

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Department:

For Individual Questionnaires Only:

Employee Name:	Friesen	Linda	G
	(Last)	(First)	(Middle Initial)

Current Classification Title: Maxicom/Irrigation

Division	Parks & Recreation	Department	Parks
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Total Length of Time with organization 4 Years 7 months

Total Length of Time in Current Position Years 3 months

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

Email: lindaf@gjcity.org

Work Phone: (970) 254-3873

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Traci Wieland

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

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.

Maxicom/Irrigation

Optimize the water efficiency of City landscaped areas; turf, shrubs, flowers, planters and sports facilities by performing technical and specialized skills relating to the irrigation maintenance management system.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1 - 10
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

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

YOUR COWORKERS' JOB TITLES

Crew Leaders
Equipment Operators
Seasonal

YOUR DIRECT REPORTS' JOB TITLES

Seasonal

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

☐ Full Time ☐ 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 & Utilities Project Engineers	Weekly	New Construction, Upgrades
Information Technology IS Support Specialist	Monthly	PC Anywhere, Wi-fi, Internet Security
Geographical Information Systems GIS Tech II	Weekly	Mapping Changes, Updates, New Implementations
Information Technology Telecommunications Analyst	Monthly	Land Lines, Cellular, Communication Troubleshooting
Recreation LSR's	Weekly	Scheduled Events at Parks, Sports Facilities and City Landscape Areas

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Grand Junction Pipe	Daily	Consulting, Purchasing, Equipment Repair & Replacement
Barnes Electric	Monthly	New Installation, Re-Wire, Troubleshooting
Xcell Energy	Monthly	New Installation, Troubleshooting
Qwest	Monthly	New Installation, Troubleshooting
Water Engineering	Monthly	New Construction, Troubleshooting
Clarke & Associates Inc.	Quarterly	New Construction, Troubleshooting

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	Meet with Parks Superintendant, Parks Supervisor, Forestry/Horticulture Supervisor and Crew Leaders to evaluate specific needs pertaining to City parks and landscaped areas for writing and customizing programs and water schedules. Provide reports when requested for budget purposes.	Equipment at site, soil condition, turf condition and requirements, water type, how many zones, sprinkler type, nozzle used, flow rate, pump capacity, shade areas, hills, burms, special needs, public usage, water window.	Daily	10%
2	Enter water usage data into the computerized irrigation maintenance management system, set up programs to connect remote sites to the system, install software updates, download water usage information from weather station to a personal computer, and upload program schedules to remote sites for tracking and scheduling water usage at City parks and landscaped areas.	Equipment at site, soil condition, turf condition and requirements, water type, how many zones, sprinkler type, nozzle used, flow rate, pump capacity, shade areas, hills, burms, special needs, public usage, water window.	Daily	15%

3	Perform water audit of City landscaped areas, calculate evapotranspiration (ET) rates to determine if an area is being over or under watered; determine optimum watering times and coverage. Make adjustments to water scheduling and irrigation programming of specific sites including but not limited to school schedules, public use, City contracts, sporting events, etc.	Equipment at site, how many zones, soil condition, turf condition and requirements, water type, sprinkler type, nozzle used, flow rate, pump capacity, shade areas, hills, burms, special needs, public usage, water window.	Daily	25%
4	Assist and make recommendations regarding installation, repair and maintenance of City irrigation and sprinkler systems; advise other Park personnel on the operation of specialized controllers, flow meters, master control valves and related irrigation components.	Equipment at site, how many zones, soil condition, turf condition and requirements, water type, sprinkler type, nozzle used, flow rate, pump capacity, shade areas, hills, burms, special needs, public usage, water window.	Daily	5%
5	Identify and troubleshoot problem areas with irrigation systems, including check valves, backflow devices, clocks and timers, electrical irrigation devices and flow meters. Make repairs to irrigation systems by operating hand tools such as shovel and handsaws, power tools such as drills and power saws, and equipment such as trenchers and electrical testing equipment	Determine problem area.	Daily	10%
6	Assist with planning, and review plans and specifications relating to irrigation systems and components. Make recommendations to developers and contractors regarding design and implementation on parks, ball fields, and landscaped areas including sprinklers, type and heads, and watering times to provide adequate irrigation necessary to maintain plant growth.	Evaluate Site needs.	Monthly	10%
7	Meet with vendors to obtain new product information and to understand changes in systems operations based upon software updates, purchase components for irrigation maintenance management systems.	Determine what is needed.	Weekly	5%
8	Trains and advises parks personnel on the operational characteristics of the computerized irrigation maintenance management system, makes recommendations to the Parks Supervisor for improvements to the system.	Communicate operation procedures and requirements.	Daily	5%
9	Reads and interprets diagrams, blueprints, maps, specifications, and operating manuals to understand the mechanical and electrical systems to assist in the installation, maintenance, and repair of CCU's, clocks and irrigation systems.	Determine what is needed and how to maintain it.	Daily	5%

10	May attend meetings relating to water usage, water conservation, landscaping, new construction, and irrigation as a representative of the Department	Evaluate site and determine needs	Monthly	5%
11	Irrigation, fertilizing, mowing, trimming, chemical spraying for weed control and weeding as needed	Determine what is needed	Monthly	5%
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
2,3,4,5,6,7,9,10	Knowledge of methods and materials used in sprinkler and irrigation system installation, maintenance and repair.
All	Knowledge of components and operational characteristics of a computerized irrigation maintenance management system.
1,2,3,4,6,7,8,10	Knowledge of rules, regulations, policies and operating procedures of the Parks.
4,5,6,7,8,9,10	Methods, materials, and standards used to install, test, maintain and repair commercial irrigation water meters, valves, and electronic control devices.
2,3,4,5,6,7,8,9,10	Operational characteristics and methods used to inspect, test, and repair computerized irrigation management system.
All	Good knowledge of arithmetic, personal computers, CCU's, clocks, flow meters and sensors, irrigation systems, backflows, locate equipment and water auditing practices and procedures.
All	Knowledge of City parks and landscape areas, soil conditions, water type, turf requirements, equipment, irrigation system, public usage, contracts and scheduled events.
1,2,3,4,5,6,8,9	Ability to operate computer, read and understand engineering drawings, development plans and street maps.
1,2,3,4,6,7,8	Ability to plan, organize and direct the work of assigned staff, prepare and maintain written

9	and verbal reports of work activities. Understand and follow verbal and written instructions, communicate effectively verbally and in writing. Establish and maintain cooperative working relationships with those contacted in the course of work.
5	Skill in the use of hand and power tools.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input 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
		Other (explain):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	One year college education, Maxicom training, Master Gardener training and certification, Green School training and certification, Turf Management

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>
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Secretarial/Computer Skills	30 +	years	Computer Skills	3	years
Farming, Horticulture, Irrigation	20	years	Master Gardener Certification		years
Management/Supervisor	20	years	Turf Management Certification		years

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

Extensive Maxicom training, training in irrigation and water management, soil identification, testing and amending, turf management, equipment use and safety, and chemical safety and application.

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 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
All	Computer	Daily
All	CCU, Clocks, Decoders, Irrigation Pumps	Daily
4,5,6,7,8 9,10,12	Radio frequency Detector and Check Device	Weekly
5,10	Hand Saw and drill	Weekly
5,10	Trencherl	Occasionally
1,3,5,10,11	Moisture Meter	Daily
1,3,4,5,6,7 8,9,10,11	Locate Equipment	Weekly

5. DECISION-MAKING & JUDGMENTS.

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

1. What computerized equipment, weather stations, flow sensor, clocks, and other pertenant equipemnt do we have and need. What programs do we need to write to efficiently and effectively water the City parks and landscape areas.

2. What are the soil types, turf involved, water sources, types and avialibility, equipment, water windows, usage by public and special events at the City parks and landscape areas.

3. How to create and encourage good communication and cooperation with Supervisors, Crew Leaders and Equipment Operators.

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.	3--Monthly	1--Somewhat Important	5,10
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.	4--Weekly	3--Extremely Important	5,10
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	3,5,10
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	3,5,10
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	3,5,10
Crawling: Moving about on hands and knees or hands and feet.	3--Monthly	2--Very Important	3,5,10
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	3,5,10
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	3,5,10
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	3,5,10,11,12,13
Pushing: Using upper extremities to press against something with steady force in order to thrust	3--Monthly	2--Very Important	5,10

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	3--Monthly	2--Very Important	5,10
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	2,5
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	2--Very Important	3,5,10
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.	4--Weekly	2--Very Important	5,10
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	3,5,10
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	All
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	2,3,5,10
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.	5--Daily	2--Very Important	2,6,7,8,9 10,11,12 13
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	4--Weekly	2--Very Important	2,3,5,10

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.	2--Quarterly	2--Very Important	5,10
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	1--Annually	2--Very Important	5,10
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	1--Annually	1--Somewhat Important	5,10

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

The sky is the limit with this Maxicom/irrigation position, and the City of Grand Junction is just starting to get their feet wet. We currently have a quarter of a million dollars invested in this highly sophisticated system and are excited about the ways it will save us time and money.

It is my job and responsibility to get the training necessary to program and write schedules that will not only keep our City landscaped areas looking beautiful, but will also keep them healthy through correct watering, replacing only the water lost through evapotranspiration, to insure we are not over watering and over spending. This position is not just about turning on a pump or programming the timing in a clock for irrigation, it is knowing how to analyze the areas and how to write the "correct" programs and schedules to meet the criteria of every area from high "public" use areas, hills and slopes, medians, shade areas, hot areas. Every variance is taken into consideration and adjustments are made through the Central Computer to meet those needs.

Correct equipment installation and programming will monitor water flow to detect breaks or system problems for automatic shut down. Rain accumulation is monitored, and shut down schedules written to ensure accountability of responsible watering procedures.

This position does not stop at irrigation. We are looking forward to expanding into programming City lights (turning them on and off), and the automation capabilities to lock and unlock doors instead of paying an outside agency.

EMPLOYEE CERTIFICATION

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

Signed: Linda Fresen 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.**

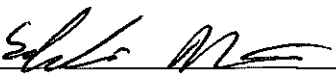
Question No.	Comments

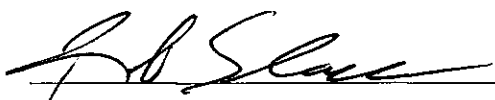
Please check the appropriate statement:

- ☐ 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: _____

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.

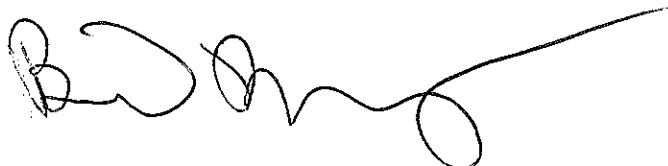
Supervisor Summary Comments for Parks Operations Divisions

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.



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:
- National Playground Safety Institute
 - Commercial Drivers License
 - ISA Certified Arborists
 - Certified Landscape Technician
 - Certified Turfgrass Professional
 - 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? ☒ Yes ☐ No If yes, please list all employee names.

Division: PARKS

Department: SPORTS FACILITIES

For Individual Questionnaires Only:

Employee Name:

WILLIAMS
(Last)

TERRY
(First)

T
(Middle Initial)

Current Classification Title: EQUIPMENT OPERATOR

Division PARKS

Department SPORTS FACILITIES

Total Length of Time with organization

16 Years 8 months

Total Length of Time in Current Position

11 Years 5 months

Assigned Hours/Week:: from ^{1/0} ~~ANY~~ to VARIES

Assigned Days/Week ANY

Email:

Work Phone:

255-9715

Immediate Supervisor:

Immediate supervisor reports to:

Name:

BRUCE HAGEN

Name:

ED MORT

Title:

CREW LEADER

Title:

SPORTS FACILITIES SUPERVISOR

Work
Phone

255-9715

Work
Phone:

254-3873

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 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 checked="" type="checkbox"/>	Other (explain): 2 YEARS EXPERIENCE IN SPORTS FIELD MAINTENANCE, EQUIPMENT OPERATION AND BUILDING 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>
Turf Management	16 years	SPORTS FIELD MAINT.	2 years
BUILDING MAINTENANCE	13 years	EQUIPMENT OPERATION	2 years
SPORTS FIELD MAINTENANCE	11 years	BUILDING MAINT.	2 years

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

PARKS AND RECREATION

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

COLORADO DRIVERS LICENSE

MASTER GARDENER OR EQUIVILANT EDUCATION - COLLEGE

BOTANY AND PLANT TAXONOMY

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

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: Tanya Williams Date: 12.16.08

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

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.
--	---

TerryWilliams - 16yrs, Mike Vig - 8 yrs, Brent Burgess - 7 yrs (Canyon View, Equipment Operator irrigation, field maintenance, building maintenance)

Ryan Dennison - 5yrs, Bill Johnson - 12yrs (Lincoln Park, Equipment Operators)

Nikki carpendale Canyon view equipment operator

Division: Parks

Department: Sports Facility

For Individual Questionnaires Only:

Employee Name:	Johnson	William(Bill)	F
	(Last)	(First)	(Middle Initial)

Current Classification Title: Parks Equipment Operator

Division	Sport Facilities	Department	Parks
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Total Length of Time with organization 11 Years 9 months

Total Length of Time in Current Position 9 Years 9 months

Assigned Hours/Week;; from 40 **t o** **Assigned Days/Week** 5

Email: **Work Phone:** (970) 254-2504

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Randy Coleman	Name:	Eddie Mort
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Title:	Crew Leader	Title:	Parks Supervisor
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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 type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Certificates in Landscape and Irrigation

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>
High School Diploma	4 years	High School Diploma	years
Bachelors Degree	years	Driver License	years
Master Gardener	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.

Drivers License

Signed: _____

12-17-08

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

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).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	0
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	0
<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.	0
<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.	16
<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

Equipment Operators
Seasonals
Crew Leader

YOUR DIRECT REPORTS' JOB TITLES

Seasonals
* Equipment operators TW

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

- ☒ Full Time 4 (CV) 2(LP)
 ☐ Part-Time
 ☒ Seasonal/Temp 6 (CV) 2 (LP)
 ☐ 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		
Recreation Department	Daily	Contracts, Scheduling, Contacts, Assignments
Peers and Subordinates	Daily	Coordinating daily tasks and scheduling
Two Rivers Convention/Concessions	Weekly	Coordinate concession coverage for events.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
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 and 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	25
2	Monitor the condition of turf; prepare and repair turf before and after athletic events; mow football and baseball fields; aerate, top dress and fertilize baseball and football fields.	equipment & supply selection, task delegation, project cost estimations	Daily	25
3	Clean and maintain restrooms and locker rooms; stock paper supplies; clean toilets, sinks and mirrors, mop floors, and empty trash. Clean 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	10
4	Respond to requests and inquiries from customers and the general public; inform the general public upcoming construction and maintenance activities.	task delegation, determine customers special requests and address them	Daily	10
5	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	10

	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
7	Plan, direct, and participate in the performance of a variety of technical tasks in assigned area; assist in coordinating maintenance services and activities with other City departments.	equipment & supply selection, task delegation, project cost estimations	Daily	10
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1	dragging techniques, skinned area maintenance, knowledge of field dimensions, principles of turf management
2	turf management, rates of application for fertilizers, top dressing, chemical pest and weed control application rates, irrigation practices, aeration schedules, proper equipment selection
3	chemical selection, ppe selection, plumbing repair and troubleshooting, electrical repair and troubleshooting
4	conflict resolution
5	knowledge of equipment maintenance and safe operation

6	knowledge of vehicle and building operation
7	communication skills, ability to understand and read blueprints

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<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 type="checkbox"/>	Other (explain): Certificates in Landscape and Irrigation

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>
High School Diploma	4 years	High School Diploma	years
Bachelors Degree	years	Driver License	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.

Drivers License, master gardener or equivalent education

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

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	mowers, gators, aerators, top dressers, tractors, fertilizers spreaders, edgers, sod cutter, seeder, vacuums, compressors, chemical sprayers, rollers, backhoe, skid steer, rakes, shovels, weed eaters, blowers	Daily
3	compressors, blowers, plumbing repair equipment, electrical repair equipment,	Daily
4	depends on the event and needs of the customer	daily
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, trailers, dump trucks, trenchers, winch truck	Daily
6	knowledge of CIRSA regulations, various and assorted hand tools	Daily
7	ability to read a blueprint, various equipment depending on the situation	

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. field playability & safety: determining whether the skinned area is too wet or dry, and is safe for play; determining whether the turf condition is conducive for safe play: too wet, no unsafe areas such as holes or loose turf

2. Facilitating customer needs: communicating with customers as to what their needs are and the best way to meet those needs

3. Making sure equipment is operating correctly & safely before and after use: knowing how each piece of equipment operates and the proper procedures for maintaining them

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.	4--Weekly	1--Somewhat Important	building maintenance, field lighting, & scoreboard maintenance
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.	3--Monthly	1--Somewhat Important	stand washing, building maintenance
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	irrigation, field maintenance, building maintenance
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	irrigation, field maintenance, building maintenance
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	irrigation, field maintenance, building maintenance
Crawling: Moving about on hands and knees or	0--Never	0--Not Important	n/a

receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.			building maintenance
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	irrigation, field maintenance, building maintenance
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	irrigation, field maintenance, building maintenance
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	2--Very Important	irrigation, field maintenance, building maintenance
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	irrigation, field maintenance, building maintenance
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	irrigation, field maintenance, building maintenance
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.	4--Weekly	1--Somewhat Important	irrigation, field maintenance, building maintenance
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	1--Somewhat Important	irrigation, field maintenance, building maintenance

hands and feet.			
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	irrigation, field maintenance, building maintenance
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	irrigation, field maintenance, building maintenance
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	irrigation, field maintenance, building maintenance
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	2--Very Important	irrigation, field maintenance, building maintenance
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	irrigation, field maintenance, building maintenance
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	4--Weekly	1--Somewhat Important	irrigation, building maintenance
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	irrigation, field maintenance, building maintenance
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	irrigation, field maintenance, building maintenance
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4--Weekly	1--Somewhat Important	irrigation, field maintenance, building maintenance
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.	4--Weekly	3--Extremely Important	irrigation, field maintenance, building maintenance
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	5--Daily	3--Extremely Important	irrigation, field maintenance,

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

Working in sport facilities hours are different with each event and different from other departments. Having daily interaction with public. Supervise and train seasonal staff in crew leaders absence.

EMPLOYEE CERTIFICATION

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

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:

Keller
(Last)

Christopher
(First)

J
(Middle Initial)

Current Classification Title:

Cemetery Equipment Operator

Division

Cemetery

Department

Parks and Recreation

Position is (check one): ☒ Regular full-time ☐ Regular part-time

Total Length of Time with organization

19 YEARS 0 MONTHS

Total Length of Time in Current Position

19 YEARS 0 MONTHS

Assigned Hours/Week 8:00^{AM}; from 4:30 to

Assigned Days/Week 5

Email:

Work Phone:

970 244 1550

Immediate Supervisor:

Immediate supervisor reports to:

Name: Mike Vendegna
Title: Cemetery Horticulture Forestry Supervisor

Name: Park Superintendent
Title:

Phone: 254-3821

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.

Cemetery Equipment Operator: To operate and maintain the cemetery. The operation consists of by dig graves and raise older sunken graves and to prepare for weekly and daily burials. Other objectives are maintaining landscaped areas through our mowing stringtrimming and inspecting turf and plant material for weekly irrigation purposes, maintain prune and trim roses shrubs and small trees.

~~for~~

The final summary is to operate a variety of hand pneumatic and electric and battery powered tools

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

Crew leader
Equipment operator
Equipment operator
Part-time Equip oper
Part-time Equip oper
Part time Equip oper

YOUR DIRECT REPORTS' JOB TITLES

3 Parttime Equip opers

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

☐ Full Time
 ☒ Part-Time 3
 ☐ 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		
Pipeline maint	yearly	consult on water breaks
Fleet maint	monthly	Turn on water Spring Turn off fall
Solid waste	quarterly	General maintenance of Cemetery Equip
Stores	quarterly	General trash Service
Streets	yearly	General supplies
Parks and Rec	Daily	Spring clean up and cemetery roads
Human Resources	monthly	Park maintenance matters
		Employment information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Snyder GU memorials	weekly	For grave site locations
Carlson memorials	weekly	Same as Snyder GU mem.
Martin Mortuary	weekly	Scheduled burial for the week
Calahan Edfast mort	weekly	Same as above
Snell McClean mort	weekly	Same as above
General Public	Daily	For location of grave sites
		Funerals Customer complaints

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%)
		complaints		
1	Assist the public on cem matters	Grave location	W	10%
2	Find locate and dig graves	How to Set up ^{site} locate	W	20%
3	Irrigate cemetery assigned area	when to change water	W	20%
4	Prepare for weekly mowing	mow assigned areas	W	20%
5	Inspecting and Policing cemetery	where to start	W	↑
6	Leaf collection	what area to work	W M	
7	Pruning of shrubs roses flowers	How to cut and Plant	W M	
8	planting of roses and shrubs	same as above	W M	
9	Raising Sunken graves	what area to work	W	
10	Raising trees for mowing	which limbs to be cut	M	
11	and trimming and irrigation			
12	Remove snow from roads and	How to clean roads	W	20%
13	Grave Sites			
14	Training new employees for	Proper operating Practices	W	
15	the season			
16	Maintenance of equipment for	if piece of equipment is safe to use	W	
17	Safe operation			
18	Setup Prepare graves for burial	Planning the total set up	W	
19	or disinterment	Planning area to be trimmed.	W	
20	strings from around head stones	Locate and	W	
21	Repair maintain irrigation Breaks	repair	W	10%

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
123 186 thru 21	understandings of operation methods Standards of assigned areas of cemetery operation
2 thru 21	Ability to operate and use Power and hand tools in a safe manner.
2 thru 21	Ability to operate and maintain a safe work... environment
2 thru 21	Awareness of hazards and safety practices and Policies.
2 thru 21	Perform a variety of skilled and semi skilled maintenance of assigned areas.
2 thru 21	Evaluate job assignments to achieve goals to accomplish assigned task.
1 thru 21	Follow oral or written instructions from crew leader or supervisor.
1, 2 2 thru 21	Ability to read map and burial records for proper grave site locations.
2 thru 21	Ability to perform manual labor in extreme working conditions.
2 thru 21	Establish goals in working with other workers in assigned work group. The person you are in contact with on a regular basis

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 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>
Cemetery Equip oper	19 years	Cemetery Equip oper	2 years
Parttime Equip oper	7 years	Parttime Equip oper	1 years
	years		years

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

Land scape or Horticulture Tech

certificate in CSU CO OP master gardener Program.

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.

1. A valid Colorado Drivers license

2 Participate in the Colorado State Co-op Extention master gardener Program

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
21 29 16 18	Back hoe tractors	W 25 0/0
19, 19, 6 2 21 18	Pickup truck with dump bed	W 5 0/0
10	Small engine Equipment mowers string	D 20 0/0
20 6 9 4	trimmers Chain saw sod cutter Hedge	
16 18 7	trimmer	
6 16 4	Riding lawn mower	D 10 0/0
2 thru 21	Offroad Vehicle	D 10 0/0
21 22	Electric and battery powered tools	D 10 0/0
	welders drills saws jack hammer &	
	grinders oxy Acetylene torch.	
2 thru 22	Rakes Shovels Pick axes ladders wrenches	D 20 0/0
	Sockets screw drivers hammers	
	chisels pry Prybars jacks hoists	

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. When assignment is given; Equipment operator takes charge plans to achieve goals to complete assigned job task.
2. When Crew Leader is absent the Equipment operator direct assignments to other workers for the day
3. Due to Saturday burials one Equipment Operator assigns employees in their charge^{of} assignments for the day.

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	2, 18, 19
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	3, 9, 11 10 20
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	ALL
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5	3	2, 3 9 18 16
Crouching: Bending the body downward and forward by bending leg and spine.	5	3	ALL
Crawling: Moving about on hands and knees or hands and feet.	5	2	7, 8, 9
Reaching: Extending hand(s) and arm(s) in any direction.			
Standing: Particularly for sustained periods of time.			
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5	3	2 3 6 12 18 20 7, 8, 9
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5	3	12 6 20
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5	3	3 18 16 6 10
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	2	1	3 16

Grasping: Applying pressure to an object with the fingers or palm.	5	3	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	3	All
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5	2	3 7 8 16 20
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 2 3 4 7 8 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	3	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	3	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5	3	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	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	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	3	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	3	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	3	2 16 12 10 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.)			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).

I honestly feel that the working descriptions above the
criteria does apply to my job as Cemetery Equip-
ment operator

EMPLOYEE CERTIFICATION

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

Signed: Christopher J. Keller

Date: 12-16-2008
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

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 Vondra 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:

FREGETTO
(Last)

PETER
(First)

J.
(Middle Initial)

Current Classification Title:

EQUIPMENT OPERATOR

Division

CEMETERY

Department

PARKS & RECREATION

Position is (check one): ☐ Regular full-time ☐ Regular part-time

Total Length of Time with organization

29 YEARS 2 MONTHS

Total Length of Time in Current Position

8 YEARS 11 MONTHS

Assigned Hours/Week

40

; from

7AM to

3:30PM

Assigned Days/Week

5 PER WK.

Email:

N/A

Work Phone:

970-244-1549

Immediate Supervisor:

Immediate supervisor reports to:

Name:

MIKE VENDEGNA

Name:

Title:

SUPERVISOR

Title:

Park Superintendent

Phone:

970-254-3821

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.

Equipment operator at Orchard Mesa Cemetery

The purpose of this position is to assist the public, dig graves, set-up for funerals & keep the cemetery grounds in top shape.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	3
<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.	3

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

YOUR COWORKERS' JOB TITLES

Crew Leader
Equipment Operator
3 parttime Equipment O.

YOUR DIRECT REPORTS' JOB TITLES

Mike V. [unclear]
[unclear]
3 parttime Equip. O.

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

☐ Full Time ☒ Part-Time 3 ☐ 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		
Human Resources	Once a month	Dealing with Benefits
Fleet Service	Once a month	Maintenance on vehicles
Water Department	Once every 3 mos.	Water or irrigation issues
Parks & Recreation	Once a week	Assist the Cemetery & its needs

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Twice a week	To assist in finding & purchasing of grave spaces.
Snyder Memorial	1 a week	Assist after funerals
Carlson's Memorial	1 a month	to listen to their needs regarding the cemetery & their specific grave spaces.
Callahan Edfest	2 a wk	
Martin's Mortuary	1 a month	
All Seasons Rental	Once a month	

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	Public Assistance	What are their needs	weekly	10%
2	Find layout & dig graves	all its needs	weekly	20%
3	Water Cemetery by hand	Time, irrigation needs	weekly	20%
4	Mow lawns	Cemetery needs	weekly	20%
5	Weed eat around stones & trees	Safety & d	monthly	10%
6	All the remainder is 20% total of my time.			
	Policing Cemetery			20%
	Leaf Collection			
	Rose Pruning			
	Grave Raising			
	Rose Planting			
	Tree Raising			
	Shrub Pruning			
	Flower Collection			
	Snow Removal			
	Training Sessions			
	Maintenance of equipment			100%
	Crown Pt. Cemetery work			
	Setting up flag etc daily			
	Set-up for funerals and burials			

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
A	ANK	Operations, services & activities of assigned work
B	2,3,4,5,6	Methods, standards, materials, equipment and tools used in area of assignment.
C	2,3,4,5,6	Operational characteristics & maintenance requirements of tools & equipment needed.
D	2,4,5,6	Safety rules & occupational hazards & standard safety practices.
E	3,4,5,6	Perform semi-skilled maintenance in area of work assigned.
F	2,3,4,5,6	Use & operate hand tools, vehicular & stationary mechanical equipment, & power tools required.
G	ANK	Identify & suggest solutions to work area problems.
H	2,3	Perform heavy manual labor in unfavorable weather.
I		Read & interpret cemetery maps.
J	1,2 (ANK)	Understand & follow oral & written instructions.
K	1,2 (ANK)	Communicate clearly & concisely, both orally & written.
L	ANK THE	Establish and maintain effective working relationships with those contacted in the course of work.
	TIME	

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 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>
30 ^{hrs} people skills	years	1 yr - A desire to assist	years
30 yrs equipment operation	years	1 yr - The aptitude	years
30 yrs horticulture & field knowledge	years	1 yr - Desire to learn and function in these areas	years

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

Communicating, irrigation, equipment operation and 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.

(A) A valid Colorado Driver's license

(B) Ability to obtain certifications such as our Master Gardener's certificate.

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
1,2,3,5,6	Operate Off road vehicles	Daily
2	Operate a backhoe	3 times a wk
5	Operate weed eaters	2 times a wk during ^{season}
4	Riding lawnmowers	Daily
6	Tractor	1 a month
1,6	Pick-up Truck	1 a week
	2 1/2 Ton Truck (Haul things to dump)	1 a year
2,6	Hand tools	3 times a wk.
2,3,4,5,6	Power tools	1 a wk
2,3,4,5,6	Wrench sets	3 times a wk
3	Drill Press	1 a wk.
4	Sharpening stones - power	3 times a wk.
	Electrical hand tools	
2,3,4,5,6	Saws, skill, chain etc.	1 a wk

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. Assisting the public

2. Evaluate specific needs for digging a specific grave in a certain location in the cemetery.

3. Determine a detailed watering pattern for an assigned area in the cemetery.

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	2,6
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.	5	3	2,6
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	3,4,5 2,6
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5	3	3
Crouching: Bending the body downward and forward by bending leg and spine.	5	3	2,3,6
Crawling: Moving about on hands and knees or hands and feet.	1	1	6
Reaching: Extending hand(s) and arm(s) in any direction.	5	3	2,3,5,6
Standing: Particularly for sustained periods of time.	5	3	all
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5	3	1,3,5,6
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5	3	6
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5	3	2,6
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	1	1	1

Grasping: Applying pressure to an object with the fingers or palm.	5	3	2,3,4,5,6
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	3	2,4,3,5,6
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	1	1	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	3	1,2,6
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	3	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	3	all
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5	3	2,3,4,5
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.	1	1	1
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.	1	1	6
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	1	1	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.	5	3	2,1
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	1	1	

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	

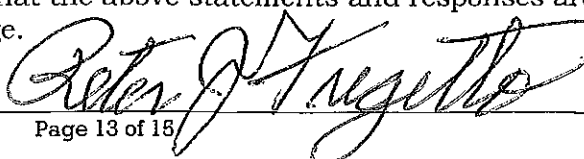
V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

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).

EMPLOYEE CERTIFICATION

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

Signed: 

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Date: 12-12-08
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

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 Vondolona 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.
--	---

David Bullen, Tom Ziola, Ernie Valencia,

Randy Coleman, Willie Berg

Tony Alarid

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

Division: Forestry

Department: Parks

For Individual Questionnaires Only:

Employee Name: Alarid Tony
(Last) (First) (Middle Initial)

Current Classification Title: Forestry Equipment Operator

Division Forestry **Department** Parks

Total Length of Time with organization 1 Years 0 months

Total Length of Time in Current Position 1 Years 0 months

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

Email: **Work Phone:** (970) 254-3849

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: marcem@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 coordinates managers and participates in the complex task of providing necessary care for well over 31,000 life supporting trees.

Under the guidance of the crew leader, equipment operators perform duties to safely carry out day to day operations of the forestry department.

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).	1-2
<input checked="" type="checkbox"/>	I make work assignments for others.	1-2
<input 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.	1-2
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1-2
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1-3

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

YOUR COWORKERS' JOB TITLES

Supervisors
Equipment Operators
Seasonals
Volunteers

YOUR DIRECT REPORTS' JOB TITLES

Seasonals
Volunteers

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

☒ Full Time 1-2
 ☒ Part-Time 1-2
 ☒ Seasonal/Temp 1-2
 ☒ Volunteer up to 30
 Contract 0 *AFA*

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 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.	Guide, Educate	Daily	#1 20%
2	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	10%
3	Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials following the city purchasing procedures.	Evaluate, Perform	Weekly	#3-#5 15%
4	Understand, implement, train others as to the latest of departmental, city, state and National, ANSI300-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 #3

5	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 #3
6	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.	Evaluate, Rectify	Daily	#6-#9 15%
7	Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs.	Evaluate, Perform	Daily	See #6
8	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 #6
9	Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs.	Evaluate, Rectify	Daily	See #6
10	Using an aerial lift truck and skilled climbing techniques, prune and maintain trees to reduce liability, improve health.	Evaluate, Rectify	Daily	#10-#11 30%
11	Recommend, select and plant new trees in the public right-of-way and city owned property.	Evaluate, Perform	Daily	10%
12	Assist in landscape design and construction.	Evaluate, Perform	Monthly	10%
13	Install banners in assigned areas through out the city and keep records of placement.	Evaluate, Perform	Monthly	See #12
14	Respond to all types of forestry related emergency situations as required.	Evaluate, Perform	Weekly	See #12
15	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	Monthly	See #12
16	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, Perform	Monthly	See #12
17	Assist with the city wide tree inventory on city right-of-way and in all facilities.	Evaluate, Perform	Weekly	5%
18	Utilize Computer skills to locate trees and city right-of-way using the city wide GIS system.	Evaluate, Perform	Weekly	5%
19	Assist other departments with tree liability related issues.	Evaluate, Perform	Weekly	See #18

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Police Academy Graduate

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	1 years		years
	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: Tony Harid 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: Tony Aland Date: 1-9-09
Supervisor Signature: Mike Vondryn Date: 1-8-09
Department Head Signature: Rob Slue 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.
--	---

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: Berg Willie
(Last) (First) (Middle Initial)

Current Classification Title: Equipment Operator

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: **Work Phone:** (970) 254-3849

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: 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 coordinates managers and participates in the complex task of providing necessary care for well over 31,000 life supporting trees.

Under the guidance of the crew leader, equipment operators perform duties to safely carry out day to day operations of the forestry department.

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).	1-2
<input checked="" type="checkbox"/>	I make work assignments for others.	1-2
<input 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.	1-2
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1-2
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1-3

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

YOUR COWORKERS' JOB TITLES

Supervisors
Equipment Operators
Seasonals
Volunteers

YOUR DIRECT REPORTS' JOB TITLES

Seasonals
Volunteers

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

☒ Full Time 1-2

☒ Part-Time 1-2

☒ Seasonal/Temp 1-2

☒ Volunteer up to 30

☐ Contract 0

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 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.	Guide, Educate	Daily	#1 20%
2	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	10%
3	Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials following the city purchasing procedures.	Evaluate, Perform	Weekly	#3-#5 15%
4	Understand, implement, train others as to the latest of departmental, city, state and National, ANSI300-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 #3

5	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 #3
6	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.	Evaluate, Rectify	Daily	#6-#9 15%
7	Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs.	Evaluate, Perform	Daily	See #6
8	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 #6
9	Inspect, identify, diagnose and implement treatment of disease & insects of trees and shrubs.	Evaluate, Rectify	Daily	See #6
10	Using an aerial lift truck and skilled climbing techniques, prune and maintain trees to reduce liability, improve health.	Evaluate, Rectify	Daily	#10-#11 30%
11	Recommend, select and plant new trees in the public right-of-way and city owned property.	Evaluate, Perform	Daily	10%
12	Assist in landscape design and construction.	Evaluate, Perform	Monthly	10%
13	Install banners in assigned areas through out the city and keep records of placement.	Evaluate, Perform	Monthly	See #12
14	Respond to all types of forestry related emergency situations as required.	Evaluate, Perform	Weekly	See #12
15	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	Monthly	See #12
16	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, Perform	Monthly	See #12
17	Assist with the city wide tree inventory on city right-of-way and in all facilities.	Evaluate, Perform	Weekly	5%
18	Utilize Computer skills to locate trees and city right-of-way using the city wide GIS system.	Evaluate, Perform	Weekly	5%
19	Assist other departments with tree liability related issues.	Evaluate, Perform	Weekly	See #18

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 checked="" 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 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	33 years	6	years
Equipment Maintenance/Repair	33 years	6	years
Nursery Maintenance	33 years	6	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: Willie Berg 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: Willie Berg Date: 1-8-09
Supervisor Signature: Mike Verdegem Date: 1-8-09
Department Head Signature: Rob Shaw 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: Forestry

Department: Parks

For Individual Questionnaires Only:

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

Current Classification Title: Forestry Equipment Operator

Division Forestry **Department** Parks

Total Length of Time with organization 7 Years 0 months

Total Length of Time in Current Position 1 Years 0 months

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

Email: arecoleman@hotmail.com

Work Phone: (970) 254-3849

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@cityofgjc.org

E-mail: traci@cityofgjc.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 is instrumental in the nurturing and enhancing of Grand Junction's urban forest. Using a wide range of skill and expertise, the Forestry Division supervises, manages and participates in the complex tasks of providing necessary care for well over 31,000 trees. These individuals are responsible for the continual development of the city's tree life which includes, but is not limited to, trimming, spraying, planting, diagnosing problems, answering countless citizen questions and meeting the needs of Grand Junction.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input 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).	2-6
<input checked="" type="checkbox"/>	I make work assignments for others.	2-6
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	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

Crew Leaders
Specialty Equipment Operators
Equipment Operators
Seasonals
Volunteers

YOUR DIRECT REPORTS' JOB TITLES

Seasonals
Volunteers

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

☐ Full Time

☒ Part-Time 2-6

☒ Seasonal/Temp 2-6

☒ Volunteer up to 30

☐ Contract

0
RL

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	Monthly	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

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Tamarisk Coalition	Quarterly	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	Monthly	Education, Volunteer 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.

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	Inspect and verify the work of assigned employees for accuracy, proper techniques and compliance with applicable national standards and specifications.	Supervise, Educate	Daily	5
2	Train and supervise assigned employees in the safe 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.	Supervise, Educate	Daily	5
3	Respond to citizens work request inquiries in a prompt and courteous manner. Provide information and assistance, communicate, identify and rectify problems and complaints as a professional city/forestry representative.	Evaluate, Communicate, Rectify	Daily	10
4	Estimate time, materials and equipment required for jobs assigned. Requisition and purchase supplies and materials	Communicate, Perform	Daily	5
5	Maintain accurate records of inspections made; work performed, materials used and materials purchased	Evaluate, Perform	Daily	5
6	Conduct safety inspection of all forestry equipment. Identify and rectify any problems detected.	Evaluate, Perform	Daily	5
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	10

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.	Evaluate, Record	Daily	20
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. Take the appropriate action including the removal of hazard trees and stumps, broken limbs using skilled rigging and roping techniques.	Evaluate, Rectify	Daily	25
10	Inspect, identify, diagnose and implement treatment of disease & insects. Safely apply insecticides, fungicides, fertilizers and related chemicals. Maintain records of product used, application rates, local weather conditions and time of applications..	Evaluate, Rectify	Daily	5
11	Understand and educate others about the physiology of trees, soil structures as it relates to plant needs and prescribed care.	Evaluate, Perform	Daily	5
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1	Knowledge of and ability to follow all city, state, federal regulatinos and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance oeprations.Ability and skills to professionally interact with fellow co-workers.

2	Knowledge of and ability to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. Ability and skills to professionally interact with fellow co-workers and general public.
3	Ability to recognize problems and accept criticism as well as rectify the situation. Knowledge of and ability to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. Ability and skills to professionally interact with fellow co-workers and the general public. Knowledge of and ability to effectively use a computer to access information off the citywide GIS system..
4	Advanced knowledge of operational characteristics
5	Advanced knowledge of operational characteristics
6	Advanced knowledge of operational characteristics, maintenance requirements, safe operation and ability to train others as to the use of all forestry maintenance equipment and tools.
7	Knowledge of and ability to follow all city, state, federal regulations and guidelines
8	Knowledge of and ability to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. Ability and skills to professionally interact with fellow co-workers and general public.
9	Knowledge of and ability to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. Ability and skills to professionally interact with fellow co-workers and the general public. Advanced knowledge of and the ability and skill to implement the latest of arboriculture methods and techniques relating to all aspects of tree care maintenance
10	Knowledge of and ability to follow all city, state, federal regulations and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance operations. Ability and skills to professionally interact with fellow co-workers and the general public.
11	Advanced knowledge of plant physiology as it relates to plant health needs, water requirements, nutrient needs, chemical application, insect and disease control.

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 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):
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certificates in landscape and irrigation. ISA Certification Training

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	1 years	Parks/Forestry Maintenance Experience	3 years
Parks Maintenance	7 years		years
Master Gardener Certificate	1 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.

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
All	Aerial Lift Truck, Large Dump Truck	Daily
1,2,5,6,7,8,9,	Brush Chipper	Daily
1,2,5,6,7,8,9,	Chain Saws and other power hand tools	Daily
1,2,5,6,7,8,9,	Tree Spade	Monthly
1,2,5,6,7,8,9,	Stump Grinder	Monthly
1,2,5,6,7,8,9,10	Truck Mounted & Tow Behind Sprayers	Monthly
1,2,5,6,7,8,9,	Winch Crane Truck	Daily
1,2,5,6,7,8,9,	Backhoe, Front End Loader	Monthly
1,2,5,6,7,8,9,	Skid Loader	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, which 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	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.	4--Weekly	2--Very 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.	3--Monthly	1--Somewhat 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	5--Daily	3--Extremely Important	1,2,4,10,11,13

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	All
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	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.	3--Monthly	1--Somewhat 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	5--Daily	3--Extremely Important	All

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.			
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.	4--Weekly	2--Very Important	All

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<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).

Working in the Forestry work group often requires working in an extremely hazardous environments. The ability to guide and direct new employees as well as peers who have worked in the division for years is essential to providing a safe work area. The hazards of the job extend further than tree work and pesticide application, but also include traffic safety, repairing field lights, hanging banners, and other assigned tasks that include heavy equipment.

A Forester for the City also requires continuing education. Working with the general public and outside organizations brings about many questions. It is imperative that we provide accurate and up to date information that our customers can use and understand. Fielding these questions and rectifying customers problems is a daily task and part of the services that this work group must cater to.

EMPLOYEE CERTIFICATION

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

Signed: _____ Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

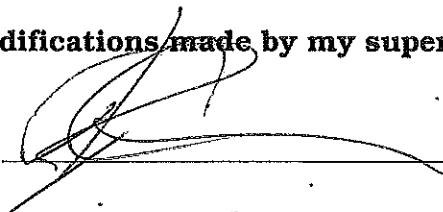
Question No.	Comments

Please check the appropriate statement:

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

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

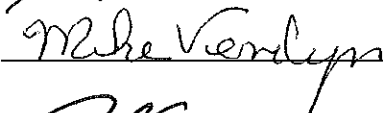
Employee Signature:



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

Dan Wiedrich, Paul Conway, Jeff Anderson,

Tim Wilkerson, Nicci Carpendale

Division: Parks & Recreation

Department: Horticulture

For Individual Questionnaires Only:

Employee Name: Conway Paul J
(Last) (First) (Middle Initial)

Current Classification Title: Equipment Operator/Horticulture Division

Division Parks and Recreation **Department** Horticulture

Total Length of Time with organization 1, Years 2 months

Total Length of Time in Current Position 1 Years months

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

Email: A (mccool@bresnan.net)

mccool@bresnan.net

Work Phone: (970) 254-3861

Immediate Supervisor:

Immediate supervisor reports to:

Name: Marc Mancuso/Mike Vendegna

Name: Open

Title: Forestry/Horticulture/Cemetery
Supervisor

Title: Parks Superintendant

Work Phone (970) 254-3849

Work Phone:

E-mail: marc@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.

The Horticulture division is responsible for the planting, nurturing and enhancement of over 26 acres of landscaped areas, belonging to the City of Grand Junction. We are also responsible for maintaining 10 1/2 acres of turf grass and the irrigation systems in all planter and turf areas

In addition we provide special event assistance throughout the City, such as . . . Cinco de Mayo, Arts and Jazz fesitval, Juco (Junior College World Series), Farmers Market and Christmas lighting.

While performing our required duties, safety must always be considered as a high priority, as most of our assigned areas are in high traffic areas.

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 - 3
<input checked="" type="checkbox"/>	I make work assignments for others.	2 - 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.	2 - 9
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
<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

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 per

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
		Other (explain):
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLT - Certified Landscape Technician by Associated Landsape Contractos of America
		ISA - Certified Arborist by International Society of Arboriculture

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>
Master Gardener Certification	1	years	Master Gardener	1 years
Equipment Operation	15	years	Landscape Maintenance	3 years
		years	Equipment Operation	3 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

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.	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 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	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.
3. Various new landscape and removal landscape projects are always in the horizon for this crew.
4. Street sweeper and large equipment are used frequently by this crew.

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.**

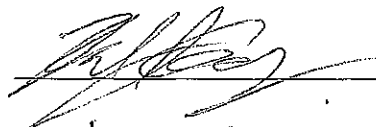
Question No.	Comments

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.

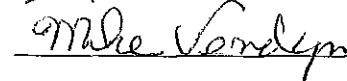
Employee Signature:



Date:

1-8-05

Supervisor
Signature:



Date:

1-8-05

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.

Division: PARKS OPERATIONS Department: PARKS & REC.

For Individual Questionnaires Only:

Employee Name: Higginbotham Mollie P.
(Last) (First) (Middle Initial)

Current Classification Title: EQUIPMENT OPERATOR

Division PARKS OPERATIONS Department PARKS & REC.

Total Length of Time with organization 25 Years : 3 months (3.5 yrs Seasonal)

Total Length of Time in Current Position 11 Years : 5 months

Assigned Hours/Week:: from 7:AM to 3:30pm Assigned Days/Week Mon, Thu, Fri.

Email: N/A Work Phone: CELL 581-1161

Immediate Supervisor:

Immediate supervisor reports to:

Name: RON FELT

Name: PARK Superintendent
Rob Schaeber (interim)

Title: SUPERVISOR PARKS OPERATIONS Title: DIRECTOR OF PARKS & RECREATION

Work
Phone

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.

Parks Equipment Operator / CREW LEADER

To TRAIN and SUPERVISE 3 people ON THE SAFE OPERATION AND GENERAL MAINTENANCE OF Riding mowers AND EQUIPMENT RELATED TO mowing (Blowers, String trimmers, Trucks, Trailers, etc) AND To provide scheduling FOR USE IN ALL PARKS, SCHOOLS AND BALLFIELDS PARKS OPERATIONS IS CURRENTLY RESPONSIBLE FOR. (6 schools, 4- SOFTBALL fields, 30 PARK AREAS.).

(Scheduling includes mowing, travel time, cleaning and maintenance and sharpening of blades.)

WINTER - WORK ON Scheduling AND SPECIAL projects ON Computer. will be working on GBA as of this winter also.

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.	3
<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.	3
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	3
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	3
<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.	3

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

YOUR COWORKERS' JOB TITLES

Equipment Operators
all Seasonals
All crew leaders in parks
forestry and hort.
The mechanic

YOUR DIRECT REPORTS' JOB TITLES

3 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		
Other CREW Leaders & Equipment Operators AND Seasonal Employees including those in Forestry & Irrigation	DAILY	Issues concerning Turf SPRINKLER SYSTEMS & MAXI-COM PESTS & DISEASES VANDALISM MAINTENANCE Scheduling TREE DAMAGE & PESTS

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
general public	Daily	information and assistance
Principals & Teachers	WEEKLY	COORDINATING mowing AROUND EVER changing school Activity schedules

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.	TRAINING people To use MOWERS	How To use SAFELY + CORRECTLY	Select D	10%
2.	TRAINING people To do MAINTENANCE ON mowers	How To grease mowers, CLEAN AND SHARPEN BLADES ETC.	Select D	10%
3.	TRAINING people To drive Trucks w/ TRAILERS	How to drive SAFELY in TRAFFIC - PARKING	Select D	5%
4.	Mowing PARKS, School and ballfields	determine where, when & how to mow these areas	Select D	45%
5.	Load 3 people on crew	check quality, consistency and safety of their work	Select D	5%
6.	Scheduling	determine when & who mow where -	Select W	10%
7.	GBA and Computer projects	downloading and filling out GBA - map projects	Select W	10%
8.	light construction	help with building and remodel projects	Select M	5%
1			Select	
1			Select	
1			Select	
1			Select	
1			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. & 4.	Ability to safely use riding and walk behind mowers.
1.	Ability to observe Turf areas and determine problems before mowing.
1-3-4	To understand the concept of safety in relation to schools and public areas and the use of the equipment
5.	To communicate and get along well with coworkers and the public
6.	Have rudimentary knowledge of computers and to be well organized.

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 type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): <u>MASTER Gardener. CERTIFICATE</u>

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
<u>Experience on Parks grounds crew</u>	<u>25 years</u>	<u>Turf related Job experience</u>	<u>2 years</u>
<u>Landscape Maintenance & Design</u>	<u>6 years</u>		<u>years</u>
	<u>years</u>		<u>years</u>

a. What field (s) should training or degree be in? Turf Care - Ornamental Horticulture
Tree Care -

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 Gardener Certificate

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
1-2-4	Toro 4100 D Mowers	D 50%
1-3-4	Trucks with Trailers	D 20%
1-2	Tools: pneumatic wrench, jacks, grease guns, grinders hand tools (blowers, string trimmers, tractors, leaf Mills.)	D 5%
5	Computers, printers,	D 25%

5. DECISION-MAKING & JUDGMENTS.

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

1. I determine if there is a Turf problem, what has caused the problem, perhaps how to fix the problem, and whether taking equipment onto the Turf will make the problem worse.
2. I choose who mows where and when - schools are an important part of our schedules and you must coordinate with their schedules etc.
3. Certain mower maintenance may need to change daily - I make the decisions regarding these changes when ever needed. It's my job to try & make sure the equipment is safe for use at schools and in parks.

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 Select	1 Select	Climbing on to Trailers, mowers & Trucks - Steps to Storage
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 Select	0 Select	
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 Select	3 Select	Lifting Ramps on Trailer - Breasting Mowers
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 2	checking & doing maintenance on mowers
Crouching: Bending the body downward and forward by bending leg and spine.	Select 0	Select 0	
Crawling: Moving about on hands and knees or hands and feet.	Select 2	Select 1	checking under trailers, Trucks & mowers
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 2	lifting Trailer Ramps & mowers maintenance
Standing: Particularly for sustained periods of time.	Select 4	Select 2	Sharpening mower blades
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 3	Select 2	Blowing leaves, Staining trimming
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 1	Select 1	mower maintenance
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 1	Select 1	mower maintenance
Fingering: Picking, pinching or otherwise working, primarily with fingers rather than the whole hand or arm as in handling.	Select 0	Select 0	

Grasping: Applying pressure to an object with the fingers or palm.	Select 5	Select 3	DRIVING EQUIPMENT
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	Ramps ON TRAILER
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 0	Select 0	
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.	Select 5	Select 2	Safety issues Training Schedule changes information to public
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	Mower engine + deck functions Truck engine - Concerned citizens
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	Observe + identify object hidden by tent that could be a danger of stone objects sticking up like sprinkles children + animals that may come close to moved while in use.
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	DRIVING EQUIPMENT
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	0 Select	0 Select	
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.	0 Select	0 Select	
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	Select 5	Select 3	Lifting Ramps on Trailer 3-6 x 5 Daily -
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 1	Select 1	Very Rarely
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 0	Select 0	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

See Attached Paragraph

EMPLOYEE CERTIFICATION

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

Signed: Mollie P. Higginbotham 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. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature: Ken Felt Date: 1-8-09

Department Head
Signature: Ed 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.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is essential for ensuring the integrity of the financial system and for providing a clear audit trail.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps involved in entering data into the system, from initial entry to final verification.

3. The third part of the document addresses the issue of data security. It discusses the various measures that can be taken to protect sensitive information from unauthorized access and theft.

4. The fourth part of the document discusses the importance of regular backups. It explains how backups can help to prevent data loss in the event of a system failure or disaster.

5. The fifth part of the document discusses the importance of user training. It explains how training can help to ensure that users are able to use the system correctly and to identify potential security risks.

6. The sixth part of the document discusses the importance of regular updates. It explains how updates can help to ensure that the system is always running the latest version of the software, which can help to prevent security vulnerabilities.

7. The seventh part of the document discusses the importance of regular audits. It explains how audits can help to ensure that the system is always running correctly and that all transactions are properly recorded.

8. The eighth part of the document discusses the importance of regular reviews. It explains how reviews can help to ensure that the system is always running efficiently and that all transactions are properly recorded.

9. The ninth part of the document discusses the importance of regular maintenance. It explains how maintenance can help to ensure that the system is always running smoothly and that all transactions are properly recorded.

10. The tenth part of the document discusses the importance of regular testing. It explains how testing can help to ensure that the system is always running correctly and that all transactions are properly recorded.

JAQ 2008

Additional comments

I believe that these forms simplify the job tasks we perform daily. My job is far more complicated than this form implies. I have to coordinate 4 sets of trucks, trailers and mowers to approximately 39 different areas all over town to be mowed once a week. (Ball fields are mowed twice a week.) That is close to 200 acres a week. Each park or school takes a different amount of time to mow. I am supposed to keep mowing done in "areas" whenever possible so there is little time and fuel wasted. I have to have the right person mowing at the schools at all times. I have to keep communication open with school authorities weekly. I must make sure that my crew knows where all 39 areas are located, not just 9-12 parks like the other crew leaders have. I must train these individuals on the care and maintenance of each mower. I must try and give my crew an idea of what to look for in relation to problems with the turf. These might include fungus or pests or if there is a sprinkler issue or zone problem within the irrigation system. I also teach them to watch for vandalism in all park facilities. I have 3 Toro 4100 D mowers and each one costs around \$60,000.00. The total worth of the equipment under my responsibility is close to \$250,000.00 and that is daily, not just on occasion or for special projects. I must keep an eye on my crew's performance while still making sure I accomplish my own schedule daily. I must emphasize safety at all time in the training of the use of the mowers and other equipment. My crew is not out there performing simple tasks as much as they are using equipment that if not used correctly can damage property or injure people and pets. I must be able to train my people to use tractors and tractor attachments and the leaf mill for use in the fall when we pick up all the leaves and perhaps help out with other projects. I must have reasonable computer skills for projects in the winter and scheduling. More than anything, I must be able to lead and communicate well for these tasks to be done with safety and quality for the tax payers in Mesa County.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial system and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes how different types of information are gathered and how they are processed to identify trends and patterns.

3. The third part of the document focuses on the results of the analysis. It presents a series of findings that highlight the key areas of concern and provides recommendations for how these issues can be addressed.

4. The final part of the document provides a summary of the overall findings and conclusions. It reiterates the importance of the data and the need for continued monitoring and reporting.

see
attached
sheet

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: _____

Department: _____

For Individual Questionnaires Only:

Employee Name: Bradford Debbie M
(Last) (First) (Middle Initial)

Current Classification Title: Equipment Operator

Division Sports Facilities Department Parks and Recreation

Total Length of Time with organization 5 Years months

Total Length of Time in Current Position Years 11 months

Assigned Hours/Week:: from 40 hrs. o Assigned Days/Week 5

Email: _____

Work Phone: _____

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort Name: Traci Wieland

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.

My job entails the preparation and maintenance of softball facilities to be used by leaseholders for organized sporting events including, but not limited to, practice and game usages. This includes both the playing surfaces and facilities used by spectators.

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).	2-3
<input checked="" type="checkbox"/>	I make work assignments for others.	1
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2-3
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

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

YOUR COWORKERS' JOB TITLES

Equipment operator
Seasonal workers

YOUR DIRECT REPORTS' JOB TITLES

10.8.
* Equipment operator
Seasonal workers

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

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

1-2 1-2

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 Operations	5+ x's per wk.	Turf maintenance - watering programs
Irrigation	3+ x's per wk.	Maxi-con schedules - breaks
Recreation Office	3+ x's per wk.	Softball/baseball schedules

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Facility leaseholder	3+ x's per wk.	Schedule changes - public relations

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)

see attached sheet

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	Game preparations	Base & pitching room placement for level of play	Select D	40%
2	Facility clean-up	task priority	Select D	20%
3	Turf maintenance	watering requirements	Select W	10%
4	Skinned area maintenance	troubleshooting sprinklers	Select D	25%
5	Winterization	safe play operations due to weather & equipment	Select D	5%
6	Score board maintenance	blowing out irrigation	Select A	5%
7	Bleacher reconditioning	changing burned out	Select M	5%
8	Spring turn on	disassembly bulbs & coating of bleachers for powder	Select O	5%
9	Fence maintenance/repair	turn on of water to buildings & irrigation	Select A	5%
10		determine what is needed & what is needed to repair	Select O	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
a. 1	field dimensions for each track and classification of play, chalk line requirements, proper equipment for skinned area prep, skinned area prep techniques
b. 2	basic cleaning knowledge, basic small equipment operation techniques
c. 3	complex knowledge of sprinkler system operations, chemical knowledge
d. 4	requirements for safe play, knowledge of surface conditioning materials; knowledge of equipment needed for day to day operation
5	correct operation of air compressors & hook-up - buildings lay-out
6	very basic electrical knowledge & score console operation
7	basic knowledge of hand tools and power tools
8	basic irrigation knowledge
9	basic knowledge of hand and power tools

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>
Ball field preparations	4 years		1 years
irrigation System operation	years		2 years
	years		years

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

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 Gardener Certification

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

Duty #	Machines, Tools, Equipment	Frequency/Time
a	gator (field dragging equip)	daily
a	c (field)	weekly
a	e	daily
b		weekly
c		monthly
c	hand	weekly
c	and tank weed sprayer	monthly
d	sump pump	when conditions require
e	air compressor	quarterly

need to tie back to an essential duty

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. Area of Safe play; cancellation of scheduled games due to field conditions. (rain-snow etc.)
2. Adjusting work week schedule due to weekend and/or split and/or evening shifts
3. Prioritization of 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

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 2	e
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 1	Select 0	b
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	a, c, + d
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 1	a
Crouching: Bending the body downward and forward by bending leg and spine.	Select 5	Select 2	a
Crawling: Moving about on hands and knees or hands and feet.	Select 0	Select 0	
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 2	a
Standing: Particularly for sustained periods of time.	Select 5	Select 3	a, b, c, d, e
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	a, b, c, d, e
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 4	Select 2	c
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 3	a
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 1	Select 1	e

Grasping: Applying pressure to an object with the fingers or palm.	Select 1	Select 1	c
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	Select 5	Select 3	a
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 0	Select 0	
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	a,b,c,d,e.
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	a,b,c,d,e
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	a,b,c,d,e
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	a
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 0	Select 0	
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	a
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	Select 5	Select 3	a
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	Select 5	Select 3	a
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 0	Select 0	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Debbie Bradford

Date: 12-10-2008

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

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: Ehli. AS Date: 1-7-09

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.

—

1

100

•

•

1

•

Figure 1 is a line graph showing the relationship between the percentage of total effort and the percentage of total catch for five fish species. The x-axis represents the 'Percentage of total effort' from 0 to 100, and the y-axis represents the 'Percentage of total catch' from 0 to 100. The species are: Yellow perch, Rock bass, White perch, Striped bass, and Rockfish. Yellow perch shows a high catch percentage for low effort, while Rockfish shows a high catch percentage for high effort.

Percentage of total effort	Yellow perch	Rock bass	White perch	Striped bass	Rockfish
0	0	0	0	0	0
20	80	10	10	10	10
40	70	20	20	20	20
60	60	30	30	30	30
80	50	40	40	40	40
100	40	50	50	50	80

(I) Personal Information:

Name: *Bradford, Debbie M.*

Current Classification: Equipment Operator

Division: Sports Facilities

Department: City of Grand Junction Parks and Recreation

Total Length of Time with Organization: Four full seasons, full time employment starting at 15 January 2008

Current Position: 11 months

Assigned Hours per week: 40

Assigned Days per week: 5

Email: N/A

Work Phone: N/A

Immediate Supervisor

Name: Eddie Mort

Title: Sports Facilities Supervisor

Work Phone: (970) 254-3873

Email:

Immediate Supervisor Reports to

Name: *Traci Wieland*

Title: *Interim Parks Superintendent*

Work Phone:

Email:

(II.i) Position Summary:

My job entails the preparation and maintenance of softball/baseball facilities to be used by leaseholders for organized sporting events including, but not limited to, practice and game usages. This includes both the playing surfaces and facilities used by spectators.

(II.iii) Essential Duties:

-(a) *Game Preparations* **daily during season (late February to late October) 40%**

(Field recondition for smooth and safe play, Base placement and pitching mound/rubber distances, Chalk line placements): Fast-pitch softball (Girls' High School, Girls' College, Men's' competitive), Slow-pitch softball (Competitive, Leisure, Co-ed), Baseball (Boys 13-14, 11-12), Multi-game re-preparations, Field painting and striping, Outfield fence set up and removal.

-(b) *Facility Cleanup* **daily during season 20%:** Restroom cleaning and restocking, Litter collection, Stand washing/ blowing.

-(c) *Turf Maintenance* **weekly 10%:** Sprinkle adjustment and replacement, Watering schedules, Small area mowing, Edging, Weed eradication, Small project irrigation repair, dirt removal from turf-skinned area border (lips).

-(d) *Skinned Area Maintenance* **daily during season 25%:** Base positioning, Pitching mound placement and removal, Surface leveling and conditioning, Safe play operations (standing water removal and wet surface repairs).

-(e) *Miscellaneous* **monthly 5%:** Bleacher reconditioning, Bathroom maintenance, Winterization and spring turn on, scoreboard maintenance, other maintenance projects as needed.

(II.iv) Required Knowledge and Skills:

- (a) field dimensions for each level and classification of play, Chalk line requirements, proper equipment needed for skinned area preparations, skinned area preparation techniques.
- (b) basic cleaning knowledge, basic small equipment operation techniques.
- (c) complex knowledge of sprinkle system operations (type of sprinkles used, adjustment techniques, sprinkler patterns, flow rates, time required for proper saturation, clock management, trouble shooting, valve and line locations), chemical knowledge.
- (d) requirements for safe play, knowledge of surface conditioning materials, knowledge of equipment needed for day to day operations

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.

Jeff Anderson, Dan Wiedrich, Paul Conway,

Tim Wilkerson, Nicci Carpendale

Division: Parks & Recreation

Department: Horticulture

For Individual Questionnaires Only:

Employee Name:

Anderson
(Last)

Jeffrey
(First)

N
(Middle Initial)

Current Classification Title: Equipment Operator/Horticulture Division

Division Parks and Recreation

Department Horticulture

Total Length of Time with organization 6 Years 8 months

Total Length of Time in Current Position 1 Years months

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

Email: janderson@bresnan.net

Work Phone: (970) 254-3861

Immediate Supervisor:

Immediate supervisor reports to:

Name: Marc Mancuso/Mike Vendegna

Name: Open

Title: Forestry/Horticulture/Cemetery
Supervisor

Title: Parks Superintendant

**Work
Phone** (970) 254-3849

**Work
Phone:**

E-mail: marc@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.

The Horticulture division is responsible for the planting, nurturing and enhancement of over 26 acres of landscaped areas, belonging to the City of Grand Junction. We are also responsible for maintaining 10 1/2 acres of turf grass and the irrigation systems in all planter and turf areas

In addition we provide special event assistance throughout the City, such as . . . Cinco de Mayo, Arts and Jazz fesitval, Juco (Junior College World Series), Farmers Market and Christmas lighting.

While performing our required duties, safety must always be considered as a high priority, as most of our assigned areas are in high traffic areas.

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 - 3
<input checked="" type="checkbox"/>	I make work assignments for others.	2 - 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.	2 - 9
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
<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

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

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.

EXAMPLE (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): Master Gardener, multiple years of pro green school, turf grass school, safe driving certification, backflow classes.

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

Type of Experience

You Have

Your Time

You Need

**Minimum
Time
Required**

Certified Master Gardener	4	years	Master Gardener	1	years
Green School Certificate	3	years	Landscape Maintenance	3	years
Equipment Operation	8	years	Equipment Operation	3	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 Gardener

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

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.	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 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	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.
3. Various new landscape and removal landscape projects are always in the horizon for this crew.
4. Street sweeper and large equipment are used frequently by this crew.

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

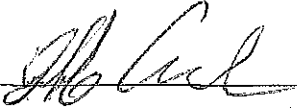
This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please 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.**

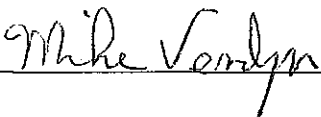
Question No.	Comments

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: _____

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.

Jeff Anderson, Dan Wiedrich, Paul Conway,

Tim Wilkerson, Nicci Carpendale

Division: Parks & Recreation

Department: Horticulture

For Individual Questionnaires Only:

Employee Name: Carpendale Nicole J
(Last) (First) (Middle Initial)

Current Classification Title: Equipment Operator/Horticulture Division

Division Parks and Recreation **Department** Horticulture

Total Length of Time with organization 3 Years 10 months

Total Length of Time in Current Position Years 10 months

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

Email: ncarpend@mesastate.edu

Work Phone: (970) 254-3861

Immediate Supervisor:

Immediate supervisor reports to:

Name: Marc Mancuso/Mike Vendegna

Name: Open

Title: Forestry/Horticulture/Cemetery Supervisor

Title: Parks Superintendant

Work Phone (970) 254-3849

Work Phone:

E-mail: marc@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.

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In addition we provide special event assistance throughout the City, such as . . . Cinco de Mayo, Arts and Jazz festival, Juco (Junior College World Series), Farmers Market and Christmas lighting.

While performing our required duties, safety must always be considered as a high priority, as most of our assigned areas are in high traffic areas.

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 - 3
<input checked="" type="checkbox"/>	I make work assignments for others.	2 - 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.	2 - 9
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
<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

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 *OK*

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:			
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	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 calculations, i.e. fertilizer and chemicle calculations, irrigation pipe sizing, friction loss, calculate 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Turf grass school, safe driving certification

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>
Plant Biology	2 years	Master Gardener	1 years

Environmental Science	4	years	Landscape Maintenance	3	years
		years	Equipment Operation	3	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

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	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.
3. Various new landscape and removal landscape projects are always in the horizon for this crew.
4. Street sweeper and large equipment are used frequently by this crew.

EMPLOYEE CERTIFICATION

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

Signed: _____

Tom Carpenter

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

☐ 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: Tommy Campbell Date: 1-9-09

Supervisor Signature: Michele V. Cordeiro Date: 1-8-09

Department Head _____ Date: _____
Signature: _____

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.
--	---

Dan Wiedrich, Paul Conway, Jeff Anderson,

Tim Wilkerson, Nicci Carpendale

Division: Parks & Recreation

Department: Horticulture

For Individual Questionnaires Only:

Employee Name:	Wiedrich	Dan	R . . .
	(Last)	(First)	(Middle Initial)

Current Classification Title: Equipment Operator/Horticulture Division

Division	Parks and Recreation	Department	Horticulture
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Total Length of Time with organization 8 Years 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
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Title:	Forestry/Horticulture/Cemetery Supervisor	Title:	Parks Suprintendant
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Work Phone	(970) 254-3849	Work Phone:	
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E-mail:	marcm@gjcity.org	E-mail:	mikev@gjcity.org
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II. POSITION INFORMATION

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

Example: Computer Support Technician

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

The Horticulture division is responsible for the planting, nurturing and enhancement of over 26 acres of landscaped areas, belonging to the City of Grand Junction. We are also responsible for maintaining 10 1/2 acres of turf grass and the irrigation systems in all planter and turf areas

In addition we provide special event assistance throughout the City, such as . . . Cinco de Mayo, Arts and Jazz fesitval, Juco (Junior College World Series), Farmers Market and Christmas lighting.

While performing our required duties, safety must always be considered as a high priority, as most of our assigned areas are in high traffic areas.

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 - 3
<input checked="" type="checkbox"/>	I make work assignments for others.	2 - 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.	2 - 9
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
<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

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 ☐

SW

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:			
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	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 |
| | | Other (explain): |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLT - Certified Landscape Technician by Associated Landsape Contractos of America |
| | | ISA - Certified Arborist by International Society of Arboriculture |

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
CDL	6 years	Backflow Certification	years
Certified Landscape Technician	10 years	CLT	years
Certified Arborist	5 years		years
Landscape & Irrigation Design, Installation	30	Landscape Experience	3
Master Gardner	7		

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 that for Sedentary Work and the worker sits most of the time, the job is rated as 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

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

Signed:

Dan R. Wiedrich

Date:

12-17-08

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:

Don Wiedrich

Date:

1-8-09

Supervisor
Signature:

Mike Samolega

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

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Ritter	Becky	R
	(Last)	(First)	(Middle Initial)

Current Classification Title: Equipment Operator - 3/4 time with benefits

Division	Parks	Department	Golf
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Total Length of Time with organization 10 Years 10 months

Total Length of Time in Current Position 10 Years 10 months

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

Email: trgolf@gjcity.org

Work Phone: 970-250-0125

Immediate Supervisor:

Immediate supervisor reports to:

Name: Doug Jones

Name: Rob Schoeber

Title: Superintendent

Title: Parks 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.

Design, selection, care and maintenance of ornamental, native and bedding plants for Tiara Rado and Lincoln Park, including pre-ordering plants for the following year. Maintaining records, implementing programs, doing yearly reporting and other paperwork required for certification with the Audubon Sanctuary program, including monitoring bird box activity. Hiring, training and managing seasonal employees. Daily walk mowing of greens and other occasional mowing and course maintenance as needed. Helping with special projects like sodding, aerification etc. as required.

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).	1-5
<input checked="" type="checkbox"/>	I make work assignments for others.	1-5
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	1-5
<input type="checkbox"/>	I make hiring and hiring pay decisions.	1-5
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	1-5
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1-5
<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

equipment operator
parks equipment mechanic
crew leader
golf professionals
rangers
proshop staff

YOUR DIRECT REPORTS' JOB TITLES

seasonal employees

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		
horticulture	monthly	various horticultural tasks
forestry	monthly	various horticultural tasks
parks administration	quarterly	occasional clerical/office projects
purchasing	semi weekly	purchases
human resources	annually	information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
bookcliff gardens	weekly	purchases
valley grown nursery sweets nursery mt garfields grand junction pipe ranch rite hardware	monthly	purchases
golfers	daily	customer service/outreach and education
homeowners	semi-weekly	customer service/outreach and education
Grand Valley Audubon Society, Rocky Mountain Bird Observatory	quarterly	audubon 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.

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	completes all paperwork for the Audubon Sanctuary program	implementation of programs required	Annually	7
2	Designs all pots, baskets, barrels and landscaped beds on both city golf courses.	choosing the correct plant for the location, soil type, water available, sunlight etc. choosing pleasing color schemes.	Annually	7
3	completes pre-order for all pots, baskets, barrels and landscaped areas.	calculating spacing, layout, and then number of each plant to order.	Annually	2
4	planting all landscaping, pots etc.		Monthly	20
5	maintaining all landscaping, pots etc.	deciding when to edge, fertilize, water, weed, mulch, spray for insects or disease, deadhead, prune etc.	Daily	37
6	select, train and manage seasonal employees	choosing, motivating the right people for the job. assessing applicable tasks.	Daily	7
7	special projects and other course maintenance		Daily	13
8	customer service to golfers, homeowners and fellow employees		Daily	7
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	Ability to complete required forms including maintenance of records and monitoring of bird boxes. Must have strong writing skills and thorough knowledge of the program and its requirements. Ability to oversee implimentation of the program requirements.
2	Extensive knowledge of annuals, perennials, trees and shrubs including their growing requirements. Must have creativity and design flair.
3	Strong computer, analytical and planning skills including the ability to calculate the number of plants needed in mixed designs based on correct spacing for plants, for all pots, baskets, barrels and landscape projects. Ability to calculate other supplies for implimentation of plantings.
4	Knowledge of correct planting proceedures. ie. planting depth, spacing, mulch etc.
5	Extensive knowledge of plant growing requirements such as when to water, fertilize, prune etc. Knowledge of plant disease, pests, pesticides, soil chemistry, irrigation, IPM (Integrated pest management), pruning proceedures. Strong organizational and planning skills.
6	Ability to choose, educate, motivate and monitor seasonal employees. Must also have strong organizational skills, and adapt to change.
7	Capacity to learn and acquire skills as needed for projects as needed and ability to adapt to change in schedules.
8	Aptitude to provide customer service to contacts with tact, and diplomacy, even in the worst of situations.

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 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>
greenhouse/garden center work	2 years		0 years
pond building	2 (part time) years		0 years
experience on this job	10 years like experience		1 years

a. What field (s) should training or degree be in?
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
1,2,3	computer and misc. software	annually/16%
4,5,7	hand tools ie: trowel, shears, loppers, clippers, shovels, rakes, hand saws, pole saws, drills, screwdrivers, pliers	daily/57%
7	all golf course mowers	daily/13%
4,5,7	bobcat	weekly/4%
4,5,7	tractor	occasionally/2%
4,5,7	cultivation impliments ie: tiller, aerifier, sod cutter, string trimmer	monthly/2%
4,5,7	pickup trucks	daily/2%
4,5,7	dump truck	occasionally/2%
4,5,7	large and small utility carts	daily/2%

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. choosing and purchasing plant material.

2. organization of daily, weekly and annual schedules for myself and seasonal employees.

3. all cultural practice decisions for all pots, baskets, barrels and landscaped areas on both courses.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

Importance

How frequently is the activity performed?

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

0 – Never

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	2--Quarterly	1--Somewhat Important	1,4,5,6,7
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	1,4,5,6,7
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1,4,5,6,7
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,4,5,6,7
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,4,5,6,7
Crawling: Moving about on hands and knees or hands and feet.	4--Weekly	1--Somewhat Important	1,4,5,6,7
Reaching: Extending hand(s) and arm(s) in any direction.	4--Weekly	3--Extremely Important	1,4,5,6,7
Standing: Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	1,4,5,6,7
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1,4,5,6,7
Pushing: Using upper extremities to press	3--Monthly	1--Somewhat Important	1,4,5,6,7

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	3--Extremely Important	1,4,5,6,7
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,4,5,6,7
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	1,4,5,6,7
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	1,2,3,4,5,6,7
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	2--Very Important	1,4,5,6,7
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury, and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1,2,3,4,5,6,7
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	1,2,3,4,5,6,7
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.	2--Quarterly	1--Somewhat Important	1,2,3,4,5,6,7
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	3--Monthly	1--Somewhat Important	1,2,3,4,5,6,7

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.			
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	2--Very Important	1,4,5,6,7
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.	4--Weekly	2--Very Important	1,4,5,6,7
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	1,4,5,6,7

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input 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"/>

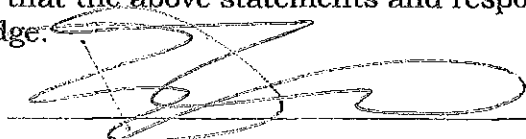
V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

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: 12/18/08

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
	This position is essential to the effect operation of the golf course. It provides habitat for a wide range of animals, especially birds. The birds eat large numbers of insects which means that we can reduce or eliminate insecticides, reducing the cost of maintaining the golf course. This is both a physically and mentally challenging position.

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: 12/18/08

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.

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: PILLING MICHAEL S
(Last) (First) (Middle Initial)

Current Classification Title: GROUNDS EQUIPMENT OPERATOR

Division PARKS AND REC **Department** GOLF

Total Length of Time with organization **Years** 9 **months**

Total Length of Time in Current Position **Years** 3 **months**

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

Email: **Work Phone:** 970-254-3838

Immediate Supervisor:

Immediate supervisor reports to:

Name: DAVE CARTER **Name:** DOUG JONES

Title: CREW LEADER **Title:** SUPERINTENDANT

Work Phone 970-254-3838 **Work Phone:** 970-254-3839

E-mail: trgolf@sjcity.org **E-mail:** doug.j@sjcity.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 EQUIPMENT OPERATOR

TO ASSIST IN THE OPERATION, MAINTENANCE AND REPAIR OF THE IRRIGATION SYSTEM AT THE TIARA RADO GOLF COURSE. I ALSO ASSIST IN THE GENERAL MAINTENANCE OF THE COURSE INCLUDING BUT NOT LIMITED TO GREENS, TEES, FAIRWAYS, ROUGHS, SANDTRAPS, TREES ETC.

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

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

YOUR COWORKERS' JOB TITLES

CREW LEADERS	2
EQUIPMENT OPERATORS	
SEASONAL WORKERS	10
GOLF PROS	3
SUPERINTENDANT	
GOLF MECHANIC	
PRO SHOP STAFF	10
RANGERS	6

YOUR DIRECT REPORTS' JOB TITLES

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	MONTHLY	EXCHANGE INFORMATION
PUBLIC WORKS	2/ YEAR	BORROW EQUIPMENT
HUMAN RESOURCES	6/ YEAR	JOB INFORMATION
FORESTRY	2/ TEAR	TREE TRIMMING AND REMOVAL

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
GRAND JCT. PIPE	WEEKLY	IRRIGATION PARTS AND REPAIR INFORMATION
MUNROE PUMP	MONTHLY	PUMP REPAIR AND INFORMATION
GOLFERS	DAILY	DAILY VISITS
HOME OWNERS	WEEKLY	QUESTIONS AND CONCERNS

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 MANAGEMENT	COMPUTER INPUT, HYDRAULICS, TURF NEEDS	Daily	75
2	IRRIGATION SYSTEM INSTALLATION	PIPE SIZING, HEAD SELECTION AND DESIGN	Quarterly	10
3	BUILDING MAINTENANCE	REPAIR REQUIRED	Monthly	5
4	CONSTRUCTION PROJECTS	CONSTRUCTION TECHNIQUES	Quarterly	5
5	GOLF MAINTENANCE	EQUIPMENT OPERATION CULTURAL PRACTICES	Monthly	5
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
1	IRRIGATION REQUIRMENTS OF TURF GRASS, PLAYABILITY OF GOLF COURSE, COMPUTER INPUT SKILLS, NIMBUS CENTRAL CONTROL SYSTEM, PUMP CONTROL SYSTEM, BASIC HYDRAULICS, PUC REPAIR SKILLS.
2	HYDRAULIC FLOW INFORMATION, IRRIGATION HEAD SPACING AND INSTALLATION, EQUIPMENT OPERATIONAL SKILLS, DESIGN THEORY.
3	GENERAL HANDYMAN SKILLS
4	GENERAL CONSTRUCTION SKILLS
5	MOWER OPERATION, CULTURAL PRACTICES, HOW GOLF IS PLAYED

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>
EQUIPMENT SKILLS	14 years	EQUIPMENT SKILLS	1 years
	years		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.

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, HAND TOOLS	100
3	HAND TOOLS	100
4	BACKHOE, TRENCHER, HAND TOOLS	100
5	MOWER, 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. WHAT NEEDS TO BE IRRIGATED AT TIARA RADO GOLF COURSE.

2. HOW LONG THE PLANTS NEED TO BE IRRIGATED

3. WHERE THE SEASONAL CREW SHOULD SPOT WATER

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	2--Very 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.	2--Quarterly	1--Somewhat Important	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	1-5
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.	4--Weekly	1--Somewhat 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.	0--Never	0--Not Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very 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	2--Very Important	1-5
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	2--Quarterly	1--Somewhat Important	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.	2--Quarterly	1--Somewhat Important	3-5
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	1--Somewhat Important	1
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

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

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: M. S. J. K.

Date: 12/18/08

Please check the appropriate statement:

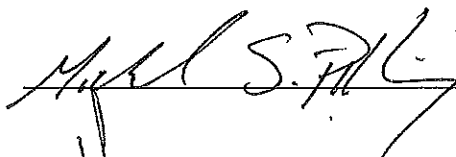
☒ I agree with the incumbents' position questionnaire as written.

☐ 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:

12/18/08

Supervisor
Signature:



Date:

12/18/08

Department Head
Signature:



Date:

1/5/09

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.

Krissy Hummel, Kurt Hall, Frank Harvey

Division: River Front

Department: Parks

For Individual Questionnaires Only:

Employee Name: Hall Kurt
(Last) (First) (Middle Initial)

Current Classification Title: Equip ment Operator

Division Maintenance **Department** Parks

Total Length of Time with organization 12 Years 0 months

Total Length of Time in Current Position Years 2 months

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

Email: **Work Phone:** (970) 254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name: Ron Felt **Name:** Traci Wieland

Title: Supervisor **Title:** Parks Superintendant

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

E-mail: ronf@gjcity.org **E-mail:** traciw@gjcity.org

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).	1
<input checked="" type="checkbox"/>	I make work assignments for others.	1
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1
<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

Crew Leaders
Equipment Operator
Seasonal

YOUR DIRECT REPORTS' JOB TITLES

Seasonal

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

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

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?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Building Maintenance	25 years	Building Maintenance	2 years
Irrigation Repair	14 years	Irrigation Repair	1 years
Weed Control - Chemical and Hand	14 years	Weed Control	1 years

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

*Horticulture - such as Master Gardener classes
Irrigation and Maxicom classes
Turf 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.

Drivers License (see #1)

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inadequate lighting	<input 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).

EMPLOYEE CERTIFICATION

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

Signed: _____

Kurt Hall

Date: _____

12-17-08

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.
--	---

Krissy Hummel, Kurt Hall, Frank Harvey

Division: River Front

Department: Parks

For Individual Questionnaires Only:

Employee Name:	Harveyl	Frank	F
	(Last)	(First)	(Middle Initial)

Current Classification Title: Equip ment Operator

Division	River Front	Department	Parks
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Total Length of Time with organization **Years** 11 **months**

Total Length of Time in Current Position **Years** 11 **months**

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

Email: **Work Phone:** (970) 254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Ron Felt	Name:	Traci Wieland
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Title:	Supervisor	Title:	Parks Superintendant
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Work Phone	(970) 254-3868	Work Phone:	(970) 254-3846
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E-mail:	ronf@gjcity.org	E-mail:	traciw@gjcity.org
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II. POSITION INFORMATION

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

Example: Computer Support Technician

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

My primary responsibilities are to keep the trails and parks looking as good as they possibly can. Free from weeds, trash (debris) and the restrooms as clean and *stocked*. And also to be helpful and courteous *to* the public. Also to do everything safely.

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).	1.
<input checked="" 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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1.
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

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

YOUR COWORKERS' JOB TITLES

Crew Leaders
Equipment Operator
Seasonal

YOUR DIRECT REPORTS' JOB TITLES

Seasonal

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		
Parks Operations	Daily	Different events in different areas
Streets	Annually	Reinforcing the dike along the riverfront
Forestry	Daily	Some downed trees
Police Department	Occasionally	Transients

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Grand Junction Pipe Company	Monthly	Breaks in irrigation

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	Tree and shrub care	Tools Needed	Weekly	10%
2	Irrigation	Tools Needed	Weekly	5%
3	Electrical	Tools Needed	Quarterly	5%
4	Building Repair	Evaluate Situation	Annually	5%
5	Snow Removal	Equipment Needed	Annually	5%
6	Vandalism/Building -sidewalks	Evaluate Situation	Daily	5%
7	Mowing	Personal Protective Gear	Weekly	5%
8	Chemical (Spraying)	Personal Protective Gear	Quarterly	5%
9	Light Equipment Operator		Monthly	5%
10	Power Tools - Hand	Personal Protective Gear	Daily	10%
11	Read & Interpret Maps/Blue Prints		Annually	5%
12	Trash	Personal Protective Gear	Daily	5%
13	Public Relations (Assist General Public)		Daily	15%
14	Understand Oral and Written Instruction		Monthly	5%
15	Equipment Repair and Maintenance		Weekly	5%
16	Cleaning Bathrooms	Personal Protective Gear	Daily	5%
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	Knowing how to use cutting/trimming tools and how to trim.
2	Knowing how to fix and repair pipes and sprinklers
3	BAasic electrical - white to white, black to black
4	Fixing a leaky toilet or sink
5	Being prepared for cold weather - use of equipment
6	Stop to cover or remove graffittie
7	Knowledge of mowers
8	Protective gear
9	Knowledge of Equipment
10	Knowledge of Equipment
11	Being familiar with new streets/of the city
12	Being cautious of your surroundings
13	Being polite and curtious
14	Paying attention
15	Being familure with tools

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 checked="" type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input 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>
Mowing	4 years	Mowing	1 years
General Maintenance	15 years	General Maintenance	1 years
Spraying and Cutting weeds	15 years	Spraying and Cutting Weeds	1 years

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

Be willing to work a full 8 hours a day. Show up on time. Good Attitude. At entry level I think everyone should take mastergardner.

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

Drivers License (see #1)

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	Chainsaw - Pole saw	Yearly
2	Weedeater	Weekly
3	Power drill - tools	Weekly
4	Backpack blower	Weekly
5	John Deere Tractor - bucket front	Quarterly
6	John Deere Tractor - with broom	Quarterly
7	Grasshopper, Lawn mower	Weekly
8	Spraying for weeds - Sprayer	Quarterly
9	Kawasaki Mule/John Deere Gator	Weekly
10	Driving Ford pick-up - work truck	Daily

5. DECISION-MAKING & JUDGMENTS.

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

1. Caution in driving (Defensive Driving) Also to be cautious around the public when running a weed eater, spraying weeds or mowing.
2. Not letting others affect you! (Bums in the park). Being in a good mood. To make sure my playgrounds are safe (playground inspection) and also the shelters to be clean and safe.
3. Tools needed for the job you are doing that day! Knowing what tools you will need to complete the task that day.

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	1,2,5,7,9,12
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--Daily	3--Extremely Important	1,2,5,7,12,9
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.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	2
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,12,15
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	12,15,16
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1 - 16
Pushing: Using upper extremities to press	3--Monthly	2--Very Important	1,2,5,7,12

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	2
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	1,2,5,7,9,12
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-10, 12-16
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	1-10,12-16
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4--Weekly	2--Very Important	1-16
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	1-16
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
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	1-16
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,5,10,12,15
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--Daily	3--Extremely Important	1,2,4,5,7,8,9,12,16
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	Select	Select	1,2,5,7,8,16

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.			
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	1,2,5,7,16
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.	4--Weekly	2--Very Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	3--Monthly	2--Very Important	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

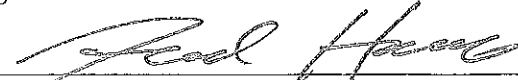
V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

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).

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

Question No.	Comments

Please check the appropriate statement:

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

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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature: Don Lett Date: 1-8-09

Department Head
Signature: Ed Shaul 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.
--	---

Krissy Hummel, Kurt Hall, Frank Harvey

Division: River Front

Department: Parks

For Individual Questionnaires Only:

Employee Name:	Hummel	Kristin (Krissy)	M
	(Last)	(First)	(Middle Initial)

Current Classification Title: Equip ment Operator

Division	River Front	Department	Parks
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Total Length of Time with organization 18 Years 7 months

Total Length of Time in Current Position 12 Years 12 months

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

Email: **Work Phone:** (970) 254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Ron Felt	Name:	Traci Wieland
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Title:	Supervisor	Title:	Parks Superintendant
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Work Phone	(970) 254-3868	Work Phone:	(970) 254-3846
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E-mail:	ronf@gjcity.org	E-mail:	traciw@gjcity.org
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II. POSITION INFORMATION

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

Example: Computer Support Technician

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

My primary responsibilities are to operate a variety of equipment including groundskeeping equipment, snow removal equipment, power and hand tools and other specialized maintenance equipment.

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).	1 - 2
<input checked="" type="checkbox"/>	I make work assignments for others.	1-2
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1-2
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1-2

- 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 Leaders
Equipment Operator
Seasonal

YOUR DIRECT REPORTS' JOB TITLES

Seasonal

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		
Parks Operations	Daily	Different events in different areas
Streets	Annually	Reinforcing the dike along the riverfront
Forestry	Daily	Some downed trees
Police Department	Occasionally	Transients

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Grand Junction Pipe Company	Monthly	Breaks in irrigation

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.

(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	Tree and shrub care	Tools Needed	Weekly	10%
2	Irrigation	Tools Needed	Annually	5%
3	Electrical	Tools Needed	Annually	5%
4	Building Repair	Evaluate Situation	Annually	5%
5	Snow Removal	Equipment Needed	Annually	5%
6	Vandalism/Building -sidewalks	Evaluate Situation	Daily	5%
7	Mowing	Personal Protective Gear	Weekly	5%
8	Chemical (Spraying)	Personal Protective Gear	Quarterly	5%
9	Light Equipment Operator		Monthly	5%
10	Power Tools - Hand	Personal Protective Gear	Daily	10%
11	Read & Interpret Maps/Blue Prints		Annually	5%
12	Trash	Personal Protective Gear	Daily	5%
13	Public Relations (Assist General Public)		Daily	15%
14	Understand Oral and Written Instruction		Monthly	5%
15	Equipment Repair and Maintenance		Weekly	5%
16	Cleaning Bathrooms	Personal Protective Gear	Daily	5%
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	Knowing how to use cutting/trimming tools and how to trim.
2	Knowing how to fix and repair pipes and sprinklers
3	Basic electrical - white to white, black to black
4	Fixing a leaky toilet or sink
5	Being prepared for cold weather - use of equipment
6	Stop to cover or remove graffiti
7	Knowledge of mowers
8	Protective gear
9	Knowledge of Equipment
10	Knowledge of Equipment
11	Being familiar with new streets/of the city
12	Being cautious of your surroundings
13	Being polite and courteous
14	Paying attention
15	Being familiar with tools

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 type="checkbox"/>	Other (explain): 2 1/2 Years College

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>
Mowing	18 years	Mowing	1 years
Spraying Weeds	18 years	Spraying Weeds	1 years
Running different types of equipment	18 years	Running different types of equipment	1 years

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

Be willing to work a full 8 hours a day. Show up on time. Good Attitude

Knowledge of groundskeeping - including tools, small or large -

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

Drivers License (see #1)

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	Chainsaw - Pole saw	Yearly
2	Weedeater	Weekly
3	Power drill - tools	Weekly
4	Backpack blower	Weekly
5	John Deere Tractor - bucket front	Quarterly
6	John Deere Tractor - with broom	Quarterly
7	Grasshopper, Lawn mower	Weekly
8	Spraying for weeds - Sprayer	Quarterly
9	Kawasaki Mule/John Deere Gator	Weekly
10	Driving Ford pick-up - work truck	Daily

5. DECISION-MAKING & JUDGMENTS.

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

1. Caution in driving (Defensive Driving)

The pick-up I drive for the work I do, belongs to the City of G.T. For this reason I have to be cautious in driving

2. Not letting others affect you! (Bums in the park). Being in a good mood.

3. Tools needed for the job you are doing that day!

4. Prioritizing tasks - sometimes there are 2, 3 or maybe 4 different things that "NEED" to be done that day. Therefore deciding which one should be first, etc., etc.

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	1,2,5,7,9,12
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--Daily	3--Extremely Important	1,2,5,7,12,9
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.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2,5,7,9,12
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	2
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1,12,15
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	12,15,16
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1 - 16
Pushing: Using upper extremities to press	3--Monthly	2--Very Important	1,2,5,7,12

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	2
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	1,2,5,7,9,12
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-10, 12-16
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	1-10,12-16
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4--Weekly	2--Very Important	1-16
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	1-16
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
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	1-16
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,5,10,12,15
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--Daily	3--Extremely Important	1,2,4,5,7,8,9,12,16
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	Select	Select	1,2,5,7,8,16

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.			
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	1,2,5,7,16
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.	4--Weekly	2--Very Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	3--Monthly	2--Very Important	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

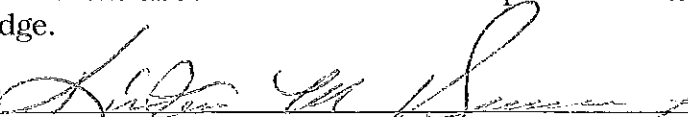
ADDITIONAL COMMENTS

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

Not at this time

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

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

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


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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 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: PARKS

Department: PARKS

For Individual Questionnaires Only:

Employee Name: PETERHANS GREGORY T.
(Last) (First) (Middle Initial)

Current Classification Title: EQUIPMENT OPERATOR

Division PARKS Department PARKS

Total Length of Time with organization 15 Years 4 months

Total Length of Time in Current Position 12 Years 8 months

Assigned Hours/Week:; from 7:00 to 3:30 Assigned Days/Week MON - FRI

Email: GREGP@CI.GRANDJCT.CO.US Work Phone: 970 254-3868

Immediate Supervisor:

Immediate supervisor reports to:

Name: RON FELT

Name: TRACI WIELAND

Title: PARKS SUPERVISOR

Title: PARKS SUPE

Work Phone 970 254-3868

Work Phone: 970-254-3846

E-mail: RONF@CI.GRANDJCT.CO.US

E-mail: TRACIW@CI.GRANDJCT.CO.US

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

TO PERFORM A VARIETY OF DUTIES INVOLVED IN THE INSTALLATION, MAINTENANCE, AND RECONSTRUCTION OF FACILITIES IN ALL DIVISIONS OF PARKS DEPARTMENT, TO PERFORM A VARIETY OF TECHNICAL TASKS RELATIVE TO ASSIGNED AREAS OF RESPONSIBILITY. WITH EMPHASIS ON HERBICIDE SPRAYING OF ALL DEVELOPED PARKS AND SOME UNDEVELOPED LAND AND TRAIL SYSTEMS WITH APPROXIMATELY 450 TO 500 ACRES OF PARKS AND 35 TO 40 MILES OF TRAILS.

SPRAY CREW EQUIPMENT OPERATOR

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).	0
<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 type="checkbox"/>	I make work assignments for others.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	4+
	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.	4+
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

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

YOUR COWORKERS' JOB TITLES

CREW LEADERS
EQUIPMENT OPERATORS
SEASONAL EMPLOYEES

YOUR DIRECT REPORTS' JOB TITLES

SEASONAL EMPLOYEES

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		
PARKS CREW LEADERS	DAILY	TO WORK TOGETHER ON ASSIGNED TASKS
PARKS EQUIPMENT OPERATORS	DAILY	
SPORTS CREW LEADERS	DAILY	
SPORTS EQUIPMENT OPERATOR	DAILY	
FORESTRY CREW LEADER	DAILY	
FORESTRY EQUIPMENT OPERATOR	DAILY	
PUBLIC WORKS	MONTHLY	STREETS, TRAFFIC, WATER, PERS 160 FLEET

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
RANDALL INDUSTRIES	W	PURCHASE CHEMICALS
EWING IRRIGATION	W	PURCHASE CHEMICALS
GRAINGER	M	PURCHASE EQUIPMENT + SUPPLIES
TRUE VALUE	W	PURCHASE PROJECT SUPPLIES
HOME DEPOT	M	PURCHASE PROJECT SUPPLIES
PARK PATRONS	D	MAKING PUBLIC AWARE OF CHEMICAL APPLICATION

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	HERBICIDE APPLICATION		Select D	65%
2	SAFETY, MAINTENANCE DISPOSAL		Select	
3	PURCHASING, TROUBLESHOOTING		Select	
4	HEAVY EQUIPMENT OPERATOR		Select D	15%
5	BUILDING CONSTRUCTION + MAINTENANCE		Select M	20%
6			Select	
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.

[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 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 type="checkbox"/>	Other (explain): <div style="margin-left: 20px;"> VARIOUS SEMINARS ON SPORTS TURF MAINTENANCE, PRO GREEN (GREEN SCHOOL), CSU MASTER GARDNER, CSU EXT. COMMERCIAL APPLICATORS TRAINING WORKSHOP, GJ PIPE IRRIGATION </div>

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>
SPORTS TURF MAINTENANCE	10 years	TURF MAINTENANCE	2 years
RIVERFRONT TRAIL MAINTENANCE	3 years	EQUIPMENT OPERATOR	3 years
CHEMICAL APPLICATION	2 years	KNOWLEDGE OF CHEMICALS + USES	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.

CSU EXTENSION COMMERCIAL APPLICATORS TRAINING
 CSU MASTER GARDNER
 GJ PIPE IRRIGATION
 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	MULTI-PRO 1100 SPRAY RIG WITH ^{COMPUTER} CALIBRATION	D
2,3	DUMP TRUCK	D
2,3	BACKHOE	M
2,3	TRACTORS WITH VARIOUS IMPLEMENTS	W
2,3	SKIDSTEER LOADER	M
2,3	TRENCHER	A
1,2,3	UTILITY CARTS	W
1,2,3	UTILITY TRUCKS WITH TRAILERS	D
3	TRANSIT	Q
3	MULTI METER	M
3	CARPENTRY AND CONCRETE TOOLS	M
3	DIGGING TOOLS	W
3	FABRICATING TOOLS / PLASMA CUTTER	M

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. KNOW THE RIGHT CHEMICAL FOR THE PROPER APPLICATION

2. IMPLEMENTING SAFETY POLICIES INCLUDING PPE AND SPRAY PROCEDURES AROUND PUBLIC

3. PRIORITIZING JOB DEPENDING ON SEASON PRE EMERGENT VS POST EMERGENT AS WELL AS TIME OF YEAR TO SPRAY SPECIFIC WEEDS

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 4	Select 3	1, 2, 3
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 3	Select 2	1, 2, 3
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	Select 5	Select 3	1, 2, 3
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 3	1, 2, 3
Crouching: Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	1, 2, 3
Crawling: Moving about on hands and knees or hands and feet.	Select 2	Select 2	1, 2, 3
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 3	1, 2, 3
Standing: Particularly for sustained periods of time.	Select 5	Select 2	1, 2, 3
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	1, 2, 3
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 3	1, 2, 3
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 3	1, 2, 3
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 4	Select 3	1, 2, 3

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

- MAINTAIN RECORDS OF CHEMICALS AND FERTILIZERS USED.
- IDENTIFY TURF, TREES, SHRUBS, PARASITES AND OTHER PROBLEMS
- CALIBRATE AND APPLY CHEMICALS SUCH AS HERBICIDES, FUNGICIDES, PESTICIDES AND FERTILIZERS SAFELY AND ACCURATELY.
- EXTENSIVE PLAYGROUND INSTALLATIONS
- SPRING START-UP AND WINTERIZATION OF POOLS AND PARKS IRRIGATION SYSTEMS
- BUILDING CONSTRUCTION AND MAINTENANCE (FRAMING, SHEETROCK, TRIM, PAINT, CARPET)

EMPLOYEE CERTIFICATION

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

Signed:

Larry T. Peterson

Date:

December 16, 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

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: Ken Zelt Date: 1-8-09

Department Head
Signature: R. Blase 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: Sports Facility Department: Parks & Rec

For Individual Questionnaires Only:

Employee Name: Coulson Todd M
(Last) (First) (Middle Initial)

Current Classification Title: equipment operator

Division Sport Facilities Department Park & Rec

Total Length of Time with organization Years 9 months 4

Total Length of Time in Current Position Years months 4

Assigned Hours/Week:; from 6 to 4:30 pm Assigned Days/Week 4-5 weeks

Email:

Work Phone:

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Mike Ventegna

Title: Supervisor

Title: Interim director Park Sup

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.

special project/~~sup~~ special event equipment operator

To maintain and construct city facility
and Parks as well as support for event
setups

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

Facility equipment operators
Park's Rec equipment operator
Sports facility equipment operator
Grow leaders

YOUR DIRECT REPORTS' JOB TITLES

Sport Facility seasonal

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	persigo - water - service

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Home Depot	1/week	purchase item for projects
Lowes	1/week	" "
True Value	1/week	" "
Westro inc	1/week	" "
B-J Pipe	1/month	" "
Greiger	1/month	" "
School District	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.

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	power hand tool		Select	
2	heavy equipment operating		Select D	20
3	meeting with Contractors		Select M	5
4	event setup		Select W	10
5	playground installation		Select M	5
6	building construction		Select D	20
7	Turf maintenance		Select M	5
8	Irrigation Repair & install		Select M	5
9	Tree & Shrub maintenance		Select M	5
10	chemical handling		Select	
11	Supervising & Training employees		Select M	5
12	Project Purchasing		Select M	5
13	Design and implementation of projects		Select M	5
14	Dirt work - leveling and grading		Select M	5
15	Pool maintenance - Trouble shooting		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 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	8 years	1	years
building construction	6 years	1	years
heavy equipment operating	5 years	1	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 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 13,14	Backhoe	W
2,4,5,6,7,8,9 13,14	un. loader	W
2,4,5,6,7,8,9 13,14	Tractor & implements	W
11 11	trencher	M
11 11	dump truck	W
11 11	Transit	W
6	Carpentry tools	W
2,4,5,6,7,8,9 13,14	digging tools	W
2-14	Pickup & Trailer	D
2,4,6,13	Welding & Fabrication tools	M
3,6	Concrete tools	M
2-14	Utility carts	W
6	multi-meter	M

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 task - safety and importance
2. personal need to know there duties due to the responsibilities and efficiency needed for projects installed in the utmost safety for patrons and co workers
3. use of right tools and equipment

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	Select 5	Select 2	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 4	Select 2	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	Select 3	2-15
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 3	Select 3	2-15
Crouching: Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	2-15
Crawling: Moving about on hands and knees or hands and feet.	Select 5	Select 2	2-15
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 2	2-15
Standing: Particularly for sustained periods of time.	Select 5	Select 3	2-15
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	2-15
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 5	Select 2	2-15
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 5	Select 2	2-15
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 3	Select 1	2-15

Grasping: Applying pressure to an object with the fingers or palm.	Select 5	Select 3	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.	Select 5	Select 3	2-15
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select 5	Select 3	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.	Select 5	Select 3	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.	Select 5	Select 3	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).	Select 5	Select 3	2-15
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select 5	Select 3	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	Select 5	Select 3	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.	Select 5	Select 3	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.	Select 5	Select 3	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.	Select 5	Select 3	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.	Select 4	Select 2	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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).

- 1) sheetRock, trim, Framing, paint, Carpet
- 2) Fertilizing, creating, weed eating, spraying
- 3) PVC, Copper, backflow, clocks, sprinkler, design
- 4) Spring start up and winterization of pool and irrigation
- 5) reading blue prints, electrical, plumbing, mfg and
- bull flobs 6) plasma cutter, torch, wire feed welding

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

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

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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature: Edith M Date: 1-7-09

Department Head
Signature: John S. Lee 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.
--	---

Terry Williams, Mike Vig, Brent Burgess,

Ryan Dennison, Bill Johnson,

Nikki Carpendale

Division: Parks

Department: Sports Facility

For Individual Questionnaires Only:

Employee Name:	Carpendale	Nicole	J
	(Last)	(First)	(Middle Initial)

Current Classification Title: Parks Equipment Operator

Division	Parks and Recreation	Department	Sports Facility
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Total Length of Time with organization 3 Years 6 months

Total Length of Time in Current Position Years 10 months

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

Email: ncarpend@mesastate.edu

Work Phone: (970) 254-3849

Immediate Supervisor:

Immediate supervisor reports to:

Name: Eddie Mort

Name: Traci Wieland

Title: Sports Facility Supervisor

Title: Parks Superintendent

Work Phone (970) 254-3873

Work Phone: (970) 254-3846

E-mail: eddiem@gjcity.org

E-mail: traciw@gjcity.org

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).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	0
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	0
<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 type="checkbox"/>	I make hiring and hiring pay recommendations.	8
<input type="checkbox"/>	I make hiring and hiring pay decisions.	0
<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.	16
<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

Equipment Operators
Seasonals

YOUR DIRECT REPORTS' JOB TITLES

Crew Leader
Equipment Operator

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

☐ Full Time

☐ Part-Time

☒ Seasonal/Temp

☒ Volunteer

☐ Contract

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>
Equipment Operation	3 years	Sports Field Maintenance	2 years
	years	Equipment Operation	2 years
	years	Building Maintenance	2 years

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

Landscaping
Communication
Sports Turf 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.

Master Gardner
Two years increasing responsible landscaping or groundskeeping experience
Colorado 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 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: _____

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: *R. L. Steel* 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.

Ferry Williams, Brent Burgess, Bill Johnson, Ryan Dennison

Division: Sports Facilities

Department: Parks + Rec.

For Individual Questionnaires Only:

Employee Name:

Vig
(Last)

Michael
(First)

A.
(Middle Initial)

Current Classification Title:

Parks Equipment Operators

Division

Sports Facilities

Department

Parks + Rec

Total Length of Time with organization

8

Years

months

Total Length of Time in Current Position

1

Years

months

Assigned Hours/Week:: from 40 to varies

Assigned Days/Week

any

Email:

>

Work Phone:

255-9715

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Bruce Hagen

Name:

Eddie Mort

Title:

Crew Leader

Title:

Sports Facility Supervisor

Work
Phone

255-9715

Work
Phone:

254-3873

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Sports Field Maintenance	8 years	Sports Field Maintenance	2 years
Equipment Operation	8 years	Equipment Operation	2 years
Building Maintenance	8 years	Building Maintenance	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.

Driver's 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

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: _____

12-16-08

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.**

[illegible]

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Mike VIC, Brent Burgess, Terry Williams, Ryan Dearison, Randy Coleman, Bill Johnson.

Division: PARKS

Department: Sports Facility

For Individual Questionnaires Only:

Employee Name: Burgess Brent D.
(Last) (First) (Middle Initial)

Current Classification Title: Equipment operator

Division parks Department sports facility

Total Length of Time with organization 7 Years months

Total Length of Time in Current Position 5 Years months

Assigned Hours/Week:: from 40 to VARIES Assigned Days/Week 52 wks

Email: Work Phone: 255-9715

Immediate Supervisor:

Immediate supervisor reports to:

Name: BRUCE HAGEN Name: ED MORT

Title: crew leader Title: Sports Facilities supervisor

Work Phone: 255-9715 Work Phone: 254-3873

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 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>
Sports Turf	7 years	Sports turf	2 years
Equipment operation & maintenance	30 years	Equipment op & main.	2 years
Landscaping & maintenance	25 years	Landscaping & maintenance	0 years

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

Sports Turf & maintenance

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

DRIVERS License, master GARDNER.

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: 12-16-08

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.

TerryWilliams - 16yrs, Mike Vig - 8 yrs, Brent
Burgess - 7 yrs (Canyon View, Equipment
Operator irrigation, field maintenance,
building maintenance)

Ryan Dennison - 5yrs, Bill Johnson - 12yrs
(Lincoln Park, Equipment Operators)

Division: Parks

Department: Sports Facility

For Individual Questionnaires Only:

Employee Name: Dennison Ryan C
(Last) (First) (Middle Initial)

Current Classification Title: Parks Equipment Operator

Division Sport Facilities **Department** Parks

Total Length of Time with organization 5 Years months

Total Length of Time in Current Position 1 Years months

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

Email: **Work Phone:** (970) 254-2504

Immediate Supervisor:

Immediate supervisor reports to:

Name: Randy Coleman **Name:** Eddie Mort

Title: Crew Leader **Title:** Parks Supervisor

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 type="checkbox"/>	Other (explain): Certificates in Landscape and Irrigation

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>
High School Diploma	4 years	High School Diploma	years
Bachelors Degree	4 years	Driver License	years
Master Gardener	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.

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 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: _____

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:

Ryan Derrin

Date:

12/16/08

Supervisor
Signature:

Edith H.

Date:

1-7-09

Department Head
Signature:

Rob Slane

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.