# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curi	YEE BACKGRO rent job title, your job throughout th	immediate super			
Is this a g	group questionnair	e? 🗌 Yes 🛛 No	If yes, plea	se list all employe	ee names.
Division	:		Departme	ent:	
	Fo	or Individual Q	uest <u>ionnair</u> e:	s Only:	
Employee I	Vame:	Friesen (Last)	Lin (Fire	nda st	G (Middle Initial)
Current Cla	ssification Title:	Maxicom/Irriga	·		
Division	Parks & Recreati	on	Departmei	nt Parks	
rotal Lengt	th of Time with o	ganization	4 Years	7 months	
Total Lengt	th of Time in Curi	ent Position	Ye	ears 3 months	
Assigned H	ours/Week:; fron	7:00 a.m. <b>t o</b>	3:30 p.m.	Assigned Days/W	Veek M-F
Email: linda	af@gjcity.org	<u>.</u>	Work Phone	e: (970) 254-3873	
	immediate Supe	rvisor:	<u>Imme</u>	diate superviso	or reports to:
Name:	Eddie Mort		Name:	Traci Wieland	
Title:	Parks Superv	isor	Title:	Parks Superinter	ndant
Work Phone	(970) 254-38′	73	Work Phone:	(970) 254-3846	
E-mail:	eddiem@gici	tv.org	E-mail:	traciw@gjcity.or	<b>·</b> g



### 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.

ξ 1

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

Yes	Duty	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
	I make work assignments for others.	
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	
	I recommend termination for poor performance.	
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	1 - 10
×	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.

Seasonal/Temp 2

### YOUR COWORKERS' JOB TITLES

# Crew Leaders Equipment Operators Seasonal Please indicate the nature of the group supervised and the number supervised

Contract

Volunteer

YOUR DIRECT REPORTS' JOB TITLES

Full Time

Part-Time



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 Technolgy 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	М	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 = Dally  W = Weekly  M = Monthly  Q = Quarterly  A = Annually  Q = 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%



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.  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.  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 tenechers and electrical testing equipment as a tenechers and electrical testing equipment and tenedations 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.  7 Meet with vendors to obtain new product information and to understand changes in systems and operations based upon software updates, purchase components for irrigation maintenance management systems.  8 Trains and advises parks personnel on the operational characteristics of the computerized irrigation maintenance management systems, makes recommendations to the Parks Supervisor for improvements to the system.  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 require ments.  Determine what is site, how many zonos, soil condi	г			T	I
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to assist in the installation, maintenance, and			Į.		5%
repair of CCU's, clocks and irrigation systems.		to assist in the installation, maintenance, and	and now to manifall It.		
		repair of CCU's, clocks and irrigation systems.		Daily	



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.
A11	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	co	nd verbal reports of work activities. Understand and follow verbal and written instructions, ommunicate effectively verbally and in writing. Establish and maintain cooperative working elationships with those contacted in the course of work.
5	S	kill in the use of hand and power tools.
··· —-		
	•	
		III. EDUCATION, EXPERIENCE, AND EQUIPMENT
		What level of education do you have and what minimum level of education do you o satisfactorily perform your job at entry level? Check the level that applies to your job:
You	You	
Have	Need	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write,
_		and follow directions) High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree Other (explain):
$\boxtimes$	$\boxtimes$	One year college education, Maxicom training, Master Gardener training and
_	<del></del>	certification, Green School training and certification, Turf Management
		E: What kinds of experience do you have, and what minimum kinds of experience are ur job at entry level?
		Type of Experience

Your Time

You Have

You Need

<u>Minimum</u>

<u>Time</u> <u>Required</u>



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
A11	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
		1
<del></del>		

### 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 equipment do we have and need. What programs do we need to write to efficiently and effectivly 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.

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### 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 <u>will not</u> affect how your job is classified.

### Frequency

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

**Importance** 

## How frequently is the activity performed?

0 – Never

1 - Annually2 - 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.	3Monthly	1Somewhat 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.	4Weekly	3Extremely Important	5,10
<b>Stooping</b> : 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.	5Daily	3Extremely Important	3,5,10
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	3,5,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	3,5,10
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3Monthly	2Very Important	3,5,10
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	3,5,10
<b>Standing</b> : Particularly for sustained periods of time.	5Daily	3Extremely Important	3,5,10
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	3,5,10, 11,12,13
<b>Pushing</b> : Using upper extremities to press against something with steady force in order to thrust	3Monthly	2Very Important	5,10



forward, downward or outward.		}	
Pulling: Using upper extremities to exert force in		<del> </del>	
order to draw, drag, haul or tug objects in a	3Monthly	2Very Important	5,10
sustained motion.	0-Worlding	2very important	3,10
Fingering: Picking, pinching, typing or otherwise		<del> </del>	
working, primarily with fingers rather than with	5Daily	3Extremely Important	2,5
the whole hand or arm as in handling.	J-Daily	3Extremely important	2,3
Grasping: Applying pressure to an object with the	<del> </del>	[]	
	4Weekly	2Very Important	3,5,10
fingers or palm.	<u>_</u>		
Lifting: Raising objects from a lower to a higher			
position or moving objects horizontally from			
position-to-position. This factor is important if it	4Weekly	2Very Important	5,10
occurs to be a considerable degree and requires			,
the substantial use of the upper extremities and			
back muscles.		<b> </b>	
Feeling: Perceiving attributes of objects, such as			0 7 10
size, shape, temperature or texture by touching	5Daily	3Extremely Important	3,5,10
the skin, particularly that of fingertips.	<b></b>	<b> </b>	
Talking: Expressing or exchanging ideas by		j	
means of the spoken work. Those activities in			
which they must convey detailed or important	5Daily	3Extremely Important	All
spoken instructions to other workers accurately,		1	
loudly, or quickly.			
Hearing: Perceiving the nature of sounds with no		{	
less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000		1	
Hz with or without correction. Ability to receive			
detailed information through oral communication,	5Daily	3Extremely Important	All
and to make fine discriminations in sound, such			
as when making fine adjustments on machined			
parts.			
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		į	
machinery and other objects are also considered	5Daily	3Extremely Important	All
important. Other important factors of seeing are	J- Daily	3Extremely important	All
acuity (near and far), depth perception (three		į	
dimensional vision), accommodation (adjustment		1	
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		1	
point) and color vision (ability to identify and		ł	
distinguish colors).			
Repetitive Motions: Substantial repetitive			
movements (motions) of the wrists, hands, and/or	5Daily	3Extremely Important	2,3,5,10
fingers.			
Sedentary Work: Exerting up to 10 pounds of			
force occasionally and/or a negligible amount of		]	
force frequently or constantly to lift, carry, push,		]	26780
pull or otherwise move objects, including the	e nui	0.37	2,6,7,8,9
human body. Sedentary work involves sitting	5Daily	2Very Important	10,11,12
most of the time. Jobs are sedentary if walking		{	13
and standing are required only occasionally and all		1	
other sedentary criteria are met.		ļ	
Light Work: Exerting up to 20 pounds of force	<del></del>		
occasionally, and/or up to 10 pounds of force		]	
frequently, and/or a negligible amount of force	4Weekly	2Very Important	2,3,5,10
constantly to move objects. If the use of arm		1	
constantly to move objects. If the use of arm	L	·	

Average exercises and seem of the



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.	2Quarterly	2Very Important	5,10
<b>Heavy Work</b> : 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.	1Annually	2Very 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.	1Annually	1Somewhat 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
_	2000	1100	Kh-1

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

### 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.



·				
EMPLOYEE CERT	IFICATION			
T				
i ceruiy that the abo knowledge.	ve statements and res	ponses are accurate	and complete to the be	st of my
O				
Signed:	en tresen		Date:/3 - /9-	08
TO BE COMPLI	ETED BY THE IMMI	EDIATE SUPERVIS	OR AND DEPT. HEA	AD.
			additional comments	
			aire. The Supervisor	
			e questionnaire nor s s questionnaire is inte	
			The Supervisor does	
			arrows for accuracy a	
			are not complete or a	
			ire with the incumbe	
			rmation is missing, inc the form should hav	
	sure all have read the		the lothi should hav	e an three
Question No.	Comments			
				<del></del>
			<del></del>	
Page I7 of	19	····	Fox Lawson & Associates,	LLC

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.





Please check the appropriate statement:	
☐ I agree with the incumbents' position questionnaire as writ	ten.
The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
☐ The above modifications have been discussed with the disagrees with these modifications.  I have noted the modifications made by my supervisor in the	
• • •	
Employee Signature:	Date:
	Date:
Supervisor Signature:  Signature:	1-7-09

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.

b

- 4. Certifications: Currently, the only certification required for Crew Leaders or Equipment Operators is a CDL for those working in forestry. Due to the reorganization, employees at all levels and working in all functions will be required to obtain certifications. This process will be fully implemented in 2009. The following is a list of some of the applicable certifications:
  - a. National Playground Safety Institute
  - b. Commercial Drivers License
  - c. ISA Certified Arborists
  - d. Certified Landscape Technician
  - e. Certified Turfgrass Professional
  - f. Commercial/Private Chemical Applicator Certification

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

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

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

## **Duty List for Crew Leaders based on Supervisor Opinion**

l evaluate and sign performance reviews of other full-time employees.	NO
l 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
l 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
l evaluate and sign performance reviews of part-time, temporary, or contract employees.	NO
l 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
l recommend termination for poor performance.	NO
provide advice to peers that they must consider carefully before making a decision.	YES
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 QUESTIONAIRE

	ction you will provide information regarding your visor, etc. This will help us make sure we refer to
Is this a group questionnaire? X Yes \( \simeg \) No	If yes, please list all employee names.
•	
Division: PARKS	Department: SPORTS FACILITIES
For Individual Q	uestionnaires Only:
Employee Name: (DICCIAMS	TERRY (Middle Initial)
(Last)	(First) (Middle Initial)
Current Classification Title: EQUIPMEN	IT OPERATOR
Division PARKS	Department SPORTS FACILITIES
Total Length of Time with organization	16 Years 8 months
Total Length of Time in Current Position	// Years 5 months
Assigned Hours/Week:; from WAY to VA	RIGS Assigned Days/Week ANY
Email:	Work Phone: 255-9715
Immediate Supervisor:	Immediate supervisor reports to:
Name: Bruch HAGEN	Name: ED MORT
Title: CREW LEADER	Title: SPORTS FACILITIES SUPERVISOR
Work Phone 255 - 9715	Work Phone: 254-3873
E-mail:	E-maii:

# 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.	<b>EDUCATION:</b>	What level of e	ducation de	o you	have and	what minimum	level of	education	do you
beli	eve is needed to	satisfactorily perf	orm your jo	b at er	ntry level?	Check the level	that appl	lies to your	job:

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

You Have	Your Time	You Need	Minim Tim Requi	ıe
TURF MANAGEMENT	16 years 5	PORTS FIELD MAINT,	ال	years
BUILDING MAINTENANCE	13 years £	QUIPMENT OPERATION	2	years
SPORTS FIELD MAINTENANO	years $\mathcal{T}$	SUIL DING MAINT.	2	years

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

PAIRKS 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 BOTONY 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 #	"不是我就说"。 第二章	Machines, Tools,	Equipment	Frequency/Time
		4,000		
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			· · · · · · · · · · · · · · · · · · ·	
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			, , , , , , , , , , , , , , , , , , ,	
		e de la companya de l		
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# 5. DECISION-MAKING & JUDGMENTS.

a.	Describe	three	types	of	important	decisions	and	judgments	you	make	regularly	and
	independe	ently in	the pe	erfo	rmance of yo	our duties.					_	t)

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.)	7		
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)			
Hazardous materials (chemicals, blood and other body fluids, etc.)			
Extreme temperatures			
Inadequate lighting			
Work space restricts movement			
Intense noise			
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			· 🔲 .

# V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

## ADDITIONAL COMMENTS

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

# EMPLOYEE CERTIFICATION

I certify that the above sta	itements a	and responses	are accurate a	and complete to	the best of my
knowledge.	<b>b</b>				
And the same of th					_

Page 12 of 16

Fox Lawson & Associates, LLC

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	
		<u> </u>
· .		
***		
<u> </u>		· · · · · · · · · · · · · · · · · · ·

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curr		ROUND: In this section immediate supervison the study.			
Is this a g	roup questionn	aire? 🛛 Yes 🗌 No	If yes, please	list all emplo	yee names.
Burgess - Operator	- 7 yrs (Cany	ike Vig - 8 yrs, Brent on View, Equipment field maintenance,	:		•
	nnison - 5yrs, ark, Equipmen	Bill Johnson - 12yrs t Operators)			
Nikki car operator	rpendale Cany	on view equipment	•		
Division	: Parks		Departmen	it: Sports Fac	cility
	Tribbs de la constitución de la		- State - Control - Contro	· · · · · · · · · · · · · · · · · · ·	
		For Individual Que	stionnaires	Only:	٠
Employee N	Ioma:	Johnson	William	(R:11)	म
imployee r	aure.	(Last)	(First)	<del></del>	(Middle Initial)
Current Cla	ssification Title	: Parks Equipme	ent Operator		
Division	Sport Facil	ities	Department	Parks	
Total Lengt	h of Time witl	n organization	11 Years	9 months	:
Total Lengt	th of Time in C	current Position	9 Years	9 months	
Assigned H	ours/Week:; f	rom 40 to	As	signed Days/	Week 5
Email:	·		Work Phone:	(970) 254-250	)4
<u>]</u>	immediate Su	pervisor:	Immed	iate supervi	sor reports to:
Name:	Randy Co	leman	Name:	Eddie Mort	
Title:	Crew Lea	der	Title.	Parks Suner	wisor

# III. EL ON, EXPERIENCE, AND EQUIPMENT

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

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

You Have	Yo	ur Time	You Need	' <u>Minimum</u> <u>Time</u> <u>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: Word

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
$\boxtimes$	I do not officially supervise other employees (sign performance reviews).	0 .
	I evaluate and sign performance reviews of other full-time employees.	0
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	0
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	8
$\boxtimes$	I make work assignments for others:	8
$\boxtimes$	I make hiring and hiring pay recommendations.	. 8,
	I make hiring and hiring pay decisions.	. 0
	I recommend termination for poor performance.	8 *-*
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	16
	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 Seasonals Equipment operators I Description of the content of th

Please indicate the	nature of the group	supervised and the numl	ber supervised	
⊠Full Time 4 (CV) 2(LP)	Part-Time	⊠Seasonal/Temp 6 (CV) 2 (LP)	Volunteer	Contract

YOUR DIRECT REPORTS' JOB TITLES

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

1. Inside your organization (other City Departments):

Title of Person or	How Often	For What Purpose		
Department				
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.

# 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	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

THE PROPERTY OF THE PROPERTY O	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		4,	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	kno	owledge of vehicle and building operation
7	con	nmunication skills, ability to understand and read blueprints
,		
		· · · · · · · · · · · · · · · · · · ·
		· •
		•
		en e
		شد و
		III. EDUCATION, EXPERIENCE, AND EQUIPMENT
		What level of education do you have and what minimum level of education do you satisfactorily perform your job at entry level? Check the level that applies to your job:
You	You	
Have	Need	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write,
		and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
$\boxtimes$		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
$\boxtimes$		Other (explain): Certificates in Landscape and Irrigation
		E: What kinds of experience do you have, and what minimum kinds of experience are ur job at entry level?

Type of Experience

You Have	You	er Time	You Need	<u> Winimum</u> Time Required
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, weedeaters, 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, weedeaters, 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, weedeaters, 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 condusive 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				
				,
		•		
				ئىد د

#### 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

# <u>Importance</u>

# 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 -
<b>Climbing</b> : 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.	4Weekly	1Somewhat 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.	3Monthly	1Somewhat Important	stand washing, building maintenence
<b>Stooping</b> : 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.	5Daily	2Very Important	irrigation, field maintenance, building maintenence
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	2Very Important	irrigation, field maintenance, building maintenence
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	2Very Important	irrigation, field maintenance, building maintenence
Crawling: Moving about on hands and knees or	0Never	0Not Important	n/a

receive detailed information through oral			building
communication, and to make fine discriminations			maintenence
in sound, such as when making fine adjustments			
on machined parts.			<del> </del>
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	ļ		
high degree of visual efficiency, placing intense			irrigation,
and continuous demands on the eyes by moving			field
machinery and other objects are also considered important. Other important factors of seeing are	5Daily	3Extremely Important	maintenance,
acuity (near and far), depth perception (three	-		building
dimensional vision), accommodation (adjustment		` ·	maintenence
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).			
Repetitive Motions: Substantial repetitive			irrigation,
movements (motions) of the wrists, hands, and/or	,		field
fingers.	5Daily	3Extremely Important	maintenance,
		· Line of the post course	building
		-	maintenence
Sedentary Work: Exerting up to 10 pounds of		,	
force occasionally and/or a negligible amount of		•	irrigation,
force frequently or constantly to lift, carry, push,			field
pull or otherwise move objects, including the human body. Sedentary work involves sitting	5Daily	2Very Important	maintenance,
human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking			building
and standing are required only occasionally and			maintenence
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			irrigation,
constantly to move objects. If the use of arm			field
and/or leg controls requires exertion of forces	5Daily	2Very Important	maintenance,
greater than that for Sedentary Work and the			building
worker sits most of the time, the job is rated for			maintenence
Light Work.  Medium Work: Exerting up to 50 pounds of force			importion
occasionally, and/or up to 20 pounds of force			irrigation, field
frequently, and/or up to 10 pounds of force	4Weekly	1 Samarihat Impartant	maintenance,
constantly to move objects.	4Weekiy	1Somewhat Important	building
			maintenence
Heavy Work: Exerting up to 100 pounds of force			irrigation,
occasionally, and/or up to 50 pounds of force		The second secon	field
frequently, and/or up to 20 pounds of force	4Weekly	1Somewhat Important	maintenance,
constantly to move objects.	T WCCKIY	1Somewhat important	building
			maintenence
Very Heavy Work: Exerting in excess of 100			irrigation,
pounds of force occasionally, and/or in excess of			field
50 pounds of force frequently, and/or in excess of	3Monthly	1Somewhat Important	maintenance,
20 pounds of force constantly to move objects.	J. WOITHIN	1 -Somewhat important	building
			maintenence
	L		mannenence

hands and feet.			
Reaching: Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Standing</b> : Particularly for sustained periods of time.	5Daily	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Pushing</b> : Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5Daily	2Very Important	irrigation, field maintenance, building maintenence
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4Weekly	2Very Important	irrigation, field maintenance, building maintenence
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	4Weekly	1Somewhat Important	irrigation, building maintenence
<b>Grasping</b> : Applying pressure to an object with the fingers or palm.	5Daily	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Lifting:</b> 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.	5Daily	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Feeling</b> : Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4Weekly	1Somewhat Important	irrigation, field maintenance, building maintenence
<b>Talking</b> : 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.	4Weekly	3Extremely Important	irrigation, field maintenance, building maintenence
<b>Hearing</b> : 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	5Daily	3Extremely 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 No	t Apply
---------	---------

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	⊠ .		
Hazardous materials (chemicals, blood and other body fluids, etc.)	☐ · ;	. 🛛	
Extreme temperatures			
Inadequate lighting	$\boxtimes$	· []	
Work space restricts movement			· ·
Intense noise			
Travel			- 1 - 1
Environmental (disruptive people, imminent danger, threatening environment)		$\boxtimes$	

## 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 wri	itten.
☐ The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
The above modifications have been discussed with the disagrees with these modifications.	incumbent, and the incumbent
I have noted the modifications made by my supervisor in t	he 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 QUESTIONAIRE

the correct job throughout the study.	
Is this a group questionnaire?   Yes No	If yes, please list all employee names.
	•
Division:	Department:
	•
For Individual Qu	estionnaires Only:
Employee Name: Keller	Christopher J
Current Classification Title: Cemetery	Equipment Operator
Division Cemetery	Department Parks and Recreation
Position is (check one): 💢 Regular full-time	☐ Regular part-time
Fotal Length of Time with organization	19 YEARS O MONTHS
Potal Length of Time in Current Position	19 YEARS O MONTHS
Assigned Hours/Week 8:00 ftm; from 4:30 t	o Assigned Days/Week
Email:	Work Phone: 970 244 1550
Immediate Supervisor:	Immediate supervisor reports to:
Name: Mike Vendegna	Name: Park Superinterletta
Name: Mike Vendlegna cemetery Horticulture Title: Forestry Supervison	Name: Park Superintentent
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. To operate and maintain the Cemetery Equipment operator: To operate and maintain the Cemetery. The operation Consists of by dig graves and raise older subsken graves and to pre Pare for weekly and daily burials. Other objectives are maintaining landscaped areas through our mowing stringtrimping and inspecting turfand Plant material for weekly irrigation purposes, maintain Prune and trim roses Shrubs and Small trees.

The final summary is to operate a variety of hand Phrumaticas 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
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
风	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3
Œ	I make work assignments for others.	3
	I make hiring and hiring pay recommendations.	` '
	I make hiring and hiring pay decisions.	
	I recommend termination for poor performance.	عربي و ا
×	I provide advice to peers that they must consider carefully before making a decision.	3 .
X	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

Crewleader
Equipment operator
Equipment operator
Part-time Equip oper
Part-time Equip oper
Part time Equip oper

#### YOUR DIRECT REPORTS' JOB TITLES

3	Par	time	E٩	vip	OPE	rs
		<del></del>				

Please indicate	the nature of the grou	p supervised and th	ne number supervised	
Full Time	Part-Time 3	Seasonal/Temp	Volunteer	Contrac

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		consult on water breaks
Pipeling moint	Yearly	Turn on water spring Turn off fall
Freetmannt	monthly	General maintence of Cemptery Equip
Solid waste	<u>augrterly</u>	General trash Service
Stores	Quayterly	General Supplies
Streets	yearly	Spring clean up and cemetery roads
Panks and Rec	Dally	Park maintence matters Employment information
HUMAN RECOURCES	monthly	Employment information

2. Outside your organization:

	<b>_</b>	
Title of Person or Organization	How Often	Sor What Purpose
Ex: Vendors, Gen. Public	A STATE OF THE STA	
Snyder 6U memora	: weekly	Fo grave site locations
Carlson memorials	weekly	Same as Syyder EU mem.
Martin Morturary	weekly	scheduled burial forthe week
Calahan Edfast mort	MEEKIY	same as above
Snell mc clean mort	weekly	same as above
General Public	Daily	for location of grave sites
•	· · · · · · · · · · · · · · · · · · ·	FUNERALS CUSTOMER COMPRINTS

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

	List of Essential Duties	Decisions Required Complaints	Frequency:  D = Daily  W = Weekly  M = Monthly  Q = Quarterly  A = Annually  O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Assistthe public on cem matters	Grave location	W	10%0
2	Find locate and dig graves	How to Setup site	<b>ω</b> ^	20%
3	Irrigate cometery assigned area	ushento chavig water	W	20%
4	Prepare for weekley mowing	mow 95519hed greas	W	20%
5	Inspecting and Policins cometery	where to start	ω	<b>^</b>
6	Leaf collection	when a rece to work	# Em	
7	Pruning of Shrubs roses flowers	How to cut and Plant	MXE	
8	Planting of roses anshrubs	same as about	MXXM	
9	Raising Sunken Graves	what area to work	w	
10	Raising trees for mowing	which limbs to	m	•
11	and trimming and irrigation			0
12	Remove snow from roads and	How to Elean	$\vee$	200/2
13	29472 SUPYC			, 21
14	Training new employees for	proper operating	W	
15	the season			
16	maintencof equipiment for	if Pieceof equip-	w	
17	Safe operation	ment is safe to.		
18	Setup Prepare graves for buigl	planning the total	W	
19	Enor oficiative and part	Planing areato bettimmed.	V	
ス <sup>0</sup> 21	String trom ground head Stone Repair maintain irrigation Breaks	repair	m	110%
22			k Associates, LLC	1

Page 7 of 15 Electrica I carpentry Plumbing 22

# 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
123186	understanding of operation methods Standards of &
thru 21	assigned areas of cemetery operation
2 thru21	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 thru21	Awareness of hazards and safety practicies and
	Polocies.
2thru21	Perform a variety of skilled and semi skilled.
	maintence of assighed areas.
2-thro21	Evaluate sob assignments to acheive goals to
	acomplish assigned task.
1+44 421	Follow oral or written instructions from chew
	leader or supervisor.
1,2	Ability to read map and burial records for Proper
2thru21	Brave Site locations,
, , , , , , , , , , , , , , , , , , , ,	Ability to Perform manual labor in extreme working
	Establish goals in working with other workers
2 thru21	Establish goals in work group. The person you are
	in contact with on a regular basis
	IN CONTACT WILL ON A LEGALIA

# III. EDUCATION, EXPERIENCE, AND EQUIPMENT

				ave and what minimum level ry level? Check the level that			
You Have	You Need						
			High School Diploma od directions)	or equivalent (G.E.D.) (abili	ty to read, write,		
×	Ø		ol Diploma or equivale:	nt (G.E.D.)			
	Ď	<del>-</del>	-	echnical training beyond hi	gh school		
Ø		Associate of	Associate degree (A.S., A.A.) or two-year technical certificate				
		Bachelor's	- C				
		Other (exp	iain): 		<del></del>		
		: What kin r job at entry	v level?	have, and what minimum k	nds of experience are		
			Type of Exp	<u>erience</u>			
	You Ha	<u>ıve</u>	Your Time	You Need	<u>Minimum</u> <u>Time</u> Required		
cem of	ery Equ	vip open	- 19 years Came	tery Equip oper	2 years		
Partt	ime E	241000	er 7 years Part		years		
•			years		years		
a. What i	field (s) sho	ould training	or degree be in? orticulture Tec	h			
	•			er gardener Prograi	Λ.		
3. SPEC	CIAL REQ	<b>UIREMENT</b> sition. Be sp	<b>'S:</b> List any registration ecific and do not abbrevia	ns, certifications or licenses that ate words or use acronyms.	at are <b>required</b> for		
1. A	Valid	Colovac	lo drivers lic	cense			
				ido State Co-op	Extention		
mast	41 00	rg dener	PIG SYAMA				
•••							

**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	Freq	uency/Time
21	291618	Back hol tractors	W	25 Vo
, o, 6	22118	Pickuptruck with dump bed	W	5%
	B	Small ensine Equipment mowers string	D	20%
	20694	trimmers Chain saw sod cutter Hedge	_	
	16187	trimmer	_	
	6164	Riding lawn mower	a	10%
		Offroad Vehicile	<u>D</u>	10%
		Electric and battery Powered tools.	D	10%
		welders drills saws Jack hammer o-	·	. '
		Grinders Oxy Acetelyne torch.		
	2 thru22	Rakes Shouels Pick axes ladders wrenches	D	20%
		sockets screw drivers hammers		
		chisels Pry Prybays sacks hoists		

### 5. DECISION-MAKING & JUDGMENTS.

19,

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 acheive goals to complete assigned sob 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 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
<b>Balancing</b> : 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
<b>Stooping:</b> 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
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5	3	2, 3 9
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5	3	ALL
<b>Crawling:</b> 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.			
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5	3	2 3 6 12
<b>Pushing</b> : Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5	3	12 6
<b>Pulling</b> : Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5	3	3 18 16
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	2		3 16

			<del></del>
<b>Grasping</b> : Applying pressure to an object with the fingers or palm.	5	3	All
<b>Lifting</b> : 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	ан
<b>Feeling</b> : Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5	2	378
<b>Talking</b> : Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5	3	123
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	A11
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	5	3	AU
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).	•	i	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5	3	A11 -
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	A//
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	B11
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

#### 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	μıy
----------------	-----

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.)	÷.	Χ	
Extreme temperatures		•	X
Inadequate lighting		Χ	
Work space restricts movement		Х	
Intense noise			X
Travel		χ	
Environmental (disruptive people, imminent danger, threatening environment)	X	,	

### V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### ADDITIONAL COMMENTS

Are there any additional of job adequately? (Use adding honestly feel			
criteria does			
ment operator		-	. 1

### **EMPLOYEE CERTIFICATION**

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

Do---- 12 of 15

\_\_\_\_ 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		
		<u> </u>	
			:
·			
··			_
<u> </u>			

Please check the ap	propriate statemei	nt:			
I agree with the i	ncumbents' positior	n questionnai	re as writ	ten.	
The above mod agrees with these mo	ifications have beer difications.	n discussed	with the	incumbent, ar	nd the incumbent
The above mod disagrees with these		n discussed	with the	incumbent, ar	nd the incumbent .
I have noted the mo	difications made b	y my superv	isor in th	ne Comments	Section above.
Employee Dignature.	····		<u> </u>	_ Date.	. ,
Supervisor Signature:	Mile Vond	lezzan		Date:	8-09
Department Head Signature:	All Se	June -	··	Date:	6/09
THANK YOU FOR C	OMPLETING THIS	S OUESTION	INAIRE	AFTER YOU	OR YOUR GROUP

DEPARTMENT HEAD.

		ATTENDED TO THE PARTY OF THE PA
		:

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

I. EMPLOYEE BACKGROUND: name, current job title, your imme the correct job throughout the study	ediate supervisor, c			
Is this a group questionnaire?		es, please list all o	employee names.	
		į	·	•
Division:	De	partment:		
;		\$	·	
For Inc	<u>dividual Questio</u>	nnaires Only:		•
Employee Name: FREG	ETTO	PETER (First)	(Middle Initial	· · · · · · · · · · · · · · · · · · ·
Current Classification Title:	QUIPMEN;	T OPERA	,	
Division CEMETERY	De <sub>l</sub>	partment M	RKS & RECRI	EATION
Position is (check one): 🔲 Regu	ılar full-time 🛛	Regular part-tin	ne	
Fotal Length of Time with organiz	zation	29 YE	ars 2 months	
Total Length of Time in Current I	Position	$\underline{\mathscr{B}}$ ye	ars // months	
Assigned Hours/Week <u>40</u> ; fr	om <u>7AM</u> to 3,	30PMAssigned	Days/Week <u>5</u>	ER. WK
Email:	Wo	rk Phone: <u>97</u>	0-244-15	49
<u>Immediate Superviso</u>	or:	Immediate su	pervisor reports t	<u>o:</u>
Name: MIKE VEN	OEGNA N	ame:		
Title: SUPERVIS	OR T	itle: Park	Superinter	nd entain
Phone: 970-254	1-3821 P	hone:	1 * :	na .
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.

The purpose of this position is

to assist the public, dig graves, sets-up

for funerals & keep the cemetery

#### 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees				
	I do not officially supervise other employees (sign performance reviews).					
	I evaluate and sign performance reviews of other full-time employees.					
	I evaluate and sign performance reviews of part-time, temporary or contract employees.					
×	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3				
X	I make work assignments for others.	.3				
	I make hiring and hiring pay recommendations.					
	I make hiring and hiring pay decisions.					
溪	I recommend termination for poor performance.	3				
	I provide advice to peers that they must consider carefully before making a decision.					
.X	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	YOUR DIRECT REPORTS' JOB TITLES
Crew Header	MILE VINDERAN
Equipment Operator	AMBINICAL
3 partime Equipment Oc	3 partine Eguip. 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.

l. ins	ide your organization (o	ther City Departments):
Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Human Resources	Once a month	Dealing with Senepits
Fleet Lewise	Once a month	Maintenance on vehicles
Water Department		Water or irrigation issues
Parks & Recreation		assist the Coneterry Ests 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 Linding
Synder Memoria	1 a week	¿ puchesing of grave spread.
Carlson's Memoria	1/a month	assist after Lunerals -
Callohan Edfost	2a wk	Eta listen to their
Martin's Mortuere	V/a month	needs regarding the
all Season's Rental	ance a month	cometery & Ther spelific grave
3. ESSENTIAL DUTIES.		spaces:

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
Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.	Articles to include, editorial changes, graphics, layouts	М	. 25% •
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	М	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 neg	le weekly	10%
2	Find layout & Dig graves	allats needs	weekly	20%
3	Water Cometery by hand	Time, ingaliza	mods weekly	20%
4	mow lawns	Cemeter gneads	weekly	20%
5	Weed entoround stones tra	a Safety Ed	Montkly	10%
6	all the remainder is 20	To total of	not time.	
	Tolicing Cometery		0	)
	Leaf Collections			
	Rose Prumina			
	Juste Raisines			
	Rose Planting			
	The Rusing			-
	Shrub Pruning			20%
	Flower Collection			
	Snow Removal			
	haining Sessions	1		v
	Maintenance of equipme	nt		
	Crown Of Cemeterel wo	k.		
	Setting up Flag etc.	loily		
	Set Up for Runeral	LO		100 Te
	and bury			
	Page 7 of 15	Fox Lawson	& Associates, LLC	

### 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	AWN	Operations services & activities of assigned work
$\mathcal{B}$	2,3,45,6	methods, standards, materials, equipment
	-	and tools used in area of assignment
C	234,5,6	Operational Characteristics & maintenance
		requirements of tools & equipment, neadled
$\mathcal{D}$	2,4,5,6	Sefety rules & occupational hayards
		Estoudardon safety practices.
E	3,4,5,6	Resporm semi-skilled maintenance in area of work assym
F	2,3,4,5,6	Use Experste hand tools, vehicular & stationary
		mechanical equipment & power tools required
$\mathcal{G}$	ANN	Identify & suggest solutions towork over problems
H	20)	Resporme heavy manuel labor in unformable weather
$\mathcal{I}$		Read & interpret Cemetery maps
$\mathcal{J}$	1,2 (AUV)	Understand & follow oral & written instructions
K	1,2(ALVA)	Commissicate clearly & concisely, both orally swritten
W	ANN THE	Establish and mathitain offetive working
	TIME	relationships with those contacted in the course of work

## III. EDUCATION, EXPERIENCE, AND EQUIPMENT

			of education do you perform your job at er			
You Have	You Need					v
		and follow of High School Up to one y	I Diploma or equival ear of specialized or egree (A.S., A.A.) or degree	ent (G.E.D.) technical training	g beyond high s	
		: What kind r job at entry	s of experience do yo level?	u have, and what i	minimum kinds	of experience are
			Type of Ex	rperience		
	You Ha	<u>ive</u>	Your Time	You Need	<u>d</u>	Minimum Time Required
30 yr a. What fi	projet group fiels eld (s) sho Cor	entwo 2 Answer  Manuel  Manuel	years  years  years  george be in?	yr - a de yr - The yr - Desiro one fo jotion, eg	exire Tora appatitud to low so inclien so suipmen	years  years  years  heres oreas  toperation
	_	UIREMENTS sition. Be spec	S: List any registration in the contraction of the			e <b>required</b> for
_A	a		l Colorad			
(B)	abi	lity t	o obtain Master	certifics Gardener	tions of	meh ficator

**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
1,2,35,6	Operate Off road vehicles	Daily
2	aperate a backhoe	3 times a wk
5	operate weedeaters	I times a wk duren
4	Ridine lownmowers	Daily
6	Tractor	la month
1,6	Pick-up Truck	1a week
	25 Ton Truck (Hall things to dump	la year
2,6	Hand tools	3 Times a we
2,3456	Power tools	lawk
23,45,6	Wrench sets	3 Times a wk
3	Drill Press	Janko
4	Sharpening stones - power	3 times a who
	Electrical hand tools	
2345%	Saws skill Chain stere	11 a WR

### 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 cometery.

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
<b>Balancing:</b> 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
<b>Stooping</b> : 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
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5	3	3
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5	3	2,356
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	1	1	6
Reaching: Extending hand(s) and arm(s) in any direction.	<u>5</u> 5	3 3	2,3556
Standing: Particularly for sustained periods of time.	5	3	000
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5	3	1,3,526
<b>Pushing</b> : Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5	3	6
<b>Pulling</b> : Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5	3	256
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	1	/	1

Grasping: Applying pressure to an object with the fingers or palm.  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.  Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.  Feeling: 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.  Hearing: Perceiving the nature of sounds with no less than a 44b 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.  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 acutyl (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).  Repetitive Motions: Substantial repetitive movements fmotions) of the wrists, hands, and/or fingers.  Sedentary Work: Exerting up to 10 pounds of force occasionally and or or engligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work i
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occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
and/or up to 10 pounds of force constantly to move objects.
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.
Very Heavy Work: Exerting in excess of 100 pounds of force
occasionally, and/or in excess of 50 pounds of force
frequently, and/or in excess of 20 pounds of force constantly
to move objects.

### 2. 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.

Γ.	Does	Not	Apply
		1100	TYPPAY

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	υ
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	χ		
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)		χ	

### V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

Are there any addition job adequately? (Use a		sure you have	described your

### **EMPLOYEE CERTIFICATION**

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

Signed:

Page 13 of 15/

Date: /

ox 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		
	<u> </u>	<u> </u>	
		·	<u> </u>
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Please check the appropriate statement:	
I agree with the incumbents' position questionnaire as writt	en.
The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
The above modifications have been discussed with the disagrees with these modifications.	ncumbent, and the incumbent .
I have noted the modifications made by my supervisor in th	e Comments Section above.
Employee Signature:	Date:
Supervisor Signature: Mike Vondognon	Date:
Department Head Signature:	Date: 1/6/09
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. HAS COMPLETED YOUR PORTION OF THE QUESTION QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, YOUR SUPERVISOR WILL SUBMIT THE COMPLETED DEPARTMENT HEAD.	INAIRE, PLEASE SUBMIT THE SIGNATURE, AND COMMENT.

		••
		- Anna Anna Anna Anna Anna Anna Anna Ann
		1

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

	b title, your ir	nmediate sup			ution regarding you: ake sure we refer to
Is this a group of			No If yes, ple	ase list all employ	ee names.
David Bullen, T	<u></u>			<u> </u>	
Randy-Goleman	; Willie Berg	K	Pounda ask	ed that T t	ake his
Tony Alarid			raine ass	red shat It	OA7)
				<del>3 - 30 0 = 1</del>	tw
<b>Division:</b> Fore	estry		Departn	nent: Parks	
	For	Individual (	Questionnair	es Only:	
Employee Name:	• .	Alarid	,	· Fony	in the second second
Disproyee Nume.		(Last)		Yrst)	(Middle Initial)
Total Length of T			1 Year		
Assigned Hours/		7:00 a.m. <b>t o</b>	3:30 p.m.	Assigned Days/\	Week M-F
Email:			Work Pho	ne: (970) 254-3849	)
Imme	diate Superv	<u>visor:</u>	<u>Imm</u>	<u>ediate supervis</u>	or reports to:
Name:	Marc Mancuso		Name:	Traci Altergott	
Title:	Interim Forestr	y Supervisor	Title:	Parks Superinte	ndant
Work Phone	(970) 254-3849		Work Phone:	(970) 254-3846	<del></del>
F_mail·	marcm@gicity	org	E mail:	traciw@oicity.c	aro:

### 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
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	***************************************
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	''
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1-2
$\boxtimes$	I make work assignments for others.	1-2
	I make hiring and hiring pay recommendations.	3-7
	I make hiring and hiring pay decisions.	
$\boxtimes$	I recommend termination for poor performance.	1-2
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	1-2
$\boxtimes$	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
<b>Equipment Operators</b>
Seasonals
Volunteers

### YOUR DIRECT REPORTS' JOB TITLES

Seasonals			
Volunteers		- 1112	
- Har-	 <del></del>		
	 ···		
	 	···	
		ntr-	

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 ()

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 Offen	For What Purpose
Ex: Peers, Subordinates		
Parks	Daily	Cooperting 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)

<b>Essential Duties</b>	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		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  G = 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 regulatinos and guidelines as well as those stated in the ANSI and ISA standsards for tree maintenance opprations.
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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\times$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or techniçal training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
$\boxtimes$		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

You Have	Your Time		You Need	<u>Minimum</u> <u>Time</u> <u>Required</u>
Urban Forestry	11	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,	Aerial Lift Truck, Large Dump Truck	Daily
16,17,18,23		
1,2,3,6,7,8,		
9,10,12,15,	Brush Chipper	Daily
16,17,18,23	•	
1,2,3,6,7,8,		
9,10,12,15,	Chain Saws and other power hand tools	Daily
16,17,18,23		
1,2,3,6,7,8	•	
10,13,14,18	Tree Spade	Monthly
23		
1,2,3,6,7,8		
10,13,14,18	Stump Grinder	Monthly
23	•	
1,2,6,7,8,11	Truck Mounted & Tow Behind Sprayers	Monthly
,14,18,23	Truck Mounted & Tow Bennid Sprayers	Within
See Aerial	Winch Crane Truck	Daily
Lift	Willen Clane Truck	Dany
1,2,3,5,6,7,		
8,10,14,16,	Backhoe, Front End Loader	Monthly
_23		
1,2,3,5,6,7,		
8,10,14,16,	Skid Loader	Monthly
23		
1,2,3,5,6,7,		
8,10,14,16,	Forklift	Monthly
23		
		<u> </u>

### 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 mainte crew safety, the safety of the general public and	enance operation I traffic control.	s for citizens a	nd other cus	tomers that incl	ude
3. Train and educate co-workers and the get other related tasks.	neral public in t	he safe and eff	ective care o	f the urban fore	st and
		:			. • '
	;				
				``````````````````````````````````````	•

### 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	How important is the activity in accomplishing
performed?	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)

5 - Dany (at least 5 per week)		<del></del>	
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.	5Daily	3Extremely 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.	5Daily	3Extremely Important	7,8,9,10,11 12,15,16,17, 23
<b>Stooping:</b> 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.	5Daily	3Extremely Important	All
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	4Weekly	2Very Important	13
<b>Crouching</b> : Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	A11
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3Monthly	1Somewhat Important	Rare
<b>Reaching</b> : Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	All
<b>Standing</b> : Particularly for sustained periods of time.	5Daily	3Extremely Important	All
Walking: Moving about on foot to accomplish	5Daily	3Extremely Important	Ali

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tasks, particularly for long distances.			
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5Daily	3Extremely Important	6,7,8,9,11,12 13,14,16,17,18
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Lifting</b> : 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.	5Daily ·	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5Daily	3Extremely Important	1,2,3,4,6,7,8,9, 10,11,12,13, 14,15,16,17, 18,19,20,23
<b>Talking</b> : 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.	5Daily	3Extremely Important	All
<b>Hearing</b> : 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.	5Daily	3Extremely Important	Ali
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).	5Daily	3Extremely Important	Ali
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5Daily	3Extremely 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	3Monthly	1Somewhat Important	20

D- --- 14 -£ 10

involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.			
<b>Light Work:</b> 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.	5Daily	3Extremely 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.	5Daily	3Extremely 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.	5Daily	3Extremely 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.	4Weekly	2Very Important	1,2,6,7,8,9,11, 12,13,14,17,18

#### 2. WORKING CONDITIONS.

Does Not Apply

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.

		•	•
Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)			
Hazardous materials (chemicals, blood and other body fluids, etc.)		· 🛛	ļ "D
Extreme temperatures			
Inadequate lighting		. []	:
Work space restricts movement			i
Intense noise			
Travel			X
Environmental (disruptive people, imminent	П		. 🖂

### V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### ADDITIONAL COMMENTS

danger, threatening environment)

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,

 $\boxtimes$ 

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 statemen	nts and responses are accurate	and complete to the best of my
knowledge.		•
	11 . 1	10 10 0
Signed: for 7	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

☐ I agree with the i	ncumbents' position question	naire as written.	
☐ The above modified agrees with these mod	ications have been discusse lifications.	d with the incu	mbent, and the incumbent
The above modified disagrees with these n		d with the incu	mbent, and the incumbent
I have noted the mo	difications made by my sup	ervisor in the Co	omments Section above.
Employee Signature:	Tony Warre	Da	te: <u>1-9-89</u>
Supervisor Signature:	Wike Varden	, Da	ite: /-8-09
Department Head Signature:	ABSlace	Da	ite: 1/6/03

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.

Please check the appropriate statement:

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curren		mmediate super			nation regarding your make sure we refer to
	up questionnaire?		o If yes, plea	se list all emple	oyee names.
David Buller	n, Tom Ziola, Erni	e Valencia,	Qa.	nde asked	Jant T date
Randy Coler	nan, Willie Berg		hi	sname o	is of this grain
Tony Alarid				OBQ.	<b>V</b> ,
Division:	Forestry		Departm	ent: Parks	
	<u>For</u>	· Individual Q	uestionnaire	s Only:	
Employee Nar	ne:	Berg	W	illie	
		(Last)	(Fir	rst)	(Middle Initial)
Current Classi	fication Title:	Equipment Ope	erator		
Division	Forestry		Departme	nt Parks	
	of Time with org		12 <b>Year</b>		
Total Length	of Time in Curre	nt Position	9 Years	2 months	
Assigned Hou	rs/Week:; from	7:00 a.m. <b>t o</b>	3:30 p.m.	Assigned Days	/Week M-F
Email:			Work Phon	e: (970) 254-38	349
Im	mediate Super	visor:	Imme	ediate superv	isor reports to:
Name:	Mare Maneuse		Name:	Traci Altergo	tt
Title:	Interim Foresti	y Supervisor	Title:	Parks Superir	ntendant
Work Phone	(970) 254-384	9	Work Phone:	(970) 254-38	46
gong BYI	maram@aiaitx		173 a 21-	trocivy@gicit	u ora

### 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.

Dana 1 of 1

Fox Lawson & Associates, LLC

#### 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	<b>Duty</b>	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1-2
$\boxtimes$	I make work assignments for others.	1-2
	I make hiring and hiring pay recommendations.	3-7
	I make hiring and hiring pay decisions.	
$\boxtimes$	I recommend termination for poor performance.	1-2***
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	1-2
×	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	
- And the state of	

#### YOUR DIRECT REPORTS' JOB TITLES

Seasonals	
Volunteers	

Please indicate the nat	ure of the group	supervised and the	e number supervised
		~	*

∏Full Time 1-2

☑Part-Time 1-2

⊠Seasonal/Temp 1-2

Solumteer up to 30

\_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	Daily	Cooperting 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.

O CIO

## 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 = Dally  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

				<del></del>
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-# <u>1</u> 1 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 regulatinos and guidelines as well as those stated in the ANSI and ISA standsards for tree maintenance oeprations.
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	
$\boxtimes$		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
		Other (explain):

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

## **Type of Experience**

You Have	Your Time			You Need	<u>Minimum</u> <u>Time</u> <u>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,	Aerial Lift Truck, Large Dump Truck	Daily
16,17,18,23		
1,2,3,6,7,8,		
9,10,12,15,	Brush Chipper	Daily
16,17,18,23	;	
1,2,3,6,7,8,		
9,10,12,15,	Chain Saws and other power hand tools	Daily
16,17,18,23		
1,2,3,6,7,8	•	
10,13,14,18	Tree Spade .	Monthly
23		
1,2,3,6,7,8		
10,13,14,18	Stump Grinder	Monthly
23	·	;
1,2,6,7,8,11	Truck Mounted & Tow Behind Sprayers	Monthly
,14,18,23		,
See Aerial	Winch Crane Truck	Daily
Lift		-
1,2,3,5,6,7,	Dealdree Front Ford I - 1-0	N 641.1
8,10,14,16, 23	Backhoe, Front End Loader	Monthly
1,2,3,5,6,7,		
8,10,14,16,	Skid Loader	Monthly
23	Skid Loadei	Monuny
1,2,3,5,6,7,		
8,10,14,16,	Forklift	Monthly
23	AVAILLAD	TYLOGIBLEY
		***************************************

#### 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 car crew safety, the safety of the g			citizens and other	customers that include
3. Train and educate co-w other related tasks.	orkers and the general	public in the saf	e and effective car	e of the urban forest and
	•			
				* * * * * * * * * * * * * * * * * * *

#### 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 tob 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) 3 – Extremely Important

4 – Weekly (at least 3 per month)

5 - Daily (at least 3 per week)

0 - Not Important

1 - Somewhat Important

2 - Very Important

J - Daily (at least 3 per week)			
Physical Activity	Frequency	Importance	Duties
<b>Climbing</b> : 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.	5Daily	3Extremely 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.	5Daily	3Extremely Important	7,8,9,10,11 12,15,16,17, 23
<b>Stooping:</b> 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.	5Daily	3Extremely Important	A11
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	4Weekly	2Very Important	13
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	All
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3Monthly	1Somewhat Important	Rare
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	A11
<b>Standing</b> : Particularly for sustained periods of time.	5Daily	3Extremely Important	All
Walking: Moving about on foot to accomplish	5Daily	3Extremely Important	All

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tasks, particularly for long distances. <b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5Daily	3Extremely Important	6,7,8,,,11,12 13,14,16,17,18
<b>Pulling</b> : Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Grasping</b> : Applying pressure to an object with the fingers or palm.	5Daily	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17;18
<b>Lifting:</b> 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.	5Daily :	3Extremely Important	1,2,6,7,8,9,11,12 13,14,16,17,18
<b>Feeling</b> : Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5Daily	3Extremely Important	1,2,3,4,6,7,8,9, 10,11,12,13, 14,15,16,17, 18,19,20,23
<b>Talking</b> : 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.	5Daily	3Extremely 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.	5Daily	3Extremely 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).	5Daily	3Extremely Important	All
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5Daily	3Extremely 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	3Monthly	1Somewhat 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.	5Daily	3Extremely Important	1,2,6,7,8,9,11, 12,13,14,17,18
<b>Medium Work</b> : 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.	5Daily	3Extremely Important	1,2,6,7,8,9,11, 12,13,14,17,18
<b>Heavy Work</b> : 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.	5Daily	3Extremely 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.	4Weekly	2Very 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.

	Less than 25%	25-50% of the	More than
Does Not Apply			
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.)	, 🗆		$\boxtimes$
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)			
Hazardous materials (chemicals, blood and other body fluids, etc.)		· 🛛	
Extreme temperatures			
Inadequate lighting		,	
Work space restricts movement			
Intense noise			
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			

#### V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

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 Bero 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

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Post Lawrence P. Reservators TTO

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riease check the ap	propriate statement:		
☐ I agree with the	incumbents' position questior	nnaire as written.	
☐ The above modi	ifications have been discussedifications.	ed with the incumi	pent, and the incumbent
The above modi	ifications have been discussemodifications.	ed with the incum	pent, and the incumbent
I have noted the mo	edifications made by my sup	ervisor in the Com	ments Section above.
Employee Signature:	Willie Bere	· Date:	1-8-09
Supervisor Signature:	Mile Vandagna	Date:	1-8-09
Department Head Signature:	Al Sleve	Date:	1/4/09

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

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

T	job throughout	40 🗆 77 57. 37	TC	11 1	
is this a gr	oup questionna	aire? 🗌 Yes 🗵 No	If yes, plea	se list all employed	e names.
Division:	Forestry		Departme	ent: Parks	
		For Individual O	nactionnaire	o Onlyr	
	·	For Individual Q	<u>uestionnaire</u> :	s Omy:	•
mployee N	ame:	Coleman	Ra	ndy	Α .
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	h of Time with	organization urrent Position	7 Years 1 Years	0 months	
<del></del>	ours/Week:: fr	om 7:00 a.m. t o	3:30 p.m.	Assigned Days/Wo	eek M-F
ssigned Ho					
	oleman@hotmail.	com	Work Phone	e: (970) 254-3849	
mail: areco				e: (970) 254-3849 diate supervisor	reports to:
mail: areco	oleman@hotmail.	pervisor:			reports to:
mail: areco	oleman@hotmail. mmediate Su Marc Man	pervisor:	Imme	diate superviso	
mail: areco	oleman@hotmail. mmediate Su Marc Man	pervisor: cuso restry Supervisor	Imme Name:	diate supervisor  Traci Altergott	

## 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
$\boxtimes$	I do not officially supervise other employees (sign performance reviews).	_
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2-6
$\boxtimes$	I make work assignments for others.	2-6
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	·
	I recommend termination for poor performance.	4
	I provide advice to peers that they must consider carefully before making a decision.	2-30
$\boxtimes$	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	<del></del>
Volunteers	

#### YOUR DIRECT REPORTS' JOB TITLES

Seasonals	•
Volunteers	
	This was the same of the same

Please indicate the nature of the group so	upervised and the number	supervised
--------------------------------------------	--------------------------	------------

Full Time

Part-Time 2-6

Seasonal/Temp 2-6

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	Daily	Cooperting 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.

## EXAMPLE (LIST ACTUAL ESSENTIAL DUT). BELOW EXAMPLE)

Essential Duties  EXAMPLES:	Decisions Required	Frequency	% of Time
Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.	Articles to include, editorial changes, graphics, layouts	М	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	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. Requsition 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		18.4.	Select	
14			Select	T 9 20.
15			Select	
16			Select	
17			Select	
18			Select	
19		- Marie - M	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 standsards for tree maintenance opprations. Ability and skills to professionally interact with fellow co-workers.

	Knowledge of and ability to follow all city, state, federal regulatinos and guidelines as well as	
2	those stated in the ANSI and ISA standsards 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 regulatinos and guidelines as well as those stated in the ANSI and ISA standsards for tree maintenance oeprations. 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 regulatinos and guidelines	
8	Knowledge of and ability to follow all city, state, federal regulatinos and guidelines as well as those stated in the ANSI and ISA standsards for tree maintenance oeprations. 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 standsards for tree maintenance opprations. 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 regulatinos and guidelines as well as those stated in the ANSI and ISA standards for tree maintenance opprations. 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.	
- 14 - Aurora		

## 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	You	
Have	Need	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
	$\boxtimes$	Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
$\boxtimes$		Bachelor's degree
$\boxtimes$		Other (explain): 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?

## Type of Experience

You Have	<u>Y</u> (	our Time	You Need	. <u>Ti</u>	mum me uired
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,	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
		- ,
		·
		***************************************
L————	<u> </u>	

#### 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: AMERICA 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

#### <u>Importance</u>

# How frequently is the activity performed?

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

0 - Never

1 - Annually

1 - Almuany

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
<b>Climbing:</b> 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.	5Daily	3Extremely Important	All
<b>Balancing:</b> 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.	5Daily	3Extremely Important	All
<b>Stooping</b> : 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.	5Daily	3Extremely Important	All
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	4Weekly	2Very Important	A11
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	A11
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3Monthly	1Somewhat Important	A11
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	A11
<b>Standing:</b> Particularly for sustained periods of time.	5Daily	3Extremely Important	All
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	All
Pushing: Using upper extremities to press	5Daily	3Extremely 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	F D- 4	O. Dartus and last transport	A 11
in order to draw, drag, haul or tug objects in a	5Daily	3Extremely Important	A11
sustained motion.			
Fingering: Picking, pinching, typing or	F D-11-	0. 173	A 11
otherwise working, primarily with fingers rather	5Daily	3Extremely Important	All
than with the whole hand or arm as in handling.			
Grasping: Applying pressure to an object with	5Daily	3Extremely Important	All
the fingers or palm.		,	
<b>Lifting:</b> Raising objects from a lower to a higher			
position or moving objects horizontally from		·	
position-to-position. This factor is important if it	5Daily	3Extremely Important	All
occurs to be a considerable degree and requires		o, mineral maper serve	
the substantial use of the upper extremities and		;	
back muscles.			
<b>Feeling</b> : Perceiving attributes of objects, such			
as size, shape, temperature or texture by	5Daily	3Extremely Important	A11
touching the skin, particularly that of fingertips.			
Talking: Expressing or exchanging ideas by	•		
means of the spoken work. Those activities in			
which they must convey detailed or important	5Daily	3Extremely Important	All
spoken instructions to other workers accurately,			, ,
loudly, or quickly.		*	
<b>Hearing</b> : Perceiving the nature of sounds with		, , ,	
no less than a 4db loss @ 500 Hz, 1,000 Hz and		i	· * / .*
2,000 Hz with or without correction. Ability to		]	
receive detailed information through oral	5Daily	3Extremely Important	All
communication, and to make fine			
discriminations in sound, such as when making			
fine adjustments on machined parts.			
Seeing: The ability to perceive the nature of		1	
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	5Daily	3Extremely Important	All
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).			
Repetitive Motions: Substantial repetitive	E Dailer	9 Fretramaty Immantant	A 11
movements (motions) of the wrists, hands,	5Daily	3Extremely Important	All ·
and/or fingers.			
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	3Monthly	1Somewhat Important	A11
human body. Sedentary work involves sitting			·
most of the time. Jobs are sedentary if walking			
and standing are required only occasionally and			
all other sedentary criteria are met.			* ***
Light Work: Exerting up to 20 pounds of force	F T		4 44
occasionally, and/or up to 10 pounds of force	5Daily	3Extremely Important	All
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.			
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.	5Daily	3Extremely Important	All
<b>Heavy Work:</b> 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.	5Daily	3Extremely 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.	4Weekly	2Very 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
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Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)			
Hazardous materials (chemicals, blood and other body fluids, etc.)			
Extreme temperatures		<u> </u>	
Inadequate lighting			
Work space restricts movement		$\boxtimes$	
Intense noise		$\boxtimes$	
Travel			- 🛛 ,
Environmental (disruptive people, imminent danger, threatening environment)			$\boxtimes$

#### 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 Foresty 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 impairitive 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 knowledge.	d complete to the best of my
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	
		·
		<u> </u>
		material compression that the state of the s

& # E	
☐ I agree with the incumbents' position questionnaire as writ	ten.
☐ The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
The above modifications have been discussed with the disagrees with these modifications.	incumbent, and the incumbent
I have noted the modifications made by my supervisor in th	e Comments Section above.
Employee Signature:	Date:
Supervisor Signature:  None Vendum	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.

Signature:

Please check the appropriate statement:

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, currer	<b>EE BACKGROUND</b> : In thin the properties of the second of the study.  The study is t			
Is this a gro	up questionnaire? 🛛 Yes 🛭	] No If yes, please	e list all employee nan	nes.
Dan Wiedric	ch, Paul Conway, Jeff Anders	on,		
Tim Wilkers	on, Nicci Carpendale	i		
Division:	Parks & Recreation	Departmen	ı <b>t:</b> Horticulture	
	For Individua	al Questionnaires	Only:	
Employee Na	me: Conway	Pau	1	J . ".»
	(Last)	(First)	(Mide	dle Initial)
Current Class	ification Title: Equipment	Operator/Horticulture	Division	- s
Division	Parks and Recreation	Department	Horticulture	
	of Time with organization of Time in Current Position	1, Years  1 Years	2 months months	
Assigned Hou	rs/Week:; from 7:00 a.m. t	o 3:30 p.m. As	signed Days/Week	M - F
	(MACCOOL @ brzsnan .MS 1@bresnan.net	Work Phone:	(970) 254-3861	
Im	mediate Supervisor:	Immedi	late supervisor rep	orts to:
Name:	Marc Mancuso/Mike Vende	egna <b>Name:</b>	Open	
Title:	Forestry/Horticulture/Ceme Supervisor	tery Title:	Parks Superintendant	
Work Phone	(970) 254-3849	Work Phone:		
E-mail:	marcm@gjcity.org mikev@gjcity.org	E-mail:		

Fox Lawson & Associates, LLC

## 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 througout 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.

Page 4 of 17

#### 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	•
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2 - 3
$\boxtimes$	I make work assignments for others:	2 - 3
	I make hiring and hiring pay recommendations.	. ,
	I make hiring and hiring pay decisions.	•
$\square$	I recommend termination for poor performance.	2 - 9
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
$\boxtimes$	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			
	,		_

50 4 10 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please indicate the nature of the group supervised and the number supervis	ised

| Full Time 2 - 6

⊠Part-Time 2 - 6

Seasonal/Temp 2-6

Volunteer Up to 30

Contract O Pc

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

1. Inside your organization (other City Departments):

· · · · · · · · · · · · · · · · · · ·	How Often	For What Purpose
Ex: Peers, Subordinates		
Parks	Daily	Cooperating with assigned duties
Recreation	Monthly	Program inhancements
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	4		
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:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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 coworkers 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 assitance	Communiate 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 '	* .0

#### 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	Knowlede 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 oraly.
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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
$\boxtimes$		Other (explain): 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

You Have	<u> Yo</u>	ur Time	You Need	T	imum ime uired
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	Monthyly
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.

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#### 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**

### <u>Importance</u>

# 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.	4Weekly	2Very Important	1,2,4,5,6 7,10
<b>Balancing:</b> 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.	5Daily	3Extremely Important	1,2,5,6, 7,10
<b>Stooping:</b> 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.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	1,2,6,7
<b>Reaching</b> : Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1-10
<b>Standing</b> : Particularly for sustained periods of time.	4Weekly	3Extremely Important	1-10
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1-10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5Daily	3Extremely Important	4,6
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forward, downward or outward.		ļ	
Pulling: Using upper extremities to exert force in			
order to draw, drag, haul or tug objects in a	5Daily	3Extremely Important	4,7,10
sustained motion.			
Fingering: Picking, pinching, typing or otherwise	,		
working, primarily with fingers rather than with the	5Daily	3Extremely Important	1,4,10
whole hand or arm as in handling.			
Grasping: Applying pressure to an object with the	F D-11	O. Evstuaria la Iran autout	2 4 7 10
fingers or palm.	5Daily	3Extremely 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			1.2.3.4.5.
occurs to be a considerable degree and requires the	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
substantial use of the upper extremities and back		•	0,7,10
muscles.			
Feeling: Perceiving attributes of objects, such as			
size, shape, temperature or texture by touching the	5Daily	3Extremely Important	1,2,6
skin, particularly that of fingertips.	0Daily	bExtremely important	1,2,0
<b>Talking:</b> Expressing or exchanging ideas by means			
of the spoken work. Those activities in which they		1	
must convey detailed or important spoken	5Daily	3Extremely Important	1-10
instructions to other workers accurately, loudly, or	5Daity	3Extremely important	1-10
quickly.			
Hearing: Perceiving the nature of sounds with no		<u> </u>	
less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000		; [	
		i	
Hz with or without correction. Ability to receive	5Daily	3Extremely Important	1-10
detailed information through oral communication,	_	<u> </u>	'
and to make fine discriminations in sound, such as			
when making fine adjustments on machined parts.		· · · · · · · · · · · · · · · · · · ·	
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	5Daily	3Extremely Important	1-10
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).			
Repetitive Motions: Substantial repetitive			1,2,3,4,5,
movements (motions) of the wrists, hands, and/or	5Daily	3Extremely Important	6,7,9,10
fingers.			
Sedentary Work: Exerting up to 10 pounds of		1	
force occasionally and/or a negligible amount of			
force frequently or constantly to lift, carry, push,			
pull or otherwise move objects, including the	3Monthly	1Somewhat Important	1,2,3,4,5,
human body. Sedentary work involves sitting most	3141011HIIY		7,10
of the time. Jobs are sedentary if walking and		- Andrews	,
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	5Daily	3Extremely Important	3,4,5
constantly to move objects. If the use of arm			- <b>, ,,</b> -
and/or leg controls requires exertion of forces			
,	<del></del>		

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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.	5Daily	3Extremely Important	3,4,5
<b>Heavy Work</b> : 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.	5Daily	3Extremely Important	3,4
<b>Very Heavy Work:</b> 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.	4Weekly	2Very 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
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Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	П	$\boxtimes$	
Hazardous materials (chemicals, blood and other body fluids, etc.)			
Extreme temperatures		<u> </u>	
Inadequate lighting		,	
Work space restricts movement			ì
Intense noise		$\boxtimes$	
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			$\boxtimes$

#### 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 certity that the above statements and r	esponses are accurate and comple	ete 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.

			• .	<b>*</b> •
Question No.	Comments			·
		"	<del></del>	
				·
				•
				_
		-10		-,,

Please check the ap	propriate statement:		
☐ I agree with the	incumbents' position question	nnaire as written.	
The above modi	ifications have been discuss difications.	ed with the incumbent	, and the incumbent
The above modi	ifications have been discuss modifications.	ed with the incumbent	, and the incumbent
I have noted the mo	odifications made by my sup	pervisor in the Comme	nts Section above.
Employee Signature:	Man	Date:	1-8-05
Supervisor Signature:	Mile Vondin	Date:	-8-05
Department Head Signature:	,	Date:	
HAS COMPLETED QUESTIONNAIRE TO	COMPLETING THIS QUEST YOUR PORTION OF THE O YOUR SUPERVISOR FO R WILL SUBMIT THE	C QUESTIONNAIRE, I OR REVIEW, SIGNATI	PLEASE SUBMIT THE JRE, AND COMMENT.

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DEPARTMENT HEAD.

TATERAM P. Ranniller TTO

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## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

	ction you will provide information regarding your visor, etc. This will help us make sure we refer to
Is this a group questionnaire?  Yes  No	If yes, please list all employee names.
t	·
	·
Division: Parks Operations	Department: Parks & Rec.
For Individual Qu	uestionnaires Only:
Employee Name: Higginbothan	Mollie P. (First) (Middle Initial)
Current Classification Title: Equipme	NT OPERATOR
Division PARKS OPERATIONS	Department PARKS + REC.
Total Length of Time with organization	25 Years : 3 months (3,5 yrs Season
Total Length of Time in Current Position	1 Years 5 months
Assigned Hours/Week:; from 7. Am to 3.3	Bopm Assigned Days/Week Mon. the Fei.
Email: N/A	Work Phone: CELL 581-1161
Immediate Supervisor:	Immediate supervisor reports to:
Name: RONFELT	Name: Rob Schoolet (Interior
TILLE: SUPERVISOR PARKS OPERATIO	ONS THE 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, Stringtrimmers, trucks. TRAILERS, ETG) AND TO PROVIDE SCHEDULING FOR USE IN ALL PARKS, schools and ballfields Parks operations is CURRENTLY RESPONSIBLE FOR. (6 schools, 4. SOFTBALL FIELDS, 30 PARKAREAS.).

(Sakeduling includes mowing, travel time, cleaning or blades.)

WINTER - WORKON Beheduling And Special projects on Computer. will be working on GBAD 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	<b>Duty</b>	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
<b>A</b>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	3
Ø	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3
	I make work assignments for others.	3
	I make hiring and hiring pay recommendations.	3
□ <b>∀</b>	I make hiring and hiring pay decisions.	3
<b>9</b>	I recommend termination for poor performance.	3
	I provide advice to peers that they must consider carefully before making a decision.	
Ø	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
Equipment Operators all Beasonals
all crew headers in parker
all crew headers in parks forestry and hort.
The mechanic
- Ma Meerman

#### YOUR DIRECT REPORTS' JOB TITLES

3 7	Seaso	nals.	
		<u> </u>	

Please indicate	the nature of the	group supervised	and the number	ber supervised
——————————————————————————————————————	[ <del></del> ]	177	_	

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

1. Inside your organization (other City Departments):

1 + 1. 4 (4.7 ) # 14   4   4   4   4   4   4   4   4   4	How Often	ofice a reference acceptation register of a compared and the compared acceptation of the compared to a compared the compared to the compared t
Ex: Peers, Subordinates		
Other CREW LEAders +	DAILY	ISSUES CONCERNING Tunda
equipment operators		Sprinkler systems of MAXI-COM
And SEASONAL Employers	<u> </u>	PESTS & DISEASES
including those in	<del></del>	Vandalism
Forestry 9 irrigation		MAINTENANCE Behoduling
4 V		TREE CAMMAGE & DESTS

#### 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 mouning AROUND EVER changing school Activity schooles

#### 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
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 SAPELY + coerce	Select	10%
2,	TRAINING PEOPLE TO do MAINTENANCE ON	HOW TO gREPOK MOWERS, CLAN	Select	10%
	mowers	and sheepen blades etc.	Select	
3.	TRAINING PEOPLE TO DRIVE TRUCKS WITHAILERS	How to daive safely in	Select )	5%
		TRAFFIC- PARKING	Select	
4.	Mouring parks, school and ballfields	determine where when	Select 3	45%
	<u> </u>	of how to mow there area		
5.	Lead 3 people on crew	check quality consister	Select	5%
ι		and safety of their work	<b>Select</b>	
6	Schoduling.	Determine when 4 who mos	Select 🕡	_ 10%;
	<i>4</i>	where	Select	
L 7.	JBA and Computer projects	downloading and filling	Select w	10%
	1 1	out IBA - map project	Select	
[ \$.]	Light construction	help with building	Select M	5%
1	V	and remodel projects	Select	
1		——————————————————————————————————————	Select	
1			Select	
$\lceil 1 \rceil$			Select	
			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 4.	Ability to pagely use riding andwalk behind mowers.
	ability to observe Tunj areas and determine problems before mowing.
1-3-4	To understand the concept of safety in relation to schools and public areas and The we of the equipment
5.	To communicate and get along well with coworkers and the public
6.	Have redimentary knowledge of computers and To be well organized.

## III. EDUCATION, EXPERIENCE, AND EQUIPMENT

	CATION: needed to	What level of education do you have and what minimum level of educ satisfactorily perform your job at entry level? Check the level that applies to	
You Have	You Need		
		Less than High School Diploma or equivalent (G.E.D.) (ability to rea and follow directions)	ıd, write,
Ø		High School Diploma or equivalent (G.E.D.)	
		Up to one year of specialized or technical training beyond high school	ol
		Associate degree (A.S., A.A.) or two-year technical certificate	
		Bachelor's degree	
Í		Other (explain): MASTER Gardner, CERTIFICATE	
		C: What kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have, and what minimum kinds of experience do you have and you have a proper do you have a proper	xperience are
		Type of Experience	·
	You H	ave Your Time You Need	<u>inimum</u> <u>Time</u> equired
Q. 100			7 voors
		Marks ground craw 25 years Tury related Tob experience	2 years years
<u> </u>	artis- 1 tou	years	years
3. SPEC	CIAL REQ	ould training or degree be in? Tury Care - Ornamental Horse Care -  QUIREMENTS: List any registrations, certifications or licenses that are reconsition. Be specific and do not abbreviate words or use acronyms.  R Hardner 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	Freque	ncy/Time
1-1-4	Toro 4100 D Mowers	D	50%
1-3-4	Trucks with Trailers	D	20%
1-2	Tools: preumatic wench, jacks, grease guns grunders	<b>b</b>	5%
	Tools: preumatic wrench, jacks, grease guns, grunders, hand tools (blowers, string trimmer, tractors, leg Mills)	· -	
5	Computers printers.	D	05%
	\		
	•		
			-
		<del></del>	

## 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 of there is a Tury problem, what has raused the problem, perhaps how to dix the problem, and whethere taking againsment onto the tury will make the problem worse,
- 2. I choose who moves where and when schools are an important part of our schedules and you must coordinate with their schedules etc.
- 3. Certain momen maintenance may need to change daily- I make the decisions regarding these changes when ever meeded. Its my job to try of make the equipment is sack 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 <u>will not</u> 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
<b>Climbing</b> : Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs	2	1	Climbing on to
and/or hands and arms. Body agility is emphasized. This	Select	Select	of Truels -
factor is important if the amount and kind of climbing required			Steps to Storage
exceeds that required for ordinary locomotion.	·		Dieby to stome
<b>Balancing</b> : Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or	0	0	
erratically moving surfaces. This factor is important if the	Select	Select	
amount and kind of balancing exceeds that needed for			
ordinary locomotion and maintenance of body equilibrium.	<del></del>		
Stooping: Bending body downward and forward by bending	5	3	Lifting Ramps
spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower	Select	Select	
extremities and back muscles.			Breasing Mowers
Kneeling: Bending legs at knee to come to a rest on knee or	Select 5	Select 2	checking + doing
knees.  Crouching: Bending the body downward and forward by			maintenance on moure
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	Select ()	Select ()	
Crawling: Moving about on hands and knees or hands and		<u>`</u>	checkingineer
feet.	Select 2	Select	to cileri Trucks of mous
Reaching: Extending hand(s) and arm(s) in any direction.	Select 5	Select 2	Witting Trailer Famps moster maintenaus
Standing: Particularly for sustained periods of time.	Select 4	Select 2	Sharpening moure blad
Walking: Moving about on foot to accomplish tasks,	Select 3	Select 2	Blowing Leaves
particularly for long distances.	Serect 1	Select 7	String Them swing
<b>Pushing:</b> Using upper extremities to press against something		1	mower 0
with steady force in order to thrust forward, downward or	Select	Select	maintenance
outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select \	Select	maintenance
Fingering: Picking, pinchiring or otherwise working, primarily with fingers rather hithe whole hand or arm as in handling.	Select ()	Select ()	

				i
Grasping: Applying pressure to an object with the fingers or palm.	Select 5	Select 3	DRIVING Equipment	
<b>Lifting</b> : Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This	5	3	Ramps	
factor is important if it occurs to be a considerable degree and	Select	Select	ON	
requires the substantial use of the upper extremities and back	ļ		TRAILER	
muscles.  Feeling: Perceiving attributes of objects, such as size, shape,		·		
temperature or texture by touching the skin, particularly that	Select ()	Select ()		
of fingertips.	Boreer O	Sciect O		
Talking: Expressing or exchanging ideas by means of the			Safety issues	
spoken work. Those activities in which they must convey	Select 5	Select $\mathcal J$	Training	
detailed or important spoken instructions to other workers	Defect J	Sciect of	3 ahadule Khinge	<i>[</i>
accurately, loudly, or quickly.			information of pul	
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without	انہ		Hower engine	,
correction. Ability to receive detailed information through oral	Select 5	Select 3	Truck engines-	
communication, and to make fine discriminations in sound,		56256		
such as when making fine adjustments on machined parts.			Concerned litizen	no
Seeing: The ability to perceive the nature of objects by the			Observe 4 Edentif	4
eye. Seeing is important for hazardous jobs where defective			object hidden by	,
seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree	_	6	tart that earled a danger of str	ruc
of visual efficiency, placing intense and continuous demands	5	3	Objects sticking	
on the eyes by moving machinery and other objects are also			up like Sprink	les.
considered important. Other important factors of seeing are	Select	Select	Children 4	
acuity (near and far), depth perception (three dimensional			animals that in	
vision), accommodation (adjustment of lens of eye to bring an	ļ		come close to most	w
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			while in use.	
given point) and color vision (ability to identify and distinguish	į			
colors).				
Repetitive Motions: Substantial repetitive movements	Select 5	Select 3	DRIVING	
(motions) of the wrists, hands, and/or fingers.	Defect 1		Equipment	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or				
constantly to lift, earry, push, pull or otherwise move objects,	0	Ó		
including the human body. Sedentary work involves sitting	Select	Select		
most of the time. Jobs are sedentary if walking and standing	, , , , , , , ,			
are required only occasionally and all other sedentary criteria	1			
are met.				
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a	0	0		
negligible amount of force constantly to move objects. If the		-		
use of arm and/or leg controls requires exertion of forces	Select	Select		
greater than that for Sedentary Work and the worker sits most				
of the time, the job is rated for Light Work.			· P	04
Medium Work: Exerting up to 50 pounds of force	6-1.4	Select 3	trailer 3 6 X	5 S
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	Daily -	
Heavy Work: Exerting up to 100 pounds of force occasionally,			<del></del>	
and/or up to 50 pounds of force frequently, and/or up to 20	Select	Select	Very	
pounds of force constantly to move objects.			Rarely	
Very Heavy Work: Exerting in excess of 100 pounds of force				
occasionally, and/or in excess of 50 pounds of force	Select ()	Select ()		
frequently, and/or in excess of 20 pounds of force constantly		202000		
to move objects.			l	

#### 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.

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

## 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. Higgin botham

Date: 12 - 19 - 08

Page 13 of 15

#### 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 writ	ten.
The above modifications have been discussed with the agrees with these modifications.	ncumbent, and the incumbent
☐ The above modifications have been discussed with the idisagrees with these modifications.	ncumbent, and the incumbent
I have noted the modifications made by my supervisor in th	e Comments Section above.
Employee Signature:	Date:
Supervisor Signature:  Los Let	Date: 1-8-09
Department Head Signature:	Date: 1/4/05
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. HAS COMPLETED YOUR PORTION OF THE QUESTION	

#### **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 moved once a week. (Ball fields are moved 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.

:

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE



Is this a group questionnaire?	Vos M No	If wee please He	t all employee names.
is this a group questionnaire	les 🔀 No	it yes, picase its	at an employee frames.
	<u> </u>		
	<u> </u>		
Division:		Department:	
<u>For</u>	Individual Que	estionnaires On	<u>ly:</u>
Employee Name: Bradf	2-cd	Debbie	W
Improyee Name.	(Last)	(First)	(Middle Initial)
Current Classification Title:	quipment	Operator	
Render S. L. Caril	U I	Department $Q$	arks and Recreation
Division Sports Facili	nes	Department +	and recreation
are a second			
Total Length of Time with org	anization	5 Years	months
Total Length of Time in Curre	nt Position	Years	months
	,		
Assigned Hours/Week:; from	40 1/5t o	Assig	ned Days/Week 5
Email:		Work Phone:	
Immediate Superv	zisor.	Immediat	e supervisor reports to:
Illinoulate Super	72001	AAAAAA VAAA	o daportador reporte co.
Name: Eddie Mor		Name: Trac	i Wieland
- L Maili	O Consulta		in Parks Superintenda
Title: Sports Facilities	es supervisa		1 M Varies Superintendad
Work Phone 254-3873		Work Phone:	
		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 grame usages. This included 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
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
d	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2-3
	I make work assignments for others.	1
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	5
	I recommend termination for poor performance.	
	I provide advice to peers that they must consider carefully before making a decision.	2-3
	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.

TOTTO	COTT	~~~~~~		WANT TOO
YUNIR	1.3 JW	ORKERS	· . ILJK	

-		
*	Sesonal !	t operation
	:	
	**	* Egapmen Sessonal

Please indicate	the nature of the gr	oup supervised and the i	number supervised	
Full Time	Part-Time	Seasonal/Temp	Volunteer	Contract
1-2		1-2		

'YOUR DIRECT REPORTS' JOB TITLES.

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

1. Inside your organization (other City Departments):

Title of Person or	How Often	For What Purpose
Department		
Ex: Peers, Subordinates	<u> </u>	The Cropina de la lace
irrigation	3+ X'S perwk.	Tur-f maintenance - watering organs Maxi-con schedules - breaks
Recreation office	3+x's per wk.	softball/baseball schedules
\$	• · · · · · · · · · · · · · · · · · · ·	

## 2. Outside your organization:

Title of Person or Organization	How C	Often		For Wh	at Purpose		
Ex: Vendors, Gen. Public		dermite it and a state of the control of the contro				W. 7	
facility leaseholde	( 3+ x/s f	er wk	Schedul	echange	es - public	relation	7
		· · · · · · · · · · · · · · · · · · ·					
		·. ·	i .				_
							-  K

#### 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)

self-ached

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

	List of Essential Dutles	Decisions Required	Frequency:  DEDIATE  WEWeekly MEMonthly QEQuarterly A=Annually  OECassionally	% of Time Spent (Not to exceed to 100%)
1	Game preparations	Base a pitaling room	Select D	40%
2	Facility dean-up	task phority	Select 0	20%
3	Turf maintenance	watering requirements	Select W	10%
4	skinned area maintenancet	Safe play operations du sucather des equipment	Select D	2590
5	Winterization -	blowing out irrigations	building A	5%
6	Score board maintenance	Changing burged out	Select M	5%
7	Bleacher reconditioning	CI DICUCHES IN CAUCIU	Selbet 🔘	5%
8	Spring turn on	to building stimation	Select A	5%
9	Fence maintenance / repair	determine what is	Select O	5%
10		needed to repair	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.

Duly #	Knowledge - Skills
_ & 1_	field dimensions for each teads and classification of play, chalk line requirements, proper equipment for skinned area prepostioned area prepostioned area prepostioned area prepostioned area.
b.2.	basic cleaning Knowledge, basic small equipment operation technique
<u> 2.3</u>	complex Knowledge of sprinkler system operations, chemical knowledge of surface conditioning
5.	correct operation of air compressors hook-up-buildings lay-out
7	very basic electrical Knowledge & score consol operation basic Knowledge of hand tooks and power tooks
9	basic knowledge of hand and power tools
	,

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

		rel of education do you ha ily perform your job at entry				
	and follo High Sch Up to on Associate Bachelor Other (ex	cplain):  inds of experience do you	t (G.E.D.) chnical training beyond I o-year technical certificat	nigh school te		
anouada to	varior your job at our					
Type of Experience						
	You Have	Your Time	You Need	<u>Minimum</u> <u>Time</u> Required		
Ballf	ield prepara	tions 4 years		/ years		
irrigat	ion System c	peration years		2 years		
	·	years		years		
3. SPEC	IAL REQUIREME	ng or degree be in? NA  WTS: List any registrations opecific and do not abbrevia	s, certifications or licenses t te words or use acronyms.	that are <b>required</b> for		

**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 he no (field dragging equip.	daily
a	gator rie no (field dragging aguip) roact so an e (field) roact point essential essential essential	weekly
a	back ontral	daily
<b>b</b>	e duduk	weekly
	A Company of the Comp	monthly
C	- hand	weekly
	- hand b _ and tank weed sprager	monthly
d	Slimp punip	monthly when conditions
2	air compressor	quarterly
		0 /
		1.
		i e e

## 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 <u>will not</u> 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,		i	_
scaffolding, ramps, poles and the like, using feet and legs			
and/or hands and arms. Body agility is emphasized. This	Select	Select	e)
factor is important if the amount and kind of climbing required	3	2	
exceeds that required for ordinary locomotion.		<u> </u>	
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	Select	Select	
amount and kind of balancing exceeds that needed for	_	_	b
ordinary locomotion and maintenance of body equilibrium.	1	0	
Stooping: Bending body downward and forward by bending			
spine at the waist. This factor is important if it occurs to a	Select	Select	•
considerable degree and requires full use of the lower			a Cad
extremities and back muscles.	5	3	a, c, ad
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or	Select 5	Select 1	a
knees.	501005		
Crouching: Bending the body downward and forward by	Select 5	Select 2	a
bending leg and spine.			
Crawling: Moving about on hands and knees or hands and	Select O	Select O	
feet.  Reaching: Extending hand(s) and arm(s) in any direction.			
	Select 5	Select 2	a
<b>Standing:</b> Particularly for sustained periods of time.	Select 5	Select 3	a, b, c, d, e
Walking: Moving about on foot to accomplish tasks,	Select 5	Select 3	abada
particularly for long distances.	2010003	20.00	a, b, c, d, e
Pushing: Using upper extremities to press against something	0.1.1.0	0.1	
with steady force in order to thrust forward, downward or	Select 4	Select 2	0
outward.			
Pulling: Using upper extremities to exert force in order to	Select 5	Select 3	a
draw, drag, haul or tug objects in a sustained motion.		<del> </del>	
Fingering: Picking, pinching, typing or otherwise working,	Saloot 4	Soloot =	0
primarily with fingers rather than with the whole hand or arm as in handling.	Select 1	Select Z	e
as in nanding,			<u> </u>

Grasping: Applying pressure to an object with the fingers or palm.  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.  Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.  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.  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.  Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous 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 finear and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision farca that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).  Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.  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 walki
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spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.  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.  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).  Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.  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.  Light Work: Exerting up to 20 pounds of force occasionally,
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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   Select   Select
Green dear the set for Co. A. at any TV and any data are also much
of the time, the job is faced for light work.
Medium Work: Exerting up to 50 pounds of force
occasionally, and/or up to 20 pounds of force frequently, Select Select
and/or up to 10 pounds of force constantly to move objects.
Heavy Work: Exerting up to 100 pounds of force occasionally,
and/or up to 50 pounds of force frequently, and/or up to 20   Select   Select
pounds of force constantly to move objects.
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  Select

# 2. WORKING CONDITIONS.

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

Does	Not	Apply

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

# V: .EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

# ADDITIONAL COMMENTS

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

# EMPLOYEE CERTIFICATION

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

Signed: Nobbie Buad and

Date: 12-10-2008

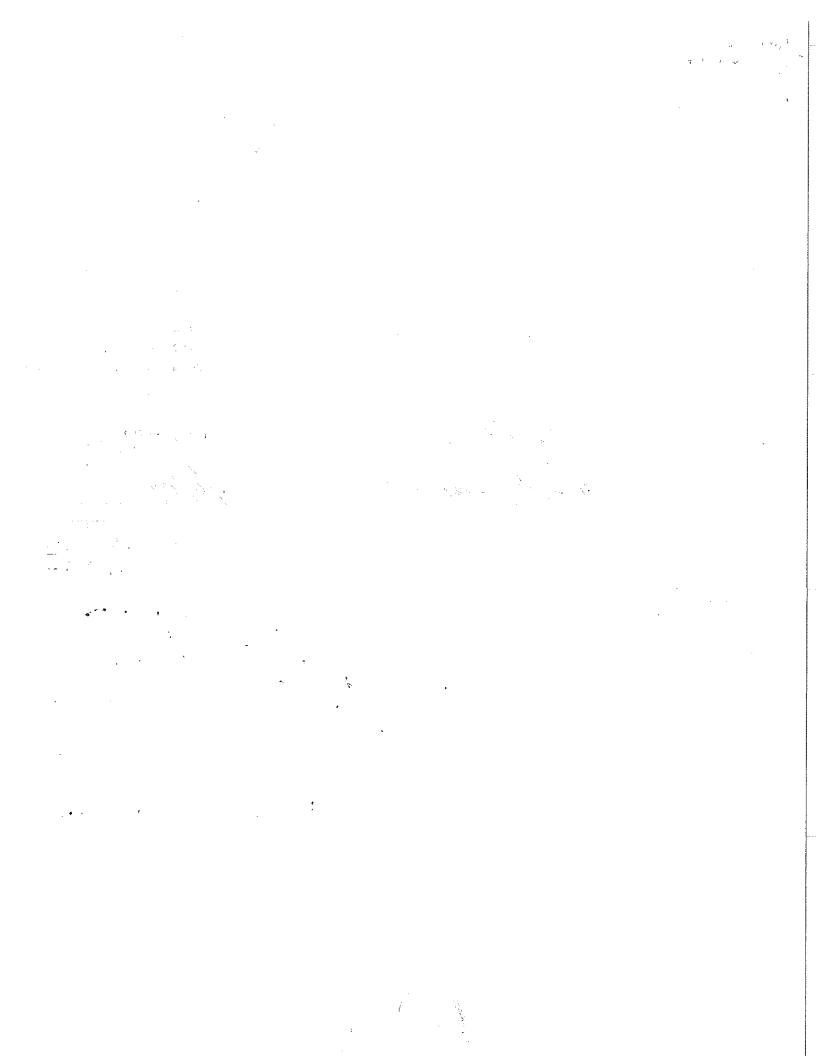
# TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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.

39.2						
Question No.	Comments		11	٠.		
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Please check the appropriate statement.	
☐ I agree with the incumbents' position questionnaire as wri	tten.
The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
The above modifications have been discussed with the disagrees with these modifications.	incumbent, and the incumbent
I have noted the modifications made by my supervisor in the	he Comments Section above.
Employee Signature:	
Supervisor Signature:  Ell'	Date: /- 7-09
Department Head Signature:	Date: //6/09

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



# (I) 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 Superinterdant

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 QUESTIONAIRE

name, curre		ur immediate supervi			ation regarding your nake sure we refer to
Is this a gro	oup questionn	aire? 🛛 Yes 🗌 No	If yes, pleas	se list all emplo	yee names.
Jeff Anders	on, Dan Wiedı	ich, Paul Conway,			
Tim Wilkers	son, Nicci Carj	oendale			
Division:	Parks & Recre	eation	Departme	<b>nt:</b> Horticultu	re
		For Individual Que	estionnaires	Only:	
Employee Na	me:	Anderson (Last)	Jeff (Firs	rey	N (Middle Initial)
Current Class	ification Title:	Equipment Opera	tor/Horticultur	e Division	
Division	Parks and Rec	reation	Departmen	t Horticulture	2
Total Length	of Time with	organization	6 Years	8 months	
Total Length	of Time in C	urrent Position	1 Years	month	ns
Assigned Ho	urs/Week:; fr	om 7:00 a.m. to 3	:30 p.m. A	ssigned Days/	Week M-F
Email: jander	son@bresnan.n	et	Work Phone	: (970) 254-386	1
<u>In</u>	nmediate Su	pervisor:	Imme	diate supervis	sor reports to:
Name:	Marc Man	cuso/Mike Vendegna	Name:	Open	
Title:	Forestry/H Supervisor	orticulture/Cemetery	Title:	Parks Superint	endant
Work Phone	(970) 254-	3849	Work Phone:		
F mail:	marcm@g		F_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 througout 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 & O). ANIZATIONAL 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.

THE STATE OF THE S		Number of Employees
	I do not officially supervise other employees (sign performance reviews).	_
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\square$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2 - 3
	I make work assignments for others.	2 - 3
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	·
	I recommend termination for poor performance.	2-9
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
	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 i	ndicate	the nature	of the	group	supervised	and the	number	supervise	d

∏Full Time 2 - 6

Part-Time 2 - 6

Seasonal/Temp 2-6

Volunteer Up to 30

Contract O

JA

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		For What Purpose
Ex: Peers, Subordinates		
Parks	Daily	Cooperating with assigned duties
Recreation	Monthly	Program inhancements
VCB	Daily	Facility improvements
Public Works	Weekly	Facility improvements/safety response
Engineering	Weekly	New and revamped project construction
Fire/Police	weekly	Public saféty response/facility improvements

# 2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex; Vendors, Gen. Public		4
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
	<u> </u>	

### 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.

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

	List of Essential Duties	Decisions Required	Frequency:  D = Daily  W = Weekly  M = Monthly  G = 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 coworkers 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 assitance	Communiate 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	Knowlede 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 oraly.
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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
$\boxtimes$		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 You Time You Need Minimum
Time
Required

Certified Master Gardener	4.	years Master	Gardener	1	years
Green School Certificate	3	years Landsc	ape Maintenance	3	years
Equipment Operation	8	years Equipm	nent 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	Monthyly
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: AMERI .13 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?

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)

# 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.	4Weekly	2Very Important	1,2,4,5,6 7,10
<b>Balancing:</b> 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.	5Daily	3Extremely Important	1,2,5,6, 7,10
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	1,2,6,7
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1-10
<b>Standing</b> : Particularly for sustained periods of time.	4Weekly	3Extremely Important	1-10
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1-10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5Daily	3Extremely Important	4,6
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		<b></b>	
forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in			
order to draw, drag, haul or tug objects in a	5Daily	3Extremely Important	4,7,10
sustained motion.			, ,
Fingering: Picking, pinching, typing or otherwise			
working, primarily with fingers rather than with the	5Daily	3Extremely Important	1,4,10
whole hand or arm as in handling.		Sattement important	1,1,10
Grasping: Applying pressure to an object with the			
	5Daily	3Extremely Important	2,4,7,10
fingers or palm.			
Lifting: Raising objects from a lower to a higher			
position or moving objects horizontally from			10045
position-to-position. This factor is important if it	5Daily	3Extremely Important	1,2,3,4,5,
occurs to be a considerable degree and requires the	o Buny	o End official important	6,7,10
substantial use of the upper extremities and back		†	
muscles.			
Feeling: Perceiving attributes of objects, such as			
size, shape, temperature or texture by touching the	5Daily	3Extremely Important	1,2,6
skin, particularly that of fingertips.		1	,_,-
Talking: Expressing or exchanging ideas by means	······································		
of the spoken work. Those activities in which they	,		
must convey detailed or important spoken	5Daily	3Extremely Important	1-10
instructions to other workers accurately, loudly, or	U-Daity	3 Extremely important	1-10
quickly.			·
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	5Daily	3Extremely Important	1-10
detailed information through oral communication,		<b>J</b> 1	
and to make fine discriminations in sound, such as	-		·
when making fine adjustments on machined parts.			
<b>Seeing</b> : 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	,		4.40
important. Other important factors of seeing are	5Daily	3Extremely Important	1-10
acuity (near and far), depth perception (three	ļ		
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).			
Repetitive Motions: Substantial repetitive	E D-9	O Frytman - I - I	1,2,3,4,5,
movements (motions) of the wrists, hands, and/or	5Daily	3Extremely Important	6,7,9,10
fingers.			-,,,,,,,
Sedentary Work: Exerting up to 10 pounds of		1	
force occasionally and/or a negligible amount of			
force frequently or constantly to lift, carry, push,		1	
pull or otherwise move objects, including the	3Monthly	1Somewhat Important	1,2,3,4,5,
human body. Sedentary work involves sitting most	9MOHUHY	1Somewhat important	7,10
of the time. Jobs are sedentary if walking and	<u></u>		
standing are required only occasionally and all		1	
other sedentary criteria are met.			
<b>Light Work:</b> Exerting up to 20 pounds of force	_		
occasionally, and/or up to 10 pounds of force			
	5 Doiler	2 Petromaly Immariant	245
frequently, and/or a negligible amount of force	5Daily	3Extremely Important	3,4,5
constantly to move objects. If the use of arm			
and/or leg controls requires exertion of forces	1	1	

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.	5Daily	3Extremely Important	3,4,5
<b>Heavy Work:</b> 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.	5Daily	3Extremely 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.	4Weekly	2Very 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.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)		$\boxtimes$	
Hazardous materials (chemicals, blood and other body fluids, etc.)	□ <sup>↑</sup>		, , ,
Extreme temperatures		$\boxtimes$	
Inadequate lighting		· []	
Work space restricts movement	$\square$		, , ,
Intense noise			
Travel			1 2 2
Environmental (disruptive people, imminent danger, threatening environment)			$\boxtimes$

# 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 a	nd compl	ete to the best of my
knowledge.	_	· ·
		17.19-10
Signed:	Date:	12-19 00

# 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.

<b>Question No.</b>	Comments	
		***************************************
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

☐ I agree with the	incumbents' position qu	uestionnaire as w	ritten.	
The above mod agrees with these mod	lifications have been di odifications.	scussed with th	ie incumber	nt, and the incumbent
disagrees with these	modifications.		•	nt, and the incumbent
I have noted the m	odifications made by m	iy supervisor in	the Comm	ents Section above.
Employee Signature:	Il led		Date: _	1-8-09
Supervisor Signature:	Whe Vondy	<u>`</u>	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.

٠.

Please check the appropriate statement:

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		·
	·	

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curre	YEE BACKGROUND: In this sector to the supervent job title, your immediate supervent the study.	•	A	
Is this a gr	oup questionnaire? 🛛 Yes 🗌 No	If yes, plea	ase list all emp	loyee names.
Jeff Anders	son, Dan Wiedrich, Paul Conway,			
Tim Wilker	son, Nicci Carpendale			:
Division:	Parks & Recreation	Departm	<b>ent:</b> Horticul	ture
		4	•	
	For Individual Qu	estionnaire	s Only:	
Employee Na			cole	. J , .
•	(Last)	(Fi	rst)	(Middle Initial)
Current Class	sification Title: Equipment Opera	tor/Horticultu	re Division	
Division	Parks and Recreation	Departme	<b>nt</b> Horticult	ure
	of Time with organization	3 Years		3
Total Length	of Time in Current Position	Years	10 months	
Assigned Ho	urs/Week:; from 7:00 a.m. t o 3	:30 p.m.	Assigned Day	s/Week M - F
Email: nearpo	end@mesastate.edu	Work Phon	e: (970) 254-3	861
<u>In</u>	nmediate Supervisor:	Imme	ediate superv	visor reports to:
Name:	Marc Mancuso/Mike Vendegna	Name:	Open	
Title:	Forestry/Horticulture/Cemetery Supervisor	Title:	Parks Superi	ntendant
Work Phone	(970) 254-3849	Work Phone:		
F-mail:	marcm@gjcity.org mikev@gicity.org	E-mail:		

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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 througout 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.

# 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	<b>Duty</b>	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2 - 3
$\boxtimes$	I make work assignments for others.	2 - 3
	I make hiring and hiring pay recommendations.	·
	I make hiring and hiring pay decisions.	:
$\boxtimes$	I recommend termination for poor performance.	2 - 9
×	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
×	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			 · <u>-</u>	***
	<del></del>	 		
		 ·	 	

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 &

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

1. Inside your organization (other City Departments):

		For What Purpose
Ex: Peers, Subordinates		
Parks	Daily	Cooperating with assigned duties
Recreation	Monthly	Program inhancements
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.

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	М	. 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 coworkers 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 assitance	Communiate 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	Knowlede 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 oraly.
1,2,4,6,7,10	Knowledge of an ability to utilize mathematics as it relates to Horticulture maintenance and

	other landscape hs, i.e. fertilizer and chemicle calculations, irrigation pipe sizing, friction loss, clacume 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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
$\boxtimes$		Bachelor's degree
		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

You Have	Yo	ur Time	You Need	<u>Minimum</u> <u>Time</u> Required
Plant Biology	2	years	Master Gardener	1 years

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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	Monthyly
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.	4Weekly	2Very Important	1,2,4,5,6 7,10
<b>Balancing</b> : 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.	5Daily	3Extremely Important	1,2,5,6, 7,10
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	1,2,6,7
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1-10
<b>Standing</b> : Particularly for sustained periods of time.	4Weekly	3Extremely Important	1-10
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1-10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5Daily	3Extremely Important	4,6
Dago 10 of 17		ПТ В П ттм	

C	T	1	
forward, downward or outward.	ļ		/ 
Pulling: Using upper extremities to exert force in			
order to draw, drag, haul or tug objects in a	5Daily	3Extremely Important	4,7,10
sustained motion.			.,.,
Fingering: Picking, pinching, typing or otherwise	<del> </del>	<u> </u>	
waster a series outles with fire days well as these with the	E Dodler	2 Extuamaly Immortant	1.4.10
working, primarily with fingers rather than with the	5Daily	3Extremely Important	1,4,10
whole hand or arm as in handling.	<u></u>		
<b>Grasping</b> : Applying pressure to an object with the	5Daily	2-Extremely Important	24710
fingers or palm.	1 9Daily	3Extremely Important	2,4,7,10
Lifting: Raising objects from a lower to a higher			
position or moving objects horizontally from			
			10245
position-to-position. This factor is important if it	5Daily	3Extremely Important	1,2,3,4,5,
occurs to be a considerable degree and requires the			6,7,10
substantial use of the upper extremities and back			
muscles.	_		
Feeling: Perceiving attributes of objects, such as			
size, shape, temperature or texture by touching the	5Daily	3Extremely Important	1,2,6
skin, particularly that of fingertips.	Dany	o izatiemely important	1,2,0
Talking: Expressing or exchanging ideas by means	•		
of the spoken work. Those activities in which they			
must convey detailed or important spoken	5Daily	3Extremely Important	1-10
instructions to other workers accurately, loudly, or	_	1	•
quickly.		·	
Hearing: Perceiving the nature of sounds with no			
less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000		`	
		, 1	
Hz with or without correction. Ability to receive	5Daily	3Extremely Important	1-10
detailed information through oral communication,		J 1	
and to make fine discriminations in sound, such as			r uni
when making fine adjustments on machined parts.			
<b>Seeing:</b> 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		ł	
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	5Daily	3Extremely Important	1-10
important. Other important factors of seeing are	5 Dany	o Extremely important	1-10
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).			
Repetitive Motions: Substantial repetitive			12215
movements (motions) of the wrists, hands, and/or	5Daily	3Extremely Important	1,2,3,4,5,
fingers.	•		6,7,9,10
Sedentary Work: Exerting up to 10 pounds of			<u> </u>
force occasionally and/or a negligible amount of			
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push,			10012
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the	3~-Monthly	1Somewhat Important	1,2,3,4,5,
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push,	3~-Monthly	1Somewhat Important	1,2,3,4,5, 7,10
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	3~-Monthly	1Somewhat Important	1,2,3,4,5, 7,10
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	3~-Monthly	1Somewhat Important	1,2,3,4,5, 7,10
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	3~-Monthly	1Somewhat Important	1,2,3,4,5, 7,10
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	1Somewhat Important	1,2,3,4,5, 7,10
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.  Light Work: Exerting up to 20 pounds of force	3~-Monthly	1Somewhat Important	1,2,3,4,5, 7,10
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.  Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force			7,10
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.  Light Work: Exerting up to 20 pounds of force	3~-Monthly 5Daily	1Somewhat Important 3Extremely Important	1,2,3,4,5, 7,10
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.  Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force			7,10
force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.  Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force			7,10

than that for Sedentary Work and the rker 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.	5Daily	3Extremely Important	3,4,5
<b>Heavy Work:</b> 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.	5Daily	3Extremely 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.	4Weekly	2Very Important	4

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#### 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					
		•			
	 	 7	 	 	

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

#### 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 bes	t of my
knowledge	$\cap$			-
9/0/0	1 1000	10000		a . ~ C
Signed: W/		MILL	Date: Dec 19	300x
		<del></del>		T

#### 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	,
		<del></del>
*		
<del></del>		
<u> </u>		

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Litimizi o willis e e ee

Piesse Check the sp	highinge sextenienc:		
☐ I agree with the	incumbents' position question	ınaire as written.	
The above mod agrees with these mo	ifications have been discusse difications.	ed with the incumbent	, and the incumbent
disagrees with these		•	
I have noted the mo	odifications made by my sup	ervisor in the Commer	its Section above.
Employee Signature:	Mr. Corporatele	Date: \	9-09
Supervisor Signature:	nihe Vondepa	Date:	-8-09
Department Head	J	Date:	er er græ

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUPHAS 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.

		a

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curre	<b>TEE BACKGROUND</b> : In this sectent job title, your immediate supervob throughout the study.		
	oup questionnaire? X Yes \(\sigma\) No	If yes, please list all e	employee names.
	ich, Paul Conway, Jeff Anderson,		
Tim Wilker	son, Nicci Carpendale		, ,
Division:	Parks & Recreation	Department: Horts	iculture
	1 and a recreation		leantaile
	For Individual Qu	estionnaires Only:	
		-	:
Employee Na		Dan	· R
	(Last)	(First)	(Middle Initial)
	Parks and Recreation  of Time with organization  of Time in Current Position		culture nonths
Assigned Ho	urs/Week; from 7:00 a.m. to 3	:30 p.m. Assigned l	Days/Week M - F
Email:		Work Phone: (970) 25	54-3849
<u>Ir</u>	nmediate Supervisor:	<u>Immediate sur</u>	pervisor reports to:
Name:	Marc Mancuso/Mike Vendegna	Name: Open	
Title:	Forestry/Horticulture/Cemetery Supervisor	Title: Parks Su	printendant
Work Phone	(970) 254-3849	Work Phone:	
F_mail:	marcm@gjcity.org	E-mail·	

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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 througout 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.

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Fox Lawson & Associates LLC

#### 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		Number of Employees
	I do not officially supervise other employees (sign performance reviews).	•
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2 - 3
$\boxtimes$	I make work assignments for others.	2 - 3
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	
$\boxtimes$	I recommend termination for poor performance.	2 - 9
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	2 - 15
	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

Seasona	als			
Voluntee	rs	 		
		 		.,

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

∏Full Time 2 - 6

Nart-Time 2 - 6

Seasonal/Temp 2 - 6

⊠Volunteer Up to

30

Contract

SW

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

1. Inside your organization (other City Departments):

The state of the s					
Title of Person or	How Often	For What Purpose			
Department					
Ex: Peers, Subordinates					
Parks	Daily	Cooperating with assigned duties			
Recreation	Monthly	Program inhancements			
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
	A. S.	

#### 3. ESSENTIAL DUTIES.

c. Des

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	М	25%
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	М	10% .

	List of Essential Dutles	Decisions Required	Frequency:  D = Daily  W = Weekly  M = Monthly  Q = Quarterly  A = Annually  O = Occasionally	% of Time Spent (Not to exceeds 100%)
1	Planting and care of landscaped areas	Select plant material and location, lead, educate and communicate to coworkers 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 assitance	Communiate 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		4	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	Knowlede 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 oraly.
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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
$\boxtimes$		Other (explain): 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

You Have You		ur Time	You Need	<u>Minin</u> Tin Requ	ne
CDL	6	years	Backflow Certification		years
Certified Landscape Technician	10	years	CLT		years
Certified Arborist	5	years			years
Landscape & Irrigation	30	-	Landscape Experience	3	·
Design,Installation				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	Monthyly
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 lob is classified.

#### Frequency

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

**Importance** 

# 0 - Never

#### 1 - Annually

performed?

2 - Quarterly (at least 3 per year)

How frequently is the activity

- 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
<b>Climbing</b> : 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.	4Weekly	2Very Important	1,2,4,5,6 7,10
<b>Balancing</b> : 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.	5Daily	3Extremely Important	1,2,5,6, 7,10
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,3,4,5, 6,7,10
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	1,2,6,7
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1-10
<b>Standing</b> : Particularly for sustained periods of time.	4Weekly	3Extremely Important	1-10
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1-10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5Daily	3Extremely Important	4,6
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Fox Lawson & Associates, LLC

1			
forward, downward or outward.			
Pulling: Using upper extremities to exert force in			<u>-</u>
order to draw, drag, haul or tug objects in a	5Daily	3Extremely Important	4,7,10
sustained motion.	Ĭ		
Fingering: Picking, pinching, typing or otherwise			
working, primarily with fingers rather than with the	5Daily	3Extremely Important	1,4,10
whole hand or arm as in handling.	2 Daily	- Line of the state of the stat	-, -,
Grasping: Applying pressure to an object with the			
fingers or palm.	5Daily	3Extremely Important	2,4,7,10
Lifting: Raising objects from a lower to a higher			
position or moving objects horizontally from			12245
position-to-position. This factor is important if it	5Daily	3Extremely Important	1,2,3,4,5,
occurs to be a considerable degree and requires the	Ĭ	,	6,7,10
substantial use of the upper extremities and back			
muscles.			
Feeling: Perceiving attributes of objects, such as			
size, shape, temperature or texture by touching the	5Daily	3Extremely Important	1,2,6
skin, particularly that of fingertips.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<b>Talking:</b> Expressing or exchanging ideas by means			
of the spoken work. Those activities in which they	•	[	
must convey detailed or important spoken	5Daily	3Extremely Important	1-10
instructions to other workers accurately, loudly, or			•
quickly.		•	
<b>Hearing:</b> 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	E Doiler	2 Fretnamaky Impartant	1-10
detailed information through oral communication,	5Daily	3Extremely Important	1-10
and to make fine discriminations in sound, such as		-	e talean
when making fine adjustments on machined parts.			
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	<b></b>		4.40
important. Other important factors of seeing are	5Daily	3Extremely Important	1-10
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).			
Repetitive Motions: Substantial repetitive			100:-
movements (motions) of the wrists, hands, and/or	5Daily	3Extremely Important	1,2,3,4,5,
•	UDaily	o -taxticiticity important	6,7,9,10
fingers.			:
Sedentary Work: Exerting up to 10 pounds of			
force occasionally and/or a negligible amount of			
force frequently or constantly to lift, carry, push,			10245
pull or otherwise move objects, including the	3Monthly	1Somewhat Important	1,2,3,4,5,
human body. Sedentary work involves sitting most	·J		7,10
of the time. Jobs are sedentary if walking and			
standing are required only occasionally and all			
other sedentary criteria are met.			
<b>Light Work</b> : Exerting up to 20 pounds of force			
occasionally, and/or up to 10 pounds of force			
frequently, and/or a negligible amount of force	5Daily	3Extremely Important	3,4,5
constantly to move objects. If the use of arm			
and/or leg controls requires exertion of forces			
	·	· · · · · · · · · · · · · · · · · · ·	

greater than that for Sedentary Work and to 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.	5Daily	3Extremely Important	3,4,5
<b>Heavy Work:</b> 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.	5Daily	3Extremely Important	3,4
<b>Very Heavy Work</b> : 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.	4Weekly	2Very 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.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)		$\boxtimes$	
Hazardous materials (chemicals, blood and other body fluids, etc.)	☐ *	. 🛛	
Extreme temperatures			
Inadequate lighting		,	
Work space restricts movement			, .
Intense noise		$\boxtimes$	
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

- 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 accur	irate and complete to th	/f my
knowledge.		
		amily,
Signed: Man R. Wiehreh	Date: 12-17-6	うらっ

#### 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		-	:		
						•
						, ,
					<del></del>	
		- W- /				***
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		<del></del>				
						-

rlease check the appropriate statement:	
☐ I agree with the incumbents' position questionnaire as writt	en.
The above modifications have been discussed with the i agrees with these modifications.	ncumbent, and the incumbent
☐ The above modifications have been discussed with the idisagrees with these modifications.	ncumbent, and the incumbent
I have noted the modifications made by my supervisor in the	e Comments Section above.
Employee Signature: An Waluch)	Date: <u>/-8-09</u>
Supervisor Signature:  Mike Vandagea	Date: 1-8-09
Department Head Signature:	Date:
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. HAS COMPLETED YOUR PORTION OF THE QUESTION QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, YOUR SUPERVISOR WILL SUBMIT THE COMPLETED	NAIRE, PLEASE SUBMIT THE SIGNATURE, AND COMMENT.

DEPARTMENT HEAD.

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# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, cu	OYEE BACKGROUNG BACKGR	immediate supervi			
Is this a	group questionnaire	? 🗌 Yes 🗵 No	If yes, please	list all employee	names.
<del></del>					
Divisio	n:		Departmen	t:	
	Fo	r Individual Que	estio <u>nnaires</u>	Only:	
Employee	Name:	Ritter	Beck	xy	R
		(Last)	(First)		(Middle Initial)
Current C	lassification Title:	Equipment Opera	tor - 3/4 time wi	th benefits	
Division	Parks		Department	Golf	
Total Leng	gth of Time with or	ganization	10 Years	10 months	
			10 ==	10	
Total Len	gth of Time in Curr	ent Position	10 Years	10 months	
Assigned l	Hours/Week:; from	7 <b>t o</b> 3:30	As	signed Days/We	eek 7
Email: trg	olf@gjcity.org		Work Phone:	970-250-0125	
*	Immediate Super	rvisor:	ımmea	iate supervisor	reports to:
Name:	Doug Jones		Name:	Rob Schoeber	
Title:	Superintender	nt	Title:	Parks Director	
Work			Work		
Phone	254-3839		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
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1-5
$\boxtimes$	I make work assignments for others.	1-5
	I make hiring and hiring pay recommendations.	1-5
	I make hiring and hiring pay decisions.	1-5
$\boxtimes$	I recommend termination for poor performance.	1-5
	I provide advice to peers that they must consider carefully before making a decision.	1-5
	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	seasona
parks equipment mechanic	
crew leader	
golf professionals	
rangers	
proshop staff	

#### YOUR DIRECT REPORTS' JOB TITLES

seasonal er	nployees	
	····	 
	<u> </u>	 

Please indicate	the nature of the gr	oup 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	4.34 July 4.5 July 4.5 Sept. 1.5 Sep	
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
-5710017		

## 2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
bookeliff gardens	weekly	purchases
valley grown nursery sweets nyrsery 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.

# $\mathbf{E} \times \mathbf{A} \times \mathbf{M} \times \mathbf{P} \times \mathbf{E}$ (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

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

Knowledge – Skills
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.
Extensive knowledge of annuals, perennials, trees and shrubs including their growing requirements. Must have creativity and design flair.
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.
Knowledge of correct planting proceedures. ie. planting depth, spacing, mulch etc.
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.
Ability to choose, educate, motivate and monitor seasonal employees. Must also have strong organizational skills, and adapt to change.
Capacity to learn and acquire skills as needed for projects as needed and ability to adapt to change in schedules.
Aptitude to provide customer service to contacts with tact, and diplomacy, even in the worst of situations.

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

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

# Type of Experience

You Have	Your Time		You Need	<u>Minimum</u> <u>Time</u> <u>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. <b>SPECIAL REQUIREMENTS:</b> List any registrations, certifications or licenses that are <b>re</b> you to hold your position. Be specific and do not abbreviate words or use acronyms.	<b>quired</b> for
,	

**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, pliars	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

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
<b>Climbing</b> : 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.	2Quarterly	1Somewhat 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.	0Never	0Not Important	1,4,5,6,7
<b>Stooping:</b> 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.	5Daily	3Extremely Important	1,4,5,6,7
<b>Kriceling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,4,5,6,7
<b>Crouching</b> : Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,4,5,6,7
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	4Weekly	1Somewhat Important	1,4,5,6,7
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	4Weekly	3Extremely Important	1,4,5,6,7
<b>Standing:</b> Particularly for sustained periods of time.	4Weekly	1Somewhat Important	1,4,5,6,7
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	2Very Important	1,4,5,6,7
Pushing: Using upper extremities to press	3Monthly	1Somewhat Important	1,4,5,6,7

4 Woolder	2 Fretnamales Immantant	1,4,5,6,7
4weekiy	5Extremely important	1,4,5,0,7
5 Doiler	2 Fretramaly Important	1,2,3,4,5,6,7
JDaily	3Extremely important	1,2,2,4,2,0,7
5Daily	3Extremely Important	1,4,5,6,7
•		
4Weekly	3Extremely Important	1,4,5,6,7
5Daily	3Extremely Important	1,2,3,4,5,6,7
0 2011	o zara omory important	1,=,5,1,5,5,
5Daily	3Extremely Important	1,2,3,4,5,6,7
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5Daily	2Very Important	1,4,5,6,7
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5Daily	3Extremely Important	1,2,3,4,5,6,7
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	1	
5Daily	1Somewhat Important	1234567
5Daily	1Somewhat Important	1,2,3,4,5,6,7
5Daily 2Quarterly		
		1,2,3,4,5,6,7
	1Somewhat Important	1,2,3,4,5,6,7
	4Weekly 5Daily 5Daily	5Daily 3Extremely Important  4Weekly 3Extremely Important  5Daily 3Extremely Important  5Daily 3Extremely Important  5Daily 3Extremely Important  5Daily 3Extremely Important

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.			
<b>Medium Work</b> : 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.	4Weekly	2Very Important	1,4,5,6,7
<b>Heavy Work</b> : 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.	4Weekly	2Very 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.	3Monthly	2Very Important	1,4,5,6,7

2. WORKING CONDITIONS	WORKING CO	NDITIONS.
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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.

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

# V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

#### **EMPLOYEE CERTIFICATION**

I certify that the above statements and responses are	e accurate and complete to the best of my
knowledge	12/18/08
Signed:	Date:
Page 15 of 17	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. 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 his its fore a
	the golf course. It provides his its tore a
	est ly numbers of insects which moons that
	We can reluce or estimanate in sectionales, reducing
	the cost of maintaining the gost coorse. This
	13 Soll a Physicaply and montally Challenging position
;	•

riease 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: V2/18/08
Supervisor Signature:  Date: 12/18/08
Department Head Signature:  Date: 1/6/09
THANK YOU FOR COMPLETING THIS OUESTIONNAIRE. AFTER YOU OR YOUR GROUP

HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

### CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

Is this a group question	onnaire? 🗌 Yes 🛭 No	If yes, please list all en	iployee names.
			<u>.                                    </u>
			,
Division: Golf		<b>Department:</b> Parks	& Recreation
	<u>For Individual Q</u>	uestionnaires Only:	
Employee Name:	PILLING	MICHAEL	S
	(Last)	(First)	(Middle Initial)
Current Classification T	itle: GROUNDS EC	QUIPMENT OPERATOR	
<b>Division</b> PARKS A	AND REC	<b>Department</b> GOLF	
Total Length of Time v	with organization	Years 9 mo	onths
Total Length of Time i		Years 3 mo	
	n Current Position	Tours 5 Inc	mens
Assigned Hours/Week:			ys/Week 5
Assigned Hours/Week: Email:		Assigned Da Work Phone: 970-254-3	ys/Week 5
Assigned Hours/Week: Email: Immediate	<b>; from</b> 7:00 <b>t o</b> 3:30	Assigned Da Work Phone: 970-254-3	sys/Week 5 8838 rvisor reports to:
Assigned Hours/Week:  Email:  Immediate  Name:  DAVI	s; from 7:00 t o 3:30 Supervisor:	Mork Phone: 970-254-3  Immediate supe  Name: DOUG JO	sys/Week 5 8838 rvisor reports to:
Assigned Hours/Week:  Email:  Immediate  Name: DAVI  Title: CREV	Supervisor:	Mork Phone: 970-254-3  Immediate supe  Name: DOUG JO	Nys/Week 5 838 rvisor reports to: NES

#### 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, MAINT MANCE AND REPAIR OF THE IRRIGATION SYSTEM AT THE TIARA RADO GOLF COURSE. I ALSO ASSIST IN THE GENERAL MAINT MANCE 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
$\boxtimes$	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	3
	I make work assignments for others.	
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	`.
	I recommend termination for poor performance.	
	I provide advice to peers that they must consider carefully before making a decision.	
$\boxtimes$	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 gro	oup 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	1	
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.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.	Articles to include, editorial changes, graphics, layouts	М	25%
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	М	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	IRRIGATION SYSTEM MANAGEMENT	COMPUTER INPUT, HYDRAULICS, TURF NEEDS	Daily	75
2	IRRIGATION SYSTEM INSTALLATION	PIPE SIZING, HEAD SELECTION AND DESIGN	Quarterly	10
3	BUILDING MAINT MANCE	REPAIR REQUIRED	Monthly	5
4	CONSTRUCTION PROJECTS	CONSTRUCTION TECHNIQUES	Quarterly	5
5	GOLF MAINT ANANCE	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 educa	ition do you ha	ve and what	minimum level	of education	do you
beli	eve is needed to	satisfactorily perform	your job at entr	y level? Checl	k the level that a	pplies to your	job:

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

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	<u>Minimum</u> <u>Time</u> <u>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

#### <u>Importance</u>

# 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
<b>Climbing:</b> 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.	2Quarterly	2Very Important	3-4
<b>Balancing</b> : 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.	2Quarterly	1Somewhat Important	3-4
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1-5
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1-5
<b>Crouching</b> : Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1-5
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	0Never	0Not Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1-5
<b>Standing</b> : Particularly for sustained periods of time.	4Weekly	1Somewhat Important	1-5
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	2Very Important	1-5
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	5Daily	2Very 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	5Daily	2Very Important	1-5
sustained motion.			
Fingering: Picking, pinching, typing or otherwise			·
	0Never	0Not Important	
working, primarily with fingers rather than with	0Mevel	0Not important	
the whole hand or arm as in handling.			
<b>Grasping</b> : Applying pressure to an object with the	5Daily	2Very Important	1-5
fingers or palm.	O Bany	2 very important	
Lifting: Raising objects from a lower to a higher		]	
position or moving objects horizontally from	]	, ,	
position-to-position. This factor is important if it	F 75.31	O Manual Incompany	1 5
occurs to be a considerable degree and requires the	5Daily	2Very Important	1-5
substantial use of the upper extremities and back		,	
muscles.	ļ	,	
Feeling: Perceiving attributes of objects, such as			
	O Or ontonir	1Somewhat Important	1-5
size, shape, temperature or texture by touching the	2Quarterly	1somewhat miportant	1-3
skin, particularly that of fingertips.			
Talking: Expressing or exchanging ideas by			
means of the spoken work. Those activities in			ى <u>.</u> د
which they must convey detailed or important	5Daily	3Extremely Important	1-5
spoken instructions to other workers accurately,		•	
loudly, or quickly.			
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,	5Daily	3Extremely Important	1-5
and to make fine discriminations in sound, such	31Jany	3Extremely important	1-3
			100
as when making fine adjustments on machined			
parts.			<del> <u></u></del>
<b>Seeing</b> : 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	1	1	
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	5Daily	3Extremely Important	1-5
	ļ	Į l	
acuity (near and far), depth perception (three			
dimensional vision), accommodation (adjustment of			
lens of eye to bring an object into sharp focus),	1		
field of vision (area that can be seen up and down	1		
or to the right or left while eyes are fixed on a given	1	į	
point) and color vision (ability to identify and		]	
distinguish colors).	<u> </u>		
Repetitive Motions: Substantial repetitive			
movements (motions) of the wrists, hands, and/or	2Quarterly	1Somewhat Important	3-5
fingers.			
Sedentary Work: Exerting up to 10 pounds of	<del></del>		
force occasionally and/or a negligible amount of			
force frequently or constantly to lift, carry, push,			
pull or otherwise move objects, including the	5Daily	1Somewhat Important	1
human body. Sedentary work involves sitting most	Daily		•
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	5Daily	3Extremely Important	1-5
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.	5Daily	3Extremely 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.	3Monthly	2Very 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.	3Monthly	2Very 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.

|--|

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.)	$\boxtimes$		
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	· ×		
Hazardous materials (chemicals, blood and other body fluids, etc.)		- <b></b>	
Extreme temperatures	X	•	
Inadequate lighting	X		
Work space restricts movement	$\boxtimes$		, ,
Intense noise			
Travel			
Environmental (disruptive people, imminent danger, threatening environment)		$\boxtimes$	

#### 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 t	hat the	above s	stateme	nts and	l responses	s are accurate	and	complete t	o the	best	of my
knowledg		_	_		_			_		1	•

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Fox Lawson & Associates, LLC

engas checu fire appropriate scatement.	
I agree with the incumbents' position questionnaire as writte	en.
The above modifications have been discussed with the in agrees with these modifications.	ncumbent, and the incumbent
The above modifications have been discussed with the indisagrees with these modifications.	
I have noted the modifications made by my supervisor in the	Comments Section above.
Employee Signature: Mark 5.716.	Date: 12/18/08
Supervisor Signature:	Date: 14/18/08
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 QUESTIONAIRE

name, curr	YEE BACKGROU ent job title, your in job throughout the	nmediate supe		*	0 0 5
Is this a g	roup questionnaire?	Yes □ N	o If yes, pleas	se list all employe	e names.
Krissy Hu	mmel, Kurt Hall, Fr	ank Harvey			_
Division	: River Front		Departme	ent: Parks	N. 19
	For	Individual C	uestionnaire:	s Only:	
Employee N	lame:	Hall	K	urt	
		(Last)	(Fire	st)	(Middle Initial)
Current Cla	ssification Title:	Equip ment Op	erator		
Division	Maintenance		Departmer	ıt Parks	
Total Lengt	h of Time with org	anization	12 Years	s 0 months	
Total Lengt	h of Time in Curre	nt Position	. Үе	ears 2 months	
Assigned H	ours/Week:; from	7:00 a.m. <b>t o</b>	3:30 p.m.	Assigned Days/W	eek M-F
Email:			Work Phone	e: (970) 254-3868	
<u>I</u>	mmediate Superv	<u> visor:</u>	Imme	diate superviso	r reports to:
Name:	Ron Felt	ura de la constanta de la cons	Name:	Traci Wieland	
Title:	Supervisor		Title:	Parks Superinten	dant
Work Phone	(970) 254-386	8	Work Phone:	(970) 254-3846	
E-mail:	ronf@gjcity.or	g	E-mail:	traciw@gjcity.or	g

#### 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1
$\boxtimes$	I make work assignments for others.	1
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	100
	I recommend termination for poor performance.	-
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	1
$\boxtimes$	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	Seasonal
Equipment Operator	•
Seasonal	

#### YOUR DIRECT REPORTS' JOB TITLES

Seasonal		
!	 	

Please indicate	the nature of the gr	oup 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	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	$\boxtimes$	High School Diploma or equivalent (G.E.D.)
$\boxtimes$		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
		Other (explain):

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

#### Type of Experience

You Have	<u>Yo</u> 1	ur Time	You Need	T	imum <u>me</u> uired
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 Mastem Gardner Classes Irrigation and Maxi com classes turp 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 us to while performing your job duties. This is building but only those factors that have to do by the condition that applies and one under should be unique to your job and not general Please note, there is a choice for "Does setting."	ection does not a o with the job itse the frequency that ally applicable to	pply to conditions lf. In this section, t is most appropria all employees with	like an old office please place an X te. The condition the organization
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.)		$\boxtimes$	
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)		$\boxtimes$	
Hazardous materials (chemicals, blood and other body fluids, etc.)			$\boxtimes$
Extreme temperatures			
Inadequate lighting			
Work space restricts movement		$\boxtimes$	
Intense noise			
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			
V: EMPLOYEE, SUPERVISOR, AND DE	PARTMENT HE	AD SIGNATURES	3

#### 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 knowledge.	are accurate and complete to the best of my
Signed: Surt Hall	Date: 12-17-08
Page 14 of 16	Fox Lawson & Associates, LLC

## CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, currer		nmediate super		-	ormation regarding your us make sure we refer to
	up questionnaire?		If yes, pleas	e list all en	nployee names.
Krissy Hum	mel, Kurt Hall, Fr	ank Harvey		######################################	
Division:	River Front		Departme	<b>nt:</b> Parks	
	<u>For</u>	Individual Q	uestionnaires	Only:	
Employee Na	me:	Harveyl	Fra	nk	F
	****	(Last)	(First	<del>()</del>	(Middle Initial)
Current Classi	ification Title:	Equip ment Ope	erator		
Division	River Front		Departmen	<b>t</b> Parks	
Total Length	of Time with org	anization	Yea	ars 11 n	nonths
Total Length	of Time in Curre	nt Position	Ye:	ars 11 n	nonths
Assigned Hou	rs/Week:; from	7:00 a.m. <b>t o</b>	3:30 p.m. A	ssigned Da	ays/Week M-F
Email:		•	Work Phone	: (970) 254	1-3868
<u>Im</u>	mediate Superv	risor:	Immed	liate supe	ervisor reports to:
Name:	Ron Felt		Name:	Traci Wie	land
Title:	Supervisor		Title:	Parks Sup	erintendant
Work Phone	(970) 254-386	3	Work Phone:	(970) 254-	-3846
E-mail:	ronf@gjcity.org	7	E-mail:	traciw@g	icity.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.

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 help fol 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	<b>Duty</b>	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	ĺ.
$\boxtimes$	I make work assignments for others.	
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	
	I recommend termination for poor performance.	-
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	1.
$\boxtimes$	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 Seasonal

Please indicate	the nature of the gr	oup supervised and the r	number supervised	
Full Time	☐Part-Time	Seasonal/Temp	⊠Volunteer	☐Contract

YOUR DIRECT REPORTS' JOB TITLES

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)

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

	List of Essential Dutles	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	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 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	
	X	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$		High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
		Other (explain):

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

#### **Type of Experience**

You Have Your Time		You Need	<u>Minimum</u> <u>Time</u> <u>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 bein?

Be willing to work a full 8 hours a day. Show up on time. Good Attitude. At entry level Ithink every one 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
		L

#### 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 aroun 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 play grounds are safe (play ground in spection) and a (so the shelters to be clean and sufe.
- 3. Tools needed for the job you are doing that day! Knowing what tools you will meed 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

#### **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.	4Weekly	2Very 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.	5Daily	3Extremely Important	1,2,5,7,12,9
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Crawling</b> : Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	2
<b>Reaching</b> : Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1,12,15
<b>Standing:</b> Particularly for sustained periods of time.	5Daily	3Extremely Important	12,15,16
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1 - 16
Pushing: Using upper extremities to press	3Monthly	2Very Important	1,2,5,7,12

		·	
against something with steady force in order to			
thrust forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in			
order to draw, drag, haul or tug objects in a	4Weekly	2Very Important	2
sustained motion.			
<b>Fingering</b> : Picking, pinching, typing or			
otherwise working, primarily with fingers rather	5Daily	3Extremely Important	1,2,5,7,9,12
than with the whole hand or arm as in handling.			<u></u>
Grasping: Applying pressure to an object with	r n-u-	0. 17-41. 1	1 10 10 16
the fingers or palm.	5Daily	3Extremely 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		<b> </b>	
occurs to be a considerable degree and requires	4Weekly	3Extremely Important	1-10,12-16
the substantial use of the upper extremities and			
back muscles.			
Feeling: Perceiving attributes of objects, such as	<del></del>		
size, shape, temperature or texture by touching	4Weekly	2Very Important	1-16
the skin, particularly that of fingertips.	vv certiy	2 very important	1-10
<b>Talking:</b> Expressing or exchanging ideas by	<del></del>		
means of the spoken work. Those activities in			
which they must convey detailed or important	5Daily	3Extremely Important	1-16
	5Daily	3Extremely important	1-10
spoken instructions to other workers accurately,			
loudly, or quickly.			
Hearing: Perceiving the nature of sounds with			
no less than a 4db loss @ 500 Hz, 1,000 Hz and		X	
2,000 Hz with or without correction. Ability to	E Daile	O Freduces also Issue and and	1.2
receive detailed information through oral	5Daily	3Extremely Important	1,2
communication, and to make fine			
discriminations in sound, such as when making			
fine adjustments on machined parts.			
<b>Seeing</b> : 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	5Daily	3Extremely Important	1-16
important. Other important factors of seeing are	JDaniy	o Exacinely Important	1-10
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).			
Repetitive Motions: Substantial repetitive			
movements (motions) of the wrists, hands,	5Daily	3Extremely Important	1,2,5,10,12,15
and/or fingers.	[		
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			1,2,4,5,7,8,
human body. Sedentary work involves sitting	5Daily	3Extremely Important	9,12,16
most of the time. Jobs are sedentary if walking			7,14,10
and standing are required only occasionally and	1	1	
all other sedentary criteria are met.			
Light Work: Exerting up to 20 pounds of the			
occasionally, and/or up to 10 pound ce	Select	Select	1,2,5,7,8,16
frequently, and/or a negligible amou	Deicet	Sciect	1,2,2,1,0,10
requestity, and/or a negligible amov	i	<u> </u>	

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.			
<b>Medium Work:</b> 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.	5Daily	3Extremely Important	1,2,5,7,16
<b>Heavy Work</b> : 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.	4Weekly	2Very 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.	3Monthly	2Very Important	

#### 2. WORKING CONDITIONS.

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

Does 🗌	Not	Apply
--------	-----	-------

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

#### V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

#### **EMPLOYEE CERTIFICATION**

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

Signed:

Date:

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
-	
	-

☐ I agree with the	e incumbents' position	questionnaire as	s written.		
The above mod agrees with these m		discussed with	the incumben	t, and the incumbent	
☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.					
I have noted the m	odifications made by	my supervisor	in the Comme	nts Section above.	
Employee Signature:		No. and Associated	Date:		
Supervisor Signature:	for Let		Date:	1-8-09	
Department Head Signature:	Led She.	el	Date:	/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.

Please check the appropriate statement:

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curre	YEE BACKGROUNTED TO THE STATE OF THE STATE O	nmediate supe	ection you will rvisor, etc. Th	provide inforn is will help us	nation regarding your make sure we refer to	
Is this a gr	Is this a group questionnaire? 🛛 Yes 🗌 No 🏻 If yes, please list all employee names.					
Krissy Hur	nmel, Kurt Hall, Fra	ank Harvey		- United to the Control of the Contr		
<b>Division:</b> River Front			Department: Parks			
	<u>For</u>	Individual C	uestionnaire	s Only:		
Employee Name:		Hummel	Kristin	(Krissy)	M	
		(Last)	(First)		(Middle Initial)	
Current Clas	sification Title:	Equip ment Op	perator			
Division	River Front		Departme	nt Parks		
Total Lengtl	h of Time with org	anization	18 Year	s 7 months		
Total Lengtl	h of Time in Curre	nt Position	12 Year	s 12 months	<b>;</b>	
Assigned Ho	ours/Week:; from	7:00 a.m. <b>t o</b>	3:30 p.m.	Assigned Days	/Week M-F	
Email:			Work Phon	<b>e:</b> (970) 254-38	68	
<u>I1</u>	mmediate Superv	<u> isor:</u>	Imme	ediate supervi	sor reports to:	
Name:	Ron Felt		Name:	Traci Wieland	l	
Title:	Supervisor		Title:	Parks Superin	tendant	
Work Phone	(970) 254-386	8	Work Phone:	(970) 254-384	46	
₩vmo on till o	ronf@gicity.or	or .	K-mail·	traciw@gicity	/ 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.

My primary responsibilities are to opperate 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
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	1 - 2
	I make work assignments for others.	1-2
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	· · ·
	I recommend termination for poor performance.	
	I provide advice to peers that they must consider carefully before making a decision.	1-2
×	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

# YOUR DIRECT REPORTS' JOB TITLES **Crew Leaders** Seasonal **Equipment Operator** Seasonal

Please indicate	the nature of the gr	oup supervised and the i	number supervised	
Full Time	Part-Time	⊠Seasonal/Temp	⊠Volunteer	☐Contrac

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
	100	

#### 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.

(PLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

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

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

You Need	
	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
$\boxtimes$	High School Diploma or equivalent (G.E.D.)
	Up to one year of specialized or technical training beyond high school
	Associate degree (A.S., A.A.) or two-year technical certificate
	Bachelor's degree
	Other (explain): 2 1/2 Years College
	Need

**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	You Have Your Time		You Need	<u>Minimum</u> <u>Time</u> <u>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, samall a large-

3 SPECIAL DECILIDEMENTS: List any registrations contidentions on licenses that are required for

**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. Ca	nution in driving (Defensive Driving)
ħ	nution in driving (Defensive Driving) The puk-up I duve for the work
do	belongs to the City of G.J. How this reason I have
tes	be Caution in clavery
2. No	ot 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. Providing tasks - sometimes there are 2,3 or maybe I different things that "NED" to be done that day. Therefore decoding which one schooled be

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Fox Lawson & Associates, LLC

# 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

# <u>Importance</u>

# 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)

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.	4Weekly	2Very 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.	5Daily ·	3Extremely Important	1,2,5,7,12,9
<b>Stooping</b> : 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.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Crouching</b> : Bending the body downward and forward by bending leg and spine.	5Daily	3Extremely Important	1,2,5,7,9,12
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5Daily	3Extremely Important	2
<b>Reaching</b> : Extending hand(s) and arm(s) in any direction.	5Daily	3Extremely Important	1,12,15
<b>Standing:</b> Particularly for sustained periods of time.	5Daily	3Extremely Important	12,15,16
<b>Walking</b> : Moving about on foot to accomplish tasks, particularly for long distances.	5Daily	3Extremely Important	1 - 16
Pushing: Using upper extremities to press	3Monthly	2Very Important	1,2,5,7,12

against something with steady force in order to			
thrust forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4Weekly	2Very Important	2
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5Daily	3Extremely Important	1,2,5,7,9,12
Grasping: Applying pressure to an object with the fingers or palm.	5Daily	3Extremely Important	1-10, 12-16
Lifting: Raising objects from a lower to a higher	<u> </u>		
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.	4Weekly	3Extremely Important	1-10,12-16
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4Weekly	2Very Important	1-16
<b>Talking</b> : 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.	5Daily	3Extremely 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.	5Daily	3Extremely 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).	5Daily	3Extremely Important	1-16
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5Daily	3Extremely 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.	5Daily	3Extremely Important	1,2,4,5,7,8, 9,12,16
<b>Light Work:</b> 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.			
<b>Medium Work:</b> 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.	5Daily	3Extremely Important	1,2,5,7,16
<b>Heavy Work</b> : 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.	4Weekly	2Very 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.	3Monthly	2Very 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
 200	*100	PP-J

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

# V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

# ADDITIONAL COMMENTS

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

Not ad 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)

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### 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					
			 ***	<del></del> ,		<u> </u>
			 ···	*		
		-	 · ·			
•			 		<u>-</u>	
			 141	,		
-				•		
	•					

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# 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: Date: Department Head Date:

Please check the appropriate statement:

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.

Signature:

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

Is this a group questionnaire?  Yes X No	If yes, please list all employee names.
is this a group questionnaire: 1 105 M 110	if yes, please list air employee frames.
	0
Division: PARKS	Department: PARKS
	uestionnaires Only:
mployee Name: FETERHANS	GREGORY To (Middle Initial)
urrent Classification Title:	UIPMENT OPERATOR
ivision PARKS	Department PARKS
otal Length of Time with organization	15 Years 4 months
otal Length of Time with Organization	10 C
otal Length of Time in Current Position	Years 8 months
ssigned Hours/Week:; from 7500t o 3:	30 Assigned Days/Week MON - FR
nail: GREGP @ CI. GRANDICT. CO. US	Work Phone: 970 254-3868
Immediate Supervisor:	Immediate supervisor reports to:
me: RON FELT	Name: TRACI WIELAND
Page Ouron 1600	Title: PARKS SUPE
He: MARKS SUPERVISOR	
ork 970 254-3868	Work 970-254-3846 Phone: 970-254-3846

# 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.

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 UN DEVELOPED 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	The state of the s	Number of Employees
Ø	I do not officially supervise other employees (sign performance reviews).	0
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
***	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2
	I make work assignments for others.	
×	I make hiring and hiring pay recommendations.	4+
	I make hiring and hiring pay decisions.	
	I recommend termination for poor performance.	
X	I provide advice to peers that they must consider carefully before making a decision.	4+
X	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	SEASONAL EMPLOYEES
EQUIPMENT OPERATORS	
SEASONAL EMPLOYEES	
,	

Please indicate	the nature of the gr	oup supervised and the	number supervised	
☐Full Time	Part-Time	Seasonal/Temp	Volunteer	☐Contract

YOUR DIRECT REPORTS' JOB TITLES

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 OPERMIX	DAILY	
FORESTRY CREW LEADER	DAILY	
FORESTRY COUILMENT OF GRATOR	DAILY	
PUBLIC WERKS	MONTHLY	STREETS, TRAFFIC WATER, PERSIGN
	2. Outside you	STREETS, TRAFFIC, WHITE, PERSICE PREST

		<u> </u>
Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
RANDAU INDUSTRIES	W	PURCHASE CHEMICALS
GUING IREGATION	$\mathcal{M}$	PURCHASE CHEMICALS PURCHASE EQUIPMENT + SUPPLY
TRUE VALUE	Ŵ	PURCHASE PROJECT SUPPLIES
PARK PATRONS	D	PURCHASE PROJECT SUPPLIES MAKING PUBLIC AWARE OF CHEMICAL

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

	List of Essential Duties	Decisions Required	Frequency:  D = Daily  W = Weekly  M = Monthly.  G = Quarterly  A = Annually  O = Occasionally	% of Time Spent (Not to exceed 100%)
1	HERBICIDE APPLICATION		Select D	65%
P	SAFETY, MAINTENANCE DISCOSAL		Select	
<b>6</b> *	SAFETY, MAINTENANCE DISPOSAL PURCHASING, TROUBLESHOOTING		Select	
92	HEAVY BOUIPMENT OPERATOR		Select D	15%
			Select M	20%
0			Select	:
8		i, .	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
TERROT - 122 O VILLES OF THE OFFICE OF THE OFFI	BASIC KNOWLEDGE OF CHEMICALS, SAFETY AND APPLICATION EQUIPMENT OPERATION
1,2,3	EQUIPMENT OPERATION
	IDENTIFY WEEDS AND NOXIOUS WEEDS.
• • •	•

# III. EDUCATION, EXPERIENCE, AND EQUIPMENT

Type of Experience  You Have Your Time You Need Time SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years RIVER FRONT TRAIL MAINTENANCE 3 years EQUIPMENT OFERATOR 3 years CHEMICAL APPLICATION 2 years KNOWLEGG OF CHEMICALS 4 years a. What field (s) should training or degree be in?  3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are required for			evel of education do you have orily perform your job at entry l		
and follow directions)  High School Diploma or equivalent (G.E.D.)    Up to one year of specialized or technical training beyond high school   Associate degree (A.S., A.A.) or two-year technical certificate   Bachelor's degree   Other (explain):   WARJOUS SEMINARS ON SPORTS TURE MAINTENANCE, PRO GREEN (GREEN)   CSU MASTEL GARDIER, CSU GAT, COMMERCIAL APPLICATORS TRAINING WORKS   CSU MASTEL GARDIER, CSU GAT, COMMERCIAL APPLICATORS TRAINING WORKS   CSU MASTEL GARDIER, CSU GAT, COMMERCIAL APPLICATORS TRAINING WORKS   CSU MASTEL GARDIER, CSU GAT, COMMERCIAL APPLICATORS TRAINING WORKS   CSU MASTEL GARDIER   CSU GAT, COMMERCIAL APPLICATORS TRAINING   CASENING COMMERCIAL APPLICATION   2 years   COMMERCIAL APPLICATION   3 years   CHEMICAL APPLICATION   2 years   CHEMICAL APPLICATION   3 years   CHEMICAL APPLICATORS TRAINING   CSU MASTER GARDIER   APPLICATORS TRAINING   CSU MASTER GARDIER   CSU GAT. COMMERCIAL APPLICATORS TRAINING   CSU MASTER GARDIER   CSU GAT. CSU GAT. CASTER GARDIER   CSU GAT. CASTER GARDIER   CSU GAT. CASTER GARDIER   CSU GAT. CASTER GARDIER   CSU GAT.		Need			
Up to one year of specialized or technical training beyond high school    Associate degree (A.S., A.A.) or two-year technical certificate   Bachelor's degree   Other (explain):   VARIOUS SETIMALS ON SPORTS TURE MAINTENANCE PROCREEN (GREEN COSUMETER, CARDIER, CSU EXT. COMMERCIAL APPLICATORS TRAINING WORKS)   CSU MATER CARDIER, CSU EXT. COMMERCIAL APPLICATORS TRAINING WORKS]   CSU MATERIALS ON SPORTS TURE MAINTENANCE TRAINING WORKS]   Type of Experience are needed to enter your job at entry level?    Type of Experience   You Have				equivalent (G.E.D.) (ability	to read, write,
Up to one year of specialized or technical training beyond high school    Associate degree (A.S., A.A.) or two-year technical certificate   Bachelor's degree   Other (explain):   VARIOUS SETIMALS ON SPORTS TURE MAINTENANCE PROCREEN (GREEN COSUMETER, CARDIER, CSU EXT. COMMERCIAL APPLICATORS TRAINING WORKS)   CSU MATER CARDIER, CSU EXT. COMMERCIAL APPLICATORS TRAINING WORKS]   CSU MATERIALS ON SPORTS TURE MAINTENANCE TRAINING WORKS]   Type of Experience are needed to enter your job at entry level?    Type of Experience   You Have	X	🔀 High Se	chool Diploma or equivalent	(G.E.D.)	
Description of the properties	X	☐ Up to o	ne year of specialized or tecl	nnical training beyond hig	h school
Other (explain):  VARIOUS SEMINARS ON SPORTS TURF MAINTENANCE PRO GREEN (GREEN GREEN		☐ Associa	te degree (A.S., A.A.) or two-	year technical certificate	¥
Type of Experience  You Have Your Time You Need Time Required  SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years  RINERFONT TRAIL MAINTENANCE 3 years EQUIPMENT OFERATOR 3 years  CHEMICAL APPLICATION 2 years KNOWLEGE OF CHEMICALS 4 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 EXIGNSION COMMERCIAL APPLICATORS TRAINING  CSU MASTER GARDNER  GT PIPE TRUGATION					e e e e e e e e e e e e e e e e e e e
You have Your Time You Need Time  SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years  RIVERFRONT TRAIL MAINTENANCE 3 years EQUIPMENT OFERMORE 3 years  CHEMICAL APPLICATION 2 years KNOWLEDGE OF CHEMICALS \$1565 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  GT PIPE TRIGATION	2. EXPl	Other ( VARIOUS  CSU MASTA  ERIENCE: What enter your job at e	explain):  SET INFLS ON SPOLTS TO  SE GALDNER COU EXT. CO  TLAIGHTON KINDS OF EXPERIENCE DO YOU handry level?	MER MAINTENANCE, PROMORCIAL APPLICATORS ave, and what minimum kin	CREEN (GREENS) TRAINING WORKSHO
You have Your Time You Need Time  SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years  RIVERFRONT TRAIL MAINTENANCE 3 years EQUIPMENT OFERMORE 3 years  CHEMICAL APPLICATION 2 years KNOWLEDGE OF CHEMICALS \$1565 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  GT PIPE TRIGATION		· , <b>,</b>	•		
You have Your Time You Need Time  SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years  RIVERFRONT TRAIL MAINTENANCE 3 years EQUIPMENT OFFRATOL 3 years  CHEMICAL APPLICATION 2 years KNOWLECK 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 TRAIGATION		÷	Type of	Experience	
SPORTS TURF MAINTENANCE 10 years TURF MAINTENANCE 2 years RIVERFADAT TRAIL MAINTENANCE 3 years CHEMICAL APPLICATION 2 years KNOWLEGE OF CHEMICALS 4 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 TRUGATION		You Have	Your Time	You Need	
2 years knowledge of Chericus tuses 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 TRUGATION	M. M. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	TURE MAIN	ENANCE IO		
2 years knowledge of Chericus tuses 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 TRUGATION	SPORI		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 MASIER GARDNER  GJ PIPE IRRIGATION	RIVERA	PRONT TRAIL P	IMINITENANT 3 years		
3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are required for you to hold your position. Be specific and do not abbreviate words or use acronyms.  CSU EXTENSION COMMERCIAL APPLICATORS TRAINING  CSU MASTER GARDNER  GJ PIPE IRRIGATION	CHEMIC	AL APPLICATIO	J	emparce of Gibericars a	Uses L years
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	a. What f	ield (s) should train	ing or degree be in?	i.	
	you to ho CS CS	ld your position. Be SU EXTENSION SU MASTER G ST PIPE IRR	e specific and do not abbreviate  I Cemmercial Applica  ARDNER  IGATION	words or use acronyms.	t are <b>required</b> for

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 CALIBRA	TION D
2,3	DUMP TRUCK	D
2,3	BACKHOE	m.
2,3	TRACTORS WITH VARIOUS IMPLEMENTS	$\omega$
,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 INCLUPING . PPE AND SPRAY PROCEDURES AROUND PUBLIC
- 3. PRIORITIZING JOB DEPENDING ON SEASON

  PRE EMERGENT US POST EMERGENT AS WELL AS

  TIME OF YEAR TO STRAY SPECIFEC 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

5 - Daily (at least 3 per week)			
Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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	Select	1,2,3
<b>Balancing</b> : 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	Select	1,2,3
<b>Stooping:</b> 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	Select	1,2,3
<b>Kneeling</b> : Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 3	1,2,3
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	Select 5	Select 3	1,2,3
<b>Crawling:</b> 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 2	1,2,3
Standing: Particularly for sustained periods of time.	Select 5	Select Z	1,2,3
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	Select 5	Select 3	1,2,3
<b>Pushing:</b> 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
<b>Pulling:</b> 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
<b>Fingering</b> : Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 4	lect 3	1,2,3
The second of the		Sp. 1.1.4"	

<b>Grasping</b> : Applying pressure to an object with the fingers or palm.	Select 5	Select 3	1,2,3
<b>Lifting:</b> 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
<b>Feeling</b> : Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select L	Select 2	.1,2,3
<b>Talking</b> : Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	Select 5	Select 3	1,2,3
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	1,2,3
<b>Repetitive Motions:</b> 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	Select	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
<b>Medium Work:</b> 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
<b>Heavy Work:</b> 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.)	X		
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)		X	
Hazardous materials (chemicals, blood and other body fluids, etc.)		×	
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).

- MAINTAIN RECORDS OF CHEMICALS AND FERTILIZERS USED.
   IDENTIFY TURF, TREES, SHRUBS, PARASITES AND OTHER PROGLEM
- CALIBRATE AND APPLY CHEMICALS SUCH AS HERBICIDES, FUNCICIDES
- PESTICIDES AND FERTILIZERS SAFELY AND ACCURATELY.
   EXTENSIVE PLAYGROUND INSTALLATIONS
- GPRING START-UP AND WINTERIZATION OF POOLS AND PARKS IRRICATION 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.

Date: December 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.

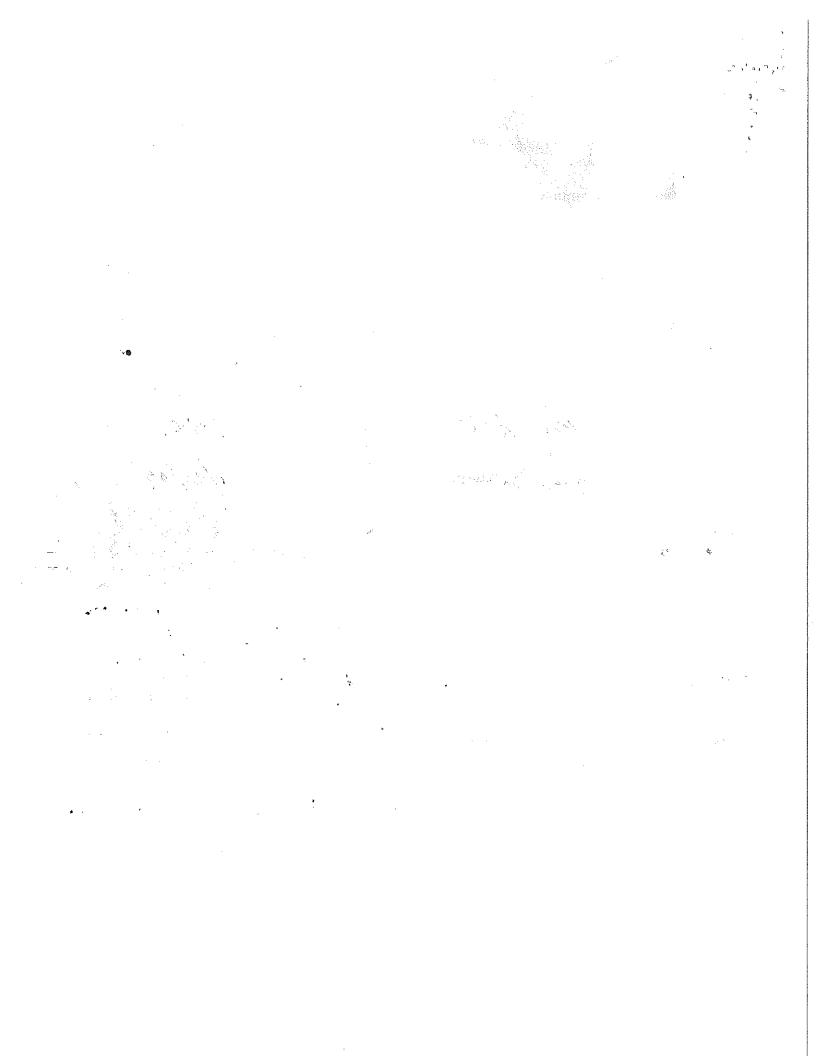
Question No.	Comments
,	
	·

Please check the appropriate statement:	
.  I agree with the incumbents' position questionnaire as write	ten.
The above modifications have been discussed with the agrees with these modifications.	incumbent, and the incumbent
The above modifications have been discussed with the idisagrees with these modifications.	incumbent, and the incumbent
I have noted the modifications made by my supervisor in th	e Comments Section above.
Employee Signature:	Date:
Supervisor Signature:  Let Lett	Date:
Department Head Signature:	Date: 1/6/69
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. HAS COMPLETED YOUR PORTION OF THE QUESTION QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW,	INAIRE, PLEASE SUBMIT THE

YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR

Fox Lawson & Associates, LLC

DEPARTMENT HEAD.



# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

Is this a group questionnaire? 🖸 Yes 🗹 No	If yes, please list all employee names.
	· · _ · · · · · · · · · · · · · · · · · · · _ · · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · _ · · _ · _ · _ · · _ · · _ · · _ · · _ · · _ · · _ · · · · · · · · · · · · · · · · · · · ·
Division: 5 ports facility	Department: Parks & Rec
$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol}oldsymbol{ol}oldsymbol{ol}oldsymbol{ol}oldsymbol{ol}oldsymbol{ol{ol}}}}}}}}}}}}}}}$	
For Individual Q	uestionnaires Only:
Employee Name: Coulcast)	(First) (Middle Initial)
Current Classification Title: Equipm	est operator
Division Sport Sacilities	S Department Park & Rec
	•
Total Length of Time with organization	Years months
Fotal Length of Time in Current Position	Years months
Assigned Hours/Week:; from $4$ to $4$	1:30 pm Assigned Days/Week 4-5 Wee
Email:	Work Phone:
. <u>Immediate Supervisor:</u>	Immediate supervisor reports to:
Name: Eddie Mort	Name: M. Ko Moralegad
ritle: Supervisor	Title: Title: Syl
Work 254 3873	Work Phone:
• —	

# 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: C

Computer Support Technician

Summary:

To operate, maintain and repair computer equipment and to provide technical

assistance to users.

special project special event equipment operator

and Parks as well as support for exect set ups

## 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	The state of the s	Number of Employees
	I do not officially supervise other employees (sign performance reviews).	
	I evaluate and sign performance reviews of other full-time employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
X	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	2
X	I make work assignments for others.	<del>2</del>
X	I make hiring and hiring pay recommendations.	2
1	I make hiring and hiring pay decisions.	J
ÌΧ	I recommend termination for poor performance.	2
X	I provide advice to peers that they must consider carefully before making a decision.	ى ك
120	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

TOUR COWORNERS JOB IIILES	TOUR DIRECT REPORTS JUB TITLES
Sports Facility equipment operator	sport facility scasowal
Grew leaders"	

Please indicate	the nature of the gi	roup supervised and the	number supervised	
<b>X</b> Full Time	Part-Time	XSeasonal/Temp	Volunteer	☐Contrac

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	Huson	persigo-water-service
		, , , , , , , , , , , , , , , , , , , ,

# 2. Outside your organization:

Title of Person or Organization	How Often	For	What Purpose	
Ex: Vendors, Gen. Public		I resdand	Jam for now	icuts
Home Desot	11 week	11	71	3
Lawes.	1/10cek	11	1 (	
July 172 100	Mocek	11	1	
westers ins	TINCER	11	71	
B. T # 14C	Hagari	11	1 1	· ,
Gringer	Hooms	21	1 /	
Schoold 15 Vict	17 month	set up for	r events	-

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

Page 6 of 15 Fox Laws & 7

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	М	25%
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	М	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 has too		Select	
2 body equipment operating	· · · · · · · · · · · · · · · · · · ·	Select 0	<u> </u>
3 meeths with contractors		Select M	5
4 event Betwo	·	Select W	10
5 planarousd instaltion		Select M	5
6 building Construction		Select D	ಎ೧
7 True Walstace		Select M	5
1/steel 3 risa & coids oftall		Select M	5
9 Tree & Show maistessace		Select M	5
10 Charles Hard		Select	
11 Supervising Ettaining employed		Select M	5
12 Project Richasial	9	Select M	5
13 Design and implementation of pros	troit	Select 📉	<
14 Oct lack-level & and acadia	Λ.	Select M	5
15 Pack on sinterproduction Travelles	at lac	Select M	5
16	d	Select	<u> </u>
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 – Ski	
3,4,5,78,14 45,6,7,8,944,15	operation he	spay can pr	neut.
2,7,89,11,12,13	I dragation I	and tust in	Sintroduce
.,			
	<u>-</u>		

# III. EDUCATION, EXPERIENCE, AND EQUIPMENT

1.	<b>EDUCATION:</b>	What level of e	ducation do	you have	and wh	hat minimum	level of education	do you
beli	eve is needed to	satisfactorily perf	form your job	at entry le	vei? Cl	heck the level t	that applies to you	r job:

You Have	You Need	
		Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
X	X	High School Diploma or equivalent (G.E.D.)
		Up to one year of specialized or technical training beyond high school
		Associate degree (A.S., A.A.) or two-year technical certificate
		Bachelor's degree
	$\square_j$	Other (explain):

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

# **Type of Experience**

You Have	Your Time	You Need	<u>Minimum</u> <u>Time</u> Required
receptaism ful	years & years	1	years
- building Constru	rtion 6 years	1.	years
herey equipment sp	reating 5 years		years
(4. 1. 1	· /\		

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 for 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
3,4567,89 Backhoe	w
13.14 18,7 18,00 DAGET	W
13.14 Tractor & implements	W /
treacher	M
" dump truck	W
11 11 Transit	<u> </u>
6 Carpenter tools	Li Li
3,45,67,89 digains tools.	W
2-14 Pickud & Trailer	1
2,2,6,13 Welding & Fabrication tools	M
3,6 Concrete tools	M
2-14 14 Carts	
& multi-neter	My Sand

#### 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 - saftey and importance

2. personal need to know there duties due to the Responsibilities and effectioned needed for projects installed in the utmost safay 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

5 - Daily (at least 5 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	Select	Select	215
factor is important if the amount and kind of climbing required	5	<b>~</b>	2-15
exceeds that required for ordinary locomotion.		<u>a</u>	
Balancing: Maintaining body equilibrium to prevent falling			
when walking, standing or crouching on narrow, slippery or	0.1.4	0-1-	
erratically moving surfaces. This factor is important if the	Select	Select	2-15
amount and kind of balancing exceeds that needed for	1	<b>a</b>	
ordinary locomotion and maintenance of body equilibrium.			
<b>Stooping</b> : 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	Select	Select	2-15
extremities and back muscles.	5	3	91)
Kneeling: Bending legs at knee to come to a rest on knee or			
knees.	Select	Selectz	2-15
Crouching: Bending the body downward and forward by			
bending leg and spine.	Select	Select 3	2-15
Crawling: Moving about on hands and knees or hands and	Col	Calasta	
feet.	Segect	Select	2-15
Reaching: Extending hand(s) and arm(s) in any direction.	Select	Select (	2-15
<b>Standing</b> : Particularly for sustained periods of time.	Selects	Select 3	3-15
Walking: Moving about on foot to accomplish tasks,	Salaat	Coloats	
particularly for long distances.	Select	Selects	2-15
Pushing: Using upper extremities to press against something			
with steady force in order to thrust forward, downward or	Select	Select 4	
outward.	5		0715
Pulling: Using upper extremities to exert force in order to	Select	Select 3	32 , 87'
draw, drag, haul or tug objects in a sustained motion.	OCICCE.	Scient	2013
Fingering: Picking, pinching, typing or otherwise working,	_		
primarily with fingers rather than with the whole hand or arm	Select	Select <sub>11</sub>	215
as in handling.	, many	<b>\</b>	01-17
	Selects	Select	0-15

<b>Grasping</b> : Applying pressure to an object with the fingers or			
palm.	Select 5	Select 🌂	2-15
<b>Lifting:</b> 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	Select	Select	
requires the substantial use of the upper extremities and back		>	2-15
muscles.	5		0 10
Feeling: Perceiving attributes of objects, such as size, shape,			
temperature or texture by touching the skin, particularly that	Select	Select _	
of fingertips.	5_	5_	0-15
Talking: Expressing or exchanging ideas by means of the			
spoken work. Those activities in which they must convey	Select	Select	
detailed or important spoken instructions to other workers	Select	Select >	2-15
accurately, loudly, or quickly.			
<b>Hearing:</b> 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	Select	Select	7 1
communication, and to make fine discriminations in sound,		"≥	2.15
such as when making fine adjustments on machined parts.			
<b>Seeing</b> : 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	0-14	0.1	
considered important. Other important factors of seeing are	Select	Select	
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			2-15
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			0 0
colors).	$\cup$	3	
Repetitive Motions: Substantial repetitive movements			
(motions) of the wrists, hands, and/or fingers.	Select	Select ঽ	
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	Select	Select	
most of the time. Jobs are sedentary if walking and standing			2-15
are required only occasionally and all other sedentary criteria	2	Z	_ /
are met.	رے		
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	Select	Select	
use of arm and/or leg controls requires exertion of forces	Defect	Solott	~
greater than that for Sedentary Work and the worker sits most	5	ζ.	2-15
of the time, the job is rated for Light Work.	ر		
Médium Work: Exerting up to 50 pounds of force			
occasionally, and/or up to 20 pounds of force frequently,	Select	Select 3	2-15
and/or up to 10 pounds of force constantly to move objects.			
Heavy Work: Exerting up to 100 pounds of force occasionally,	0.1	G 1 ·	
and/or up to 50 pounds of force frequently, and/or up to 20	Select	Select 3	2-15
pounds of force constantly to move objects.	ر ر		
Very Heavy Work: Exerting in excess of 100 pounds of force			
occasionally, and/or in excess of 50 pounds of force	Select <sub>z j</sub>	Select 🔿	-
frequently, and/or in excess of 20 pounds of force constantly	Em/	$\Rightarrow$	2715
to move objects.	ť		-

2.	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.

П	Does	Not	Apply	7
	2200	*100	~-PP~3	,

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.)	×		<b>A</b>
Extreme temperatures	<b>X</b>		بد
Inadequate lighting		**	
Work space restricts movement		*[\vec{\vec{v}}]	
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).

1) sheet Rock, trim Francis, paint, carpet
a) Fertilizing- steating weed eating spraying
3) Fertilizios- erestina weed esting spraging 3) poc. Copper, backflow, clooks, sprinkler, designo
4) Spring start up and whaterization of pool and itragation 5) reading blue prints, electrical, phumbing, may and bull sloop () plasma cutter, torch, wire feed welding EMPLOYEE CERTIFICATION
5) reading blue prints, electrical, phumbing, may and
bull sloop () plasma cutter, torch, wire feed welding
EMPLOYEE CERTIFICATION '

I certify that the above statements and responses are accurate and	t complete to the best of my
knowledge.	
	Date: \2-15-08
signed	Date. 100

#### 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	
<u> </u>		
* (		
· · ·		
•		

Page 14 of 15

Please check the ap	propriate statement:	riease 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 mod disagrees with these	lifications have been discussed with the modifications.	incumbent, and the incumbent						
I have noted the mo	odifications made by my supervisor in th	he Comments Section above.						
Employee Signature:		_ Date:						
Supervisor Signature:	Elili M	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.

च्याकुर्वे <mark>वि</mark>वाहे न 3. 1.1 . • ;

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name,	IPLOYEE BACKGE current job title, yourrect job throughout	ur immediate supe	2	-	9 9
Is thi	is a group questionna	aire? 🛛 Yes 🗌 N	lo If yes, pleas	e list all employ	ee names.
Terry	Williams, Mike Vig,	Brent Burgess,			
Ryan	Dennison, Bill John	son,			
Nikk	i Carpendale				
Divi	sion: Parks		Departme	nt: Sports Faci	lity
		<u>For Individual (</u>	<u> Juestionnaires</u>	Only:	
Employ	yee Name:	Carpendale	Nic	ole	J
		(Last)	(Firs	0	(Middle Initial)
Curren	t Classification Title:	Parks Equipm	ent Operator		
Divisio	Parks and Rec	reation	Departmen	t Sports Facili	ty
Total I	ength of Time with	organization	3 Years	6 months	
Total L	ength of Time in C	urrent Position	Ye	ars 10 montl	าร
Assign	ed Hours/Week:; fr	om 7:00 a.m. t o	3:30 p.m. <b>A</b>	ssigned Days/\	Veek M-F
Email:	ncarpend@mesastate.	edu	Work Phone	: (970) 254-3849	)
	<u>Immediate Su</u>	pervisor:	Immed	liate supervis	or reports to:
Name:	Eddie Mo	t	Name:	Traci Wieland	
Title:	Sports Fac	ility Supervisor	Title:	Parks Superinte	ndant
Work Phone	(970) 254-	3873	Work Phone:	(970) 254-3846	4.40000
E-mail:	eddiem@g	jcity.org	E-mail:	traciw@gjcity.o	rg

Dago 2 of 18

#### 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
$\boxtimes$	I do not officially supervise other employees (sign performance reviews).	0
	I evaluate and sign performance reviews of other full-time employees.	0
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	0
$\boxtimes$	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	8
$\boxtimes$	I make work assignments for others.	8
	I make hiring and hiring pay recommendations.	8
	I make hiring and hiring pay decisions.	Ó
$\boxtimes$	I recommend termination for poor performance.	8
$\boxtimes$	I provide advice to peers that they must consider carefully before making a decision.	16
×	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 DIRECT REPORTS' JOB TITLES

#### YOUR COWORKERS' JOB TITLES

# Equipment Operators Seasonals Crew Leader Equipment Operator

		oup supervised and the i	-	
Full Time	Part-Time	∭Seasonal/Temp	⊠Volunteer	Contract

# III. EDUCATION, EXPERIENCE, AND EQUIPMENT

		What level of satisfactorily p						ducation do you es to your job:
You Have	You Need							
		Less than H and follow d	-	Diploma o	or equival	ent (G.E.D.)	) (ability to	read, write,
	$\boxtimes$	High School Diploma or equivalent (G.E.D.)						
		Up to one ye	~				_	hool
		Associate de		A.A.) or tv	vo-year te	echnical cer	tificate	
$\boxtimes$		Bachelor's d Other (expla	_					
		Outer (expia	u.i.j.					
		<b>6:</b> What kinds or job at entry !		nce do you	have, and	d what mini	mum kinds o	of experience are
				Type	of Experi	lence		
	You H	<u>ave</u>	Your	Time	:	You Need		<u>Minimum</u> <u>Time</u>
-Equipme	ent Operat	ion	3	years years	Sports Equip	Field,	Maintenance ration	Required  2 years 2 years
			-	years	Buile	ding Mai	nfinance	2 years
a. What fi Landscap Commun Sports Tu	oing ication	ould training o	r degree be	in?				
		UIREMENTS sition. Be spec						required for
Master G	ardner							
		ig responsible l	landscaping	or groundsl	keeping ex	perience		
Colorado	Drivers L	icense						

#### 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.

Less than 25% of the time	25-50% of the time	More than 50% of the time	
6			
	of the time	of the time	

# 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 th	e above	statements	and respo	onses are	accurate a	and complete	to the	best of	my
knowledge.									ŭ

Signed:	K) W	5 (h.c	121 16.61	66		Date:	1. 1. (	17/17/	C ( )
---------	------	--------	-----------	----	--	-------	---------	--------	-------

Please check the appropriate statement:	
I agree with the incumbents' position questionnaire as written	ten.
☐ The above modifications have been discussed with the i agrees with these modifications.	neumbent, and the incumbent
The above modifications have been discussed with the idisagrees with these modifications.	incumbent, and the incumbent
I have noted the modifications made by my supervisor in the	e Comments Section above.
Employee Signature:	Date:
Supervisor Signature:	Date:
Department Head Signature:	Date: 1/6/09
THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. HAS COMPLETED YOUR PORTION OF THE QUESTION QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW,	

DEPARTMENT HEAD.

Page 15 of 15

	·	٧,

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

	ection you will provide information regarding your ervisor, etc. This will help us make sure we refer to
Is this a group questionnaire? X Yes \( \D\) N	To If yes, please list all employee names.
	Johnson, Ryan Dennison
Division: Sports Facilities	Department: Parks + Rec.
For Individual G	uestionnaires Only:
Employee Name: Via (Last)	Michael A. (Middle Initial)
Current Classification Title: Parks E	quipment Operators
Division Sports facilities	
Total Length of Time with organization	$\mathcal{S}_{\text{Years}}$ months
Total Length of Time in Current Position	Years months
Assigned Hours/Week:; from HO to VG	Assigned Days/Week GNY
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 255-9715	Work 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	xou Need			
		Less than High School Diploma o and follow directions)	or equivalent (G.E.D.) (ability to	read, write,
X	X	High School Diploma or equivaler	at (G.E.D.)	
		Up to one year of specialized or to	echnical training beyond high s	school
X		Associate degree (A.S., A.A.) or tw	vo-year technical certificate	
		Bachelor's degree		
		Other (explain):		
		What kinds of experience do you ir job at entry level?  Type	nave, and what minimum kinds	of experience are
				Minimum
	You H	ave Your Time	You Need	Time
Sports Eguipme Buildu	AA*	Maintenance & years  evation & years  ntenance & years	Sports Field Maintenance Equipment Operation Building Maintenance	Required  2 years  2 years  2 years  2 years
a. What fi	ر. .eld (s) sh	ould training or degree be in?	,	:
you to hol	d your po	QUIREMENTS: List any registration osition. Be specific and do not abbrevia		re <b>required</b> for

**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
•	·	,
	-	
	-	
	,	i .
	,	,

## 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	CON.	PMON
<b>≗</b> 4 6	AN CAMPARATACA		. 出 以 少 より いつ。

Does Not Apply

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.

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

# V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

# **EMPLOYEE CERTIFICATION**

I certify that the above statements and responses are accura	ate and complete to the best of my
knowledge.	1
and Allahalla	Date: 12-16-08
Signed: ////////////////////////////////////	Date: // / / / / / / / / / / / / / / / / /
4	

## 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.

<b>Question No.</b>	Comments		* *	•		
		4		2		
	·	- Aline - Breath British per Alex British and Aline		7		***
						±
						V Tamatan's s'err
				annote make the beautiful and the second and the se		
		,			P. Arthur and C. Carrier and C. Carr	

# CITY OF GRAND JUNCTION JOB ANALYSIS GUESTIONAIRE

	is section you will provide information regarding your supervisor, etc. This will help us make sure we refer to
Is this a group questionnaire? 🗵 Yes [	No If yes, please list all employee names.
Mike UIC, Brent Burgess, Terr Bill Johnson.	y williams, Kynn Dennison, RANDY 'oleman,
Division: PARKS	Department: Sports facility
<u>For Individu</u>	al Questionnaires Only:
Employee Name: Burgess  (Jast)	Brent D. (Middle Initial)
Current Classification Title: Equip P	nent operator
Division parks	Department sports Facility
Total Length of Time with organization	Years months
Total Length of Time in Current Positio	n 5 Years months
Assigned Hours/Week:; from % to	Uarics Assigned Days/Week Scales
Email:	Work Phone: 255-97/5
Immediate Supervisor:	Immediate supervisor reports to:
Name: BRUCE HAGEN	Name: ED MORT
Title: crew (eader	Title: Sports Facilities superviser
Work 255 - 9715	Work Phone: 254-3873
FC-mail:	[T-1111 adf •

# III. EDUCATION, EXPERIENCE, AND EQUIPMENT

				try level? Check the level that	
You Have	You Need				
		Less than High and follow direc		or equivalent (G.E.D.) (ab	ility to read, write,
$\square$	$\boxtimes$		oloma or equivale	ent (G.E.D.)	
		-	-	technical training beyond	O
		_		wo-year technical certifica	te
	니	Bachelor's degree Other (explain):	ee		
		outer (explain).			
		C: What kinds of or job at entry level	?	have, and what minimum  of Experience	kinds of experience are
			<u>туре</u>	or experience	
	You H	ave	Your Time	You Need	<u>Minimum</u> <u>Time</u>
_	عوب ا		,		<u>Required</u>
Spor	cts 74	operation Am	7 years 4. 30 years	Sports turt Equipment open	years 2 years
LANDS Ca.	oin 6 st	maintenence	25 years	CAndscaping Amaint	main, 2 years
a. What fi	ield (a) sho ts Turr	ould training or deg	gree be in?	ns, certifications or licenses late words or use acronyms.	
-		ense, master			

#### 2. WORKING CONDITIONS.

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

	Does	Not	Apply
--	------	-----	-------

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)			
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	6		
Hazardous materials (chemicals, blood and other body fluids, etc.)			
Extreme temperatures			
Inadequate lighting			
Work space restricts movement			
Intense noise	<u></u> _		
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			

# V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### ADDITIONAL COMMENTS

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

# **EMPLOYEE CERTIFICATION**

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

Signed:

Date:

12-16-08

Page 13 of 15

•	

# CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONAIRE

name, curre		immediate s		•		-	ation regarding your nake sure we refer to
Is this a gr	oup questionnair	e? 🛛 Yes 🛭	] No	If ye	s, pleas	se list all emplo	yee names.
Burgess - Operator	ams - 16yrs, Mike 7 yrs (Canyon irrigation, fie naintenence)		pment				
	nison - 5yrs, Bil ark, Equipment O		12yrs			····	· · · · · · · · · · · · · · · · · · ·
Division:	Parks			Der	artme	<b>nt:</b> Sports Fa	cility
	<u>F</u>	or Individu	al Que	stion	naires	s Only:	
Employee N	ame:	Dennison			Ry	an .	C
		(Last)		····	(Firs		(Middle Initial)
	ssification Title:	Parks Ed	nninme	nt O	nerator	•	
ONTIONE ONE	sancataon litte.	L CALIB I	anpine	1110	perator		
Division	Sport Facilitie	S		Dep	artmen	<b>it</b> Parks	
	-			······	<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	
, .	·	,					
Total Lengt	h of Time with o	rganization		5	Years	mont	hs
· "· <del></del>			ŀ				
Total Lengt	h of Time in Cur	ent Positio	T1	1	Years	mont	hs
Assigned Ho	ours/Week:; from	1 40 to V	/ARTES		<u> </u>	assigned Days	Week 5 ANY
Email:	,			Wor	k Phone	e: (970) 254-250	)4
31	mmediate Supe	rvisor:		··········	Imme	diate supervi	sor reports to:
Name:	Randy Colen	ian	<del></del>	Na	me:	Eddie Mort	
Title:	Crew Leader			Ti	le:	Parks Supe	rvisor

## III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

You Have	<u> Υοι</u>	<u>ır Time</u>	You Need	<u>Minimum</u> <u>Time</u> Required	
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.)	9		
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)			
Hazardous materials (chemicals, blood and other body fluids, etc.)			
Extreme temperatures			
Inadequate lighting			
Work space restricts movement			
Intense noise			
Travel			
Environmental (disruptive people, imminent danger, threatening environment)			

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

#### **ADDITIONAL COMMENTS**

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

## EMPLOYEE CERTIFICATION

I certify that the above statements and responses are ac	curate and complete to the best of my
knowledge.	
Signed: Signed:	Date: 12/16/08
$\sqrt{\text{Page}/\text{y3}}$ of 15	Fox Lawson & Associates, LLC

Please (	check	the	appropriate	statement:	
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I agree with the i	incumbents' position o	questionnaire as	written.		
The above modi		discussed with	the incumber	nt, and the incumbent	
The above modi		discussed with	the incumbe	nt, and the incumbent	
I have noted the mo	difications made by	my supervisor i	in the Comm	ents Section above.	
Employee Signature:	Kyan Je	warse	Date: _	12/16/08	
Supervisor Signature:	Eld	A	Date:	1-7-09	
Department Head Signature:	Ad Slac		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.