and repair turf before and after athletic events; mow football and baseballs fields; aerate, top dress and fertilize baseball and football fields. | equipment & supply selection, task delegation, project cost estimations | Daily | 5 |
| 3 | Clean and maintain restrooms and locker rooms; stock paper supplies , clean toilets, sinks and mirrors, mop floors and empty trash. Clean and maintain assigned areas; pick up and discard trash and litter; rake leaves and clear snow, ice and other debris from roadways, parking lots, walkways and other facilities | equipment & supply selection, task delegation, project cost estimations | Daily | 5 |
| 4 | Lead, train, and review the work of assigned staff responsible for performing a variety of duties in the installation, maintenance, and repair of systems, equipment and facilities related to area of assignment. Train assigned employees in their areas of work including proper equipment operation and maintenance procedures and techniques | equipment & supply selection, task delegation, project cost estimations | Daily | 15 |
| 5 | Plan, direct, and participate in the performance of a variety of technical tasks in assigned area; assist in coordinating maintenance services and activities with the other City departments | equipment & supply selection, task delegation, project cost estimations | Daily | 15 |
| 6 | Estimate time, materials and equipment required for jobs assigned; requisition and purchase supplies and materials as required. | equipment & supply selection, task delegation, project cost estimations | Daily | 15 |

| | | | | |
|----|--|---|--------|----|
| 7 | Supervise and participate in the use, care and operation of a variety of power equipment and tools.; identify and provide equipment and supplies for lower level and seasonal staff. Verify the work of assigned employees for accuracy, proper work methods, techniques and compliance with applicable standards and specifications; ensure adherence to safe work practices and procedures | equipment & supply selection, task delegation, project cost estimations | Daily | 15 |
| 8 | Plan, direct and participate in conducting inspections of all assigned systems and facilities; identify systems, facilities and equipment needing repair; Perform safety and maintenance inspections on assigned vehicles; perform routine vehicle repairs in the field. | equipment & supply selection, task delegation, project cost estimations | Daily | 10 |
| 9 | Respond to public inquiries in a courteous manner; provide information within the area of assignment; resolve complaints in an efficient and timely manner | equipment & supply selection, task delegation, project cost estimations | Daily | 10 |
| 10 | Maintain records related to area of assignment; input and recall information using appropriate computer hardware and software; Staff schedules, attendance records, and light usage | equipment & supply selection, task delegation, project cost estimations | Daily | 5 |
| 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 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Safe applications of herbicides, fungicides and pesticides. Occupational hazards and safety practices. Pertinent federal, state and local codes, laws and regulations. Enforce department policies and procedures. Perform heavy manual labor in unfavorable weather conditions. |
| 2 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Safe applications of herbicides, fungicides and pesticides. |
| 3 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Occupational hazards and safety practices. Pertinent federal, state and local codes, laws and regulations. Enforce department policies and procedures. Perform heavy manual labor in unfavorable weather conditions. |
| 4 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Safe applications of herbicides, fungicides and pesticides. Occupational hazards and safety practices. Pertinent federal, state and local codes, laws and regulations. Enforce department policies and procedures. |
| 5 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Occupational hazards and safety practices. Pertinent federal, state and local codes, laws and regulations. Lead, organize and review the work of assigned staff. Enforce department policies and procedures. |
| 6 | Principles of lead supervision and training. Operations, services and activities of parks. Enforce department policies and procedures. |
| 7 | Principles of lead supervision and training. Operations, services and activities of parks. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. Operational characteristics and maintenance requirements of maintenance tools and equipment. Occupational hazards and safety practices. Pertinent federal, state and local codes, laws and regulations. Enforce department policies and procedures. |
| 8 | Principles of lead supervision and training. Operations, services and activities of parks. Pertinent federal, state and local codes, laws and regulations. Methods techniques, materials, equipment, and tools used in the installation, maintenance, and reconstruction of facilities, equipment, grounds and systems in area of assignment. |
| 9 | Knowledge of customer service skills and conflict resolution. Operations, services and activities of parks. |
| 10 | Principles of lead supervision and training. Operations, services and activities of parks. Knowledge of CIRSA and ADA codes. |
| | |

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

Commercial Drivers License

Master Gardener

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 | Infield groomer, mowers, gators, field liners, aerators, top dressers, tractors, fertilizer spreaders, edgers, sod cutter, seeder, vacuum, compressors, chemical sprayers, rollers, back hoe, skid steer, rakes, shovels, weed eaters, blowers | Daily |
| 2 | infield groomer, mowers, gators, field liners, aerators, top dressers, tractors, fertilizer spreaders, edgers, sod cutter, seeder, vacuum, compressors, chemical sprayers, rollers, back hoe, skid steer, rakes, shovels, weed eaters, blowers | Daily |
| 3 | Brooms, mops, rakes, shovels, and ladders | Daily |
| 4 | Equipment related to sports field maintenance (ex. mowers, edgers, and tractors) Training with equipment used in basic plumbing and electrical skills. Training with equipment used in small engine maintenance and repair. | Daily |
| 5 | Training with equipment used in basic plumbing and electrical skills. Training with equipment used in small engine maintenance and repair. Train employees in computer skills directly related to irrigation control systems and scheduling | Daily |
| 6 | Experience in job estimating within a defined budget | Daily |
| 7 | Equipment related to sports field maintenance (ex. mowers, edgers, and tractors) Training with equipment used in basic plumbing and electrical skills. Training with equipment used in small engine maintenance and repair. Training in acceptable standards set by government agencies, including ADA and CIRSA | Weekly |
| 8 | Training in acceptable standards set by government agencies, including ADA and CIRSA. Training in vehicle safety and safety precautions used in towing. | Monthly |
| 9 | Customer service skills and conflict management/resolution | Daily |
| 10 | Training in computer skills directly related to records, attendance, scheduling, and lighting | 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. Personnel Management: Effective lead workers are able to concisely communicate tasks and priorities related to events scheduled daily, weekly, monthly, and annually. Lead workers set the standard for acceptable conditions of facilities and customer service related to vendors, user groups, and general public. It is necessary to define precautions related to chemical applications and hazards presented while on the job.

2. **Task Selection:** Crew lead creates work tasks based on necessity. Priorities are based on the necessity of preparing the facility for events and keeping it in top notch condition. The ability to predict complaints and resolve them before they are made.

3. **Safety and Event Management:** It is required that the crew lead inspects the facility, rectifies, and assigns tasks in order to keep user groups, fans, and employees in a safe environment. Manage events so that they run flawlessly, ensuring customer satisfaction by eliminating problems and resolving problems quickly as they arise.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

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

| | | | |
|--|----------|------------------------|-----|
| order to draw, drag, haul or tug objects in a sustained motion. | | | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | All |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | All |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | All |
| 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 | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 3--Extremely Important | All |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 5--Daily | 3--Extremely Important | 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. | 5--Daily | 3--Extremely Important | All |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | All |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | All |

**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.

Chas Grasso, Matt Franklin, Bruce Hagen, Randy McAninch
Tom Davis, Gary Goe, Ed Genaya

Division:

Parks

Department:

Parks + Rec

For Individual Questionnaires Only:

Employee Name:

Grasso
(Last)

Christopher
(First)

J
(Middle Initial)

Current Classification Title:

Parks Crew leader

Division

Parks

Department

Parks

Total Length of Time with organization

Years

months

Total Length of Time in Current Position

Years

months

Assigned Hours/Week:: from 7:00 **to** 3:30

Assigned Days/Week Mon-Fri

Email:

Work Phone: 254 3868

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Ron Felt

Name:

Traci Wieland

Title:

Parks Supervisor

Title:

Parks Superintendent

**Work
Phone**

254-3868

**Work
Phone:**

254 3846

E-mail:

E-mail:

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|---|------------------|-----------------|------------------------------|
| Green School Certification | 8 years | | 0 |
| Turf management | 20 years | | 3 years |
| Project Construction | 20 years | | 7 years |
| Heavy Equipment | 15 years | | 1 years |
| Play Ground Certification | 4 years | | 0 years |
| a. What field (s) should training or degree be in? Play ground school, Backflow certification, Green school certification, Confined space certification | | | |

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.

Completion of 12th Grade or GED
Valid Drivers License

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

I deal with high voltage electricity from time to time. Provide an integral part in the decision making of projects along with Contractors. I not only Run Heavy equipment, but I train others using Safety as a guide. I order all the replacement parts for the playgrounds as I am certified in this field. Estimate the purchase of supplies for a project or my work group. work odd and on call hours. we set the example for our work groups to follow.

EMPLOYEE CERTIFICATION

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

Signed: 

Date: 12/17/08

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: Jan Lelt Date: 1-8-09

Department Head
Signature: [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.

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. |
|--|---|

See attachment.

Division:

Parks

Department:

Parks

For Individual Questionnaires Only:

Employee Name:

Davis
(Last)

Thomas
(First)

J
(Middle Initial)

Current Classification Title:

Parks Crew leader

Division

Parks

Department

Parks

Total Length of Time with organization

15

Years

5

months

Total Length of Time in Current Position

6

Years

4

months

Assigned Hours/Week:: from 7:00 am to 3:30 pm

Assigned Days/Week 5

Email:

Work Phone:

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Ron Felt

Name:

Tracy Wieland

Title:

Parks Supervisor

Title:

Interim Superintendant

Work
Phone

254-3868

Work
Phone:

254-3846

E-mail:

E-mail:

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|--|------------------|-----------------|------------------------------|
| Turf Maintenance | 21 years | | 3 years |
| Building & Construction | 25 years | | 1 years |
| Heavy Equipment Operation | 18 years | | 1 years |
| Master Gardener | 25 | | 0 |
| Special School | 5 | | 0 |
| a. What field (s) should training or degree be in? | | | |
| Should Have Training in Turf Management Plant growth | | | |
| Irrigation system Repair | | | |
| Plant Growth Certification | | | |

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

Valid Drivers License

12th Grade Education or Equivalent

Pass Physical

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

Have to take care of over 100 acres of parks, undeveloped properties and lakes & ponds. Plus over 20 miles of trails. Make decisions of projects, work odd and on call hours. Work with hazardous materials and electricity from time to time as well as heavy equipment and train others to work in a safe manner, as well as estimate purchasing for projects. Work with forestry from time to time in winter.

EMPLOYEE CERTIFICATION

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

Signed: _____

Thomas J. Davis

Date: _____

12-17-2000

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: Don Felt Date: 1-8-07

Department Head
Signature: John Slaw 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.

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.

PARKS Crew Leader

To set the standard in *turf* management by presenting a safe and customer service oriented facility. Develop and maintain a strong work group who strive for quality and top notch service to user groups and peers.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input checked="" type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | 6 |
| <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). | 16 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 16 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 16 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input checked="" type="checkbox"/> | I recommend termination for poor performance. | 16 |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | n/a |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | n/a |

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

YOUR COWORKERS' JOB TITLES

| |
|--------------------|
| Crew Lead |
| Equipment Operator |
| Seasonals |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---------------------|
| Equipment operators |
| Seasonals |
| |
| |
| |
| |
| |
| |

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

☒ Full Time 13 ☐ Part-Time ☒ Seasonal/Temp 10 ☐ 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 and Subordinates | Daily | Contracts, Scheduling, Contacts, Assignments |
| Two Rivers Convention/Concession | Daily | Coordinate concession coverage for events. |
| Recreation Department | Weekly | Coordinating daily tasks and scheduling |
| Public works | weekly | coordinating events + equipment |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---|-----------|---|
| Ex: Vendors, Gen. Public | | Event Specifications, Criteria & Special Requests |
| Mesa State College | Weekly | Event Specifications, Criteria & Special Requests |
| Mesa County School Dist | Monthly | Event Specifications, Criteria & Special Requests |
| Junior College World Series | Annually | Event Specifications, Criteria & Special Requests |
| Grand Mesa Youth Soccer | Monthly | Event Specifications, Criteria & Special Requests |
| Mesa County Junior Football Association | Monthly | Event Specifications, Criteria & Special Requests |
| Vendors and General Public | Daily | Customer Service |

Contractors *Monthly* *Projects*

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.

Use 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 | General turf maintenance: dragging, mowing, field lining, watering, safety inspecting, weed & pest control, and play grounds | equipment & supply selection, task delegation, field conditions, weather conditions | Daily | 30 |
| 2 | Building, Facility, and Equipment Maintenance: safety inspections, repair, construction | equipment & supply selection, task delegation, project cost estimations | Daily | 25 |
| 3 | Irrigation: repair, troubleshooting, scheduling, construction, maxicom (centralized irrigation control) | equipment & supply selection, task delegation, project cost estimations | Daily | 15 |
| 4 | special events, coordination + setup, electrical, | supply needs, delegate, purchase | weekly | 10 |
| 5 | Train and coordinate crews, oversee and delegate tasks on projects, purchasing for projects and crews. | Safety, priority, knowledge of city, county, state and federal policies | Daily | 20 |
| 9 | | | Select | |
| 10 | | | Select | |
| 11 | | | Select | |
| 12 | | | Select | |
| 13 | | | Select | |
| 14 | | | Select | |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | 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 |
|--------|--|
| 1-5 | trouble shoot, maintain, and repair all aspects of irrigation |
| 1-5 | leadership and risk management |
| 1-5 | carpentry, plumbing and electrical |
| 1-5 | biological and horticultural skills |
| 1-5 | pesticide and chemical handling |
| 1-5 | variety of construction skills |
| 1-5 | computer |
| 1-5 | knowing local, county, state and federal policies and guidelines |
| 1-5 | working in confined spaces |
| 1-5 | Turf management |
| | |
| | |
| | |
| | |
| | |

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 |
|--------|--|----------------|
| 1-5 | infield groomer, mowers, gators, field liners, aerators, top dressers, tractors, fertilizer spreaders, edgers, sod cutter, seeder, vacuum, compressors, chemical sprayers, rollers, back hoe, skid steer, rakes, shovels, weed eaters, blowers | Daily |
| 1-5 | blowers, edgers, weed eaters, compressor, painter, | Daily |
| 1-5 | computer, back hoe, trencher, controllers, transits, line locators, | Monthly |
| 1-5 | variety of construction tools, | weekly |
| 1-5 | Electrical and gas meters | 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. Personnel Management - Training, coordinating and overseeing tasks and assignments and job duties.

2. Troubleshoot, prioritize and delegate daily, weekly, and monthly tasks

3. Safety and event management - providing the knowledge, tools, and environment so the work or event can be used in a safe manner

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 | 3--Extremely Important | All |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 5--Daily | 3--Extremely Important | All |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | All |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 3--Extremely Important | All |
| Crawling: Moving about on hands and knees or hands and feet. | 5--Daily | 3--Extremely Important | All |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | All |
| Standing: Particularly for sustained periods of time. | 5--Daily | 3--Extremely Important | All |
| 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. | 5--Daily | 3--Extremely Important | All |
| Pulling: Using upper extremities to exert force in | 5--Daily | 3--Extremely Important | All |

| | | | |
|---|----------|------------------------|-----|
| order to draw, drag, haul or tug objects in a sustained motion. | | | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | All |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | All |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | All |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | All |
| 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 | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 3--Extremely Important | All |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 5--Daily | 3--Extremely Important | 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. | 5--Daily | 3--Extremely Important | All |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | All |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | All |

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. |
|--|---|

See Attachment

Division: Parks Operation Department: Parks

For Individual Questionnaires Only:

Employee Name: McAninch Randall L.
(Last) (First) (Middle Initial)

Current Classification Title: Parks Crew Leader

Division Parks Operations Department Parks

Total Length of Time with organization 27 Years 8 months

Total Length of Time in Current Position 23 Years 1 months

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

Email: Work Phone: (970) 254-3861

Immediate Supervisor:

Immediate supervisor reports to:

Name: Ron Felt Name: Traci Weiland

Title: Parks Supervisor Title: Int. Parks Superintend.

Work Phone (970) 254-3868 Work Phone: (970) 254-3846

E-mail: E-mail:

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Parks Crew Leader:

To lead, organize, oversee and participate in all phases of parks maintenance assignments including the installation, maintenance, and reconstruction of City parks & facilities; To perform the more difficult and complex duties; and to perform a variety of technical tasks relative to assigned areas of responsibility.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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> |
|--|------------------|-----------------|--------------------------------------|
| Turf Management & Maint. | 30 years | | 3 years |
| Heavy Equipment Operation | 25 years | | 2 years |
| Pool Maintenance | 7 years | | 1 years |
| Building Construction & Maint. | 20 years | | 1 year |
| a. What field (s) should training or degree be in? | | | |
| Turf maint. | | | |
| Horticulture | | | |
| Pool/Building maint. | | | |

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

Colorado Drivers License
Equivalent to the completion of the twelfth grade

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--------|----------------------------|----------------|
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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.
- 2.
- 3.

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

AS a Crew Leader for the past twenty-three years, I have obtained the knowledge & experience to deal with virtually any problem or situation that could arise in any of our Parks or Facilities. I have developed professional working relationships with many individuals in other City/County departments, School District officials, vendors, Contractors, as well as the public.

EMPLOYEE CERTIFICATION

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

Signed: Randall McMinch

Date: Dec. 19, 2008

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 |
|--------------|----------|
| | |
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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: Don Zelt Date: 1-8-09

Department Head
Signature: [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.

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:

Parks

Department:

Parks & Rec.

For Individual Questionnaires Only:

Employee Name:

Lundy

AI

D.

(Last)

(First)

(Middle Initial)

Current Classification Title:

Crew Leader

Division

Parks

Department

Parks & Rec.

Total Length of Time with organization

34

Years

1

months

Total Length of Time in Current Position

0

Years

2

months

Assigned Hours/Week:; from

7 AM

to

3:30 PM

Assigned Days/Week

Monday through

Friday

Email:

Work Phone:

254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Ron Felt

Name:

Rob Schoeber ^{PARK Superintendent /} _{Interim}

Title:

Parks Supervisor

Title:

Parks Director

Work
Phone

254-3868

Work
Phone:

254-3842

E-mail:

254-3878

E-mail:

242-1637

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 lead, train and review Seasonal, Parttime and equipment operators of Forestry and Parks. Verify work duties of myself and these employees.

Oversee the repair of 80ft. light fixture towers, the Pesticide spraying operation, stump removal program, large high risk tree removal operation, Training of C.P.R. and First Aid to all crew employees.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 3 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 3 |
| <input checked="" type="checkbox"/> | I make hiring and hiring pay recommendations. | 2 |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 8 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 4 |

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

YOUR COWORKERS' JOB TITLES

| |
|---------------------|
| Crew Leaders |
| Equipment Operators |
| Seasonal employees |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|---|
| I do not complete and sign performance evaluations on said employees only verbally supervise Seasonals and Equipment Operators performance. |
| |
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| |

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

☒ Full Time ☐ Part-Time ☒ Seasonal/Temp ☐ Volunteer ☐ Contract

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|-------------------------------|
| Ex: Peers, Subordinates | | |
| Supervisors | Daily | Give or get information from |
| Crew Leaders | Daily | To check on skill improvement |
| Equipment Ops. | Daily | To Supervise |
| Seasonal Employee | Daily | To Supervise |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|----------------------|
| Ex: Vendors, Gen. Public | | |
| Public Citizens | Daily | To better serve them |
| | | |
| | | |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

| Essential Duties | Decisions Required | Frequency | % of Time |
|--|---|-----------|-----------|
| 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% |

see attached sheet for 5% +

| | 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 | Improve health condition of trees. | Do needed work. | Select M | 8% |
| 2 | Perform skilled climbing of Trees. | choose when needed. | Select M | 8% |
| 3 | Climb, repair 90ft. light towers. | Do needed work. | Select O | 3% |
| 4 | Identify, remove hazardous trees. | Know when needed. | Select A | 5% |
| 5 | Apply Pesticides to improve trees. | Know when needed. | Select Q | 8% |
| 6 | Plant, transplant trees proficiently. | Do needed work. | Select Q | 6% |
| 7 | Identify needed equipment replacement. | Do as needed. | Select D | 3% |
| 8 | Inventory, evaluate all Trees. | choose work needed. | Select Q | 2% |
| 9 | Respond, communicate to public. | Respond proficiently. | Select D | 10% |
| 10 | Operate 55ft. aerial lift truck. | Knowledge of use. | Select W | 6% |
| 11 | Train, supervise lower level employees. | Know how to do so. | Select W | 5% |
| 12 | Provide, install electrical lighting in trees. | Do needed work. | Select A | 2% |
| 13 | Provide, train C.P.R.-First Aid | Skill to do training. | Select A | 1% |
| 14 | Purchase supplies for tree care. | When to do so. | Select M | 2% |
| 15 | Coordinate work crew assignments. | Knowledge to do so. | Select D | 3% |
| 16 | Attend seminars, classes for knowledge. | When to do so. | Select O | 2% |
| 17 | Utilize proper safety precautions. | Knowledge to use. | Select D | 4% |
| 18 | Provide assistance to supervisor. | Knowledge to do so. | Select Q | 2% |
| 19 | Conduct professional work behavior. | Knowledge to do so. | Select D | 10% |
| 20 | Responsible record keeping. | Skill to do proficiently. | W | 2% |
| 21 | Formal, informal education. | Achieve when needed. | A | 3% |
| 22 | Perform skilled duties and work | Skill to do so | W | 15% |

assignments as given by
immediate supervisor.

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. | Knowledge of advanced trimming of trees and skill and ability to perform the duty in a professional manner. |
| 2. #1.-8. | Knowledge of current arboriculture standards, ability to apply the methods and skill to use the techniques. |
| 3. #5. | Knowledge of insect and disease control, the skill to apply a pesticide program and ability to perform the task. |
| 4. #6. | Knowledge of tree planting and the skill to plant correctly and ability to perform the duty. |
| 5. #4. | Knowledge of methods in removing trees, the skill to do so in a safe manner and ability to perform the duty. |
| 6. #3. | Electrical knowledge in repair of electrical poles, skill in climbing 90ft. light fixtures and ability to perform the task. |
| 7. #10. | Knowledge of lighting decoration of trees, skill to use electrical lighting wiring safely and ability to perform the task. |
| 8. #7.-10. | Knowledge in use of technical equipment, skill to use various equipment and ability to perform duty safely. |
| 9. #1. | Knowledge of tree identification to inventory trees, skill in producing written material and ability to perform correctly. |
| 10. #7.-10. | Knowledge to repair and upkeep of equipment, skill to do needed repairs, ability to do task safely and correctly. |
| 11. #11.-12 | Knowledge of material to give safety classes in training, skill to be an instructor and ability to perform training classes. |
| | - Continued on next page. - |

Duty #

Knowledge - Skill

| | | |
|-----|------|---|
| 2. | #6. | Knowledge planting nursery stock trees and skill to enhance their growth, ability to perform various nursery duties. |
| 3. | #14. | Knowledge of other duties assigned by supervisor, skill to perform other assignments, ability to carry out supervisor's orders. |
| 4. | #14. | Knowledge of supervision duties in his absents, skill to perform supervisors function if needed when asked. |
| 5. | #4. | Knowledge of stump removal equipment, skill in removing stumps properly, ability to perform duty safely. |
| 16. | #15. | Recordkeeping knowledge, ordering and storage of pesticides, skill in correct bookkeeping in performing duty. |
| 17. | #11. | Knowledge in training other employees, skill to train properly and proficiently to perform this duty. |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

| <u>Type of Experience</u> | | | |
|----------------------------------|------------------|---------------------|------------------------------|
| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
| Associate in Science in Forestry | years 2 | High School Diploma | years 12 |
| On the Job Training/experience | years 34 | Equipment Operator | years 2 |
| Crew Leader Position | years 14 | On Job experience | years 3 |

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

Forestry occupation training of 3 years

Urban Forestry training or degree of 2 years

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.

Commerical Drivers License from Federal Government
 Medical Examiners Certificate from State of Colorado
 Completion of 12th Grade from High School Diploma
 Passing of a City employment physical and drug test.
 18 years of age or older.

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 |
|--------|--|----------------|
| 10,12 | Aerial lift Truck | M 12% |
| 1,4 | Brush chipper | W 8% |
| 1,4 | Log boom lift Truck | M 6% |
| 1,4 | Hydraulic stump cutter | A 10% |
| 1,4 | Dump bed truck | Q 6% |
| 1,4 | Chain saws | W 10% |
| 1 | Hydraulic loppers | O 5% |
| 1,4 | Power blowers | O 5% |
| 4,8 | Electrical hand tools | Q 7% |
| 6 | Hydraulic tree spade | Q 8% |
| 1 | Electric hedge trimmers | O 2% |
| 5 | Pressurized Pesticide applicator sprayer | M 15% |
| 2,3,1 | Climbing saddle with climbing ropes | O 6% |

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. Assess and evaluate what chemicals are needed to apply for the health of each tree. Applying these chemicals to each tree and making the judgment on how to apply them.

2. Assess and evaluate then determine what care is needed for each tree, and if I need help in that care, decide which Crew Leader would be best to help with that duty.

3. Supervise equipment operators and seasonals needed on a day to day basis and decide how best to utilize them to get the Duties of Forestry Accomplished.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|-------------|-------------|-------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | Select 3 | Select 3 | 1,2,3,4, 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. | Select 5 | Select 3 | 1,2,3,4, 10,12 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | Select 5 | Select 3 | 1,2,3,12 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5 Select | Select 1 | 1,2,3,4 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5 Select | Select 1 | 2,3 |
| Crawling: Moving about on hands and knees or hands and feet. | 3 Select | Select 0 | 2 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5 Select | Select 2 | 2,3,4,10 |
| Standing: Particularly for sustained periods of time. | 5 Select | Select 3 | 1,2,3,4,10,12 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5 Select | Select 3 | 1,4,5,8 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5 Select | Select 2 | 1,2,3,4 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5 Select | Select 2 | 1,2,3,4 |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 4 Select | Select 1 | 12 |

| | | | |
|--|----------|----------|---------|
| Grasping: Applying pressure to an object with the fingers or palm. | 5 Select | Select 1 | 3,12 |
| 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 Select | Select 3 | 1,2,3,4 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 4 Select | Select 2 | 12 |
| 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 Select | Select 3 | 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 Select | Select 1 | 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 Select | 3 Select | all |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5 Select | Select 3 | 1,2,3,4 |
| 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 Select | Select 3 | all |
| 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 Select | Select 3 | 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. | 5 Select | Select 3 | 1,2,3,4 |
| 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 Select | Select 3 | 1,2,3,4 |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 5 Select | Select 3 | 1,4,2,3 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

In the 34 years of my employment I have worked in the Forestry Division. This Job Analysis Questionnaire is basis on the service I have done up to now. Recently I have been transfered out of Forestry and into Parks. My duties, tasks and abilities have not changed as of yet; However, working in Parks now with a different Supervisor those duties and tasks may change in the future.

EMPLOYEE CERTIFICATION

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

Signed: _____

af Lundy

Date: _____

11/22/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. 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 |
|--------------|----------|
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[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

Please check the appropriate statement:

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

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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 1-8-09

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.

1. The first part of the document is a list of the names of the persons who were present at the meeting. The names are listed in alphabetical order.

2. The second part of the document is a list of the topics that were discussed at the meeting. The topics are listed in alphabetical order.

| 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 | Improve health, condition of Trees | Do work as needed | Select M | 8% |
| 2 | Perform skilled climbing of Trees | choose when needed | Select M | 8% |
| 3 | Climb, repair 90 ft. light Towers | Do needed work | Select O | 5% |
| 4 | Identify, remove hazardous Trees | Do work as needed | Select A | 5% |
| 5 | Apply Pesticides to improve Trees | Know when needed | Select Q | 10% |
| 6 | Plant, transplant Trees proficiently | Do needed work | Select Q | 5% |
| 7 | Identify needed equipment replacement | Do as needed | Select D | 5% |
| 8 | Inventory evaluate all Trees | choose work needed | Select Q | 5% |
| 9 | Respond, communicate to public | Respond proficiently | Select D | 10% |
| 10 | Operate 55 ft. aerial lift Truck | Knowledge of use | Select W | 6% |
| 11 | Train, supervise lower level employees | Know how to do so | Select A | 5% |
| 12 | Provide, Train CPR - First Aid | Skill to do Training | Select A | 5% |
| 13 | Coordinate work crew assignments | Knowledge to do so | Select D | 10% |
| 14 | Provide assistance to supervisor | Knowledge to do so | Select Q | 5% |
| 15 | Responsible record keeping | Skill to do proficiently | Select D | 5% |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

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| 116 | 26 | ... |
| 117 | 27 | ... |
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| 119 | 29 | ... |
| 120 | 30 | ... |