

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

| | |
|--|---|
| Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list all employee names. |
| Cozett Davis | Communications Training Officer |
| Kelly Wilkinson | (CTD) |
| Cindy Casteel | (CTD) |

Division: Dispatch

Department: Police

For Individual Questionnaires Only:

Employee Name:

(Last)

(First)

(Middle Initial)

Current Classification Title:

Division

Department

Total Length of Time with organization

Years

months

Total Length of Time in Current Position

Years

months

Assigned Hours/Week; from **t o**

40 plus hrs per wk - shift work; chge shifts
Assigned Days/Week *every 3 mos.*
** work mandatory overtime*

Email:

Work Phone:

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Name:

Paula Creasy

Title:

Comm Center Supervisor

Title:

Manager

**Work
Phone**

970-244-3649

**Work
Phone:**

244-3640

E-mail:

E-mail:

paulac@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

To provide public safety related services to the citizens of Mesa and adjoining counties (including Grand County, Utah).

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

- 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

| |
|---------------------------------|
| 911 Telecommunicators |
| Communication Training Officers |
| 911 TC Trainees |
| |
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YOUR DIRECT REPORTS' JOB TITLES

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

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

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--------------------|
| Ex: Peers, Subordinates | | |
| All police personnel | daily | daily job function |
| Public Utilities | daily | daily job function |
| Streets, Traffic, Parks | daily | daily job function |
| Fire, EMS | daily | daily job function |
| Engineering | daily | daily job function |
| HR, City Hall | daily | daily job functoin |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--------------------|
| Ex: Vendors, Gen. Public | | |
| Sheriffs Dept | daily | daily job function |
| Citizens of Mesa County | daily | daily job function |
| County Fire and EMS | daily | daily job function |
| County Utilities/AC | daily | daily job function |
| Care Flight | daily | daily job function |
| CSP/FBI/DEA | daily | daily job function |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|----|---|--------------------|---|---|
| 1 | Answering 19 non emergent lines | multiple | Daily | 5 |
| 2 | Answering 10 emergent lines | multiple | Daily | 3 |
| 3 | Dispatching | multiple | Daily | 5 |
| 4 | Fulfilling all requests | multiple | Daily | 2 |
| 5 | Keeping current on policy and procedures | | Daily | 3 |
| 6 | Crime Stoppers | | Select Weekly | 3 |
| 7 | Incident Dispatch Team (training, meetings) | multiple | Monthly | 2 |
| 8 | Training new hires | multiple | Daily | 60 |
| 9 | Teaching new hire academy | multiple | Quarterly | 5 |
| 10 | Acting Supervisor | multiple | Weekly | 5 |
| 11 | Keeping current certifications | multiple | Annually | 5 |
| 12 | Policy Review Committee | multiple | Weekly | 2 |
| 13 | | | Select | |
| 14 | | | Select | |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|--------|---|
| 1 | Ability to multitask (answering phones, typing, creating calls, talking on radio) |
| 2 | Prioritize, assign call types, update dispatchers |
| 3 | Answer multiple lines / prioritize |
| 4 | Interrogate caller, get information as required by policy |
| 5 | Interrogate caller requesting ambulance using the EMD program, reassure caller |
| 6 | NCIC/CCIC - queries, entries, removals |
| 7 | Knowledge of all GJRCC policies and procedures |
| 8 | Knowledge of all user agency policies and procedures |
| 9 | Knowledge of GJRCC radio procedures, operations and troubleshooting |
| 10 | Knowledge of Computer aided dispatching |
| 11 | Knowledge of Mapping program (ATM) |
| 12 | Knowledge of EMD / ProQA - usage, procedures and policies |
| 13 | Crime Stoppers Tip Soft software |
| 14 | Cop Link software |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|------------------------|------------------|---------------------------|--------------------------------------|
| <i>Cozette Davis</i> | <i>5</i> years | High School Diploma / GED | years |
| <i>Cindy Castiel</i> | <i>8</i> years | | years |
| <i>Kelly Wilkinson</i> | <i>10</i> 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.

Current certifications in CPR, Emergency Medical Dispatch, NCIC/CCIC, APCO CTO, CDL (if required for IDT)

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|-------------|---|----------------|
| 1,2,3,4,5 | Vesta phone computer | daily |
| 6,7,13,14 | Internet/NCIC CCIC computer | daily |
| 1,7,8,9 | Motorola/Centracom radio computer | daily |
| 1,2,5,6,7,8 | CAD computer | daily |
| 10,11,12 | CAD Computer | daily |
| 6 | FAX | daily |
| 7 | Communications truck and associated equipment | monthly |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. Threat to life and/or property
 - 2. Responder safety
 - 3. Making decisions on how to handle unstable subjects by using proper verbage

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. | 0--Never | 0--Not Important | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 4--Weekly | 1--Somewhat Important | 1, 2, 3 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | 0--Not Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 2--Quarterly | 1--Somewhat Important | 1, 2, 3 |
| Crawling: Moving about on hands and knees or hands and feet. | 2--Quarterly | 1--Somewhat Important | 1, 2, 3 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 1--Somewhat Important | 1, 2, 3, 4, 8, 10 |
| Standing: Particularly for sustained periods of time. | 0--Never | 0--Not Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | 0--Not Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 0--Never | 0--Not Important | |

| | | | |
|--|----------|------------------------|------------------------------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | 0--Not Important | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | 1, 2, 3, 4 6, 7, 8, 9, 10 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 11 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | 0--Not Important | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | 1, 2, 3, 4 6, 7, 8, 9, 10 |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | ALL |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 3--Extremely Important | ALL |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily | 3--Extremely Important | ALL |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | ALL |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 3--Extremely Important | ALL |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm | 0--Never | 0--Not Important | |

| | | | |
|---|----------|------------------|--|
| 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. | 0--Never | 0--Not Important | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | 0--Not 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. | 0--Never | 0--Not Important | |

2. WORKING CONDITIONS.

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

☒ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

Because we rotate through consoles on a daily basis it is difficult to assign percentages of times to essential duties. For instance as a call taker you are answering phones more than talking on the radio whereas a dispatcher you are talking on the radio more than the phone. In addition as a trainer you can be training on any of the consoles again making it difficult to assign percentages.

EMPLOYEE CERTIFICATION

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

Signed: _____

[Handwritten Signature]
[Handwritten Name: Cory Casteel]

Date: 12.30.08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|----------|
| | |
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Please check the appropriate statement:

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

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

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

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

Employee Signature:

*Deeann
Cindy Casteel Cozy Davis*

Date:

12/31/08

Supervisor
Signature:

[Signature]

Date:

12/22/08

Department Head
Signature:

[Signature]

Date:

1/12/2009

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Division: Communications Center

Department: Police

For Individual Questionnaires Only:

| | | | |
|-----------------------|---------|---------|------------------|
| Employee Name: | Lindsay | Beverly | J |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Telecommunicator, Communications Training Officer (CTO)

| | | | |
|-----------------|-----------------------|-------------------|--------|
| Division | Communications Center | Department | Police |
|-----------------|-----------------------|-------------------|--------|

Total Length of Time with organization 25 Years 4 months

Total Length of Time in Current Position 25 Years 4 months

Assigned Hours/Week; from 1500 to 2330 **Assigned Days/Week** 5

Email: Bevl@gjcity.org

Work Phone: 970 242-8206

Immediate Supervisor:

Immediate supervisor reports to:

Name: Glen Klaich

Name: Paula Creasy

Title: Communications Center Supervisor

Title: Communications Center Manager

Work Phone 970 244-3649

Work Phone: 970 244-3640

E-mail: Glenk@gjcity.org

E-mail: PaulaC@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.

Answer 911 emergency and non-emergent lines. Dispatch Police, Fire and EMS personnel to calls for service. Check wanted and drivers license information through a State and National computer data base. Train new employee's on Policy and Procedures and provide on the job training to apply the policies and procedures of all agencies we dispatch for.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

| |
|------------|
| Dispatcher |
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| |
| |
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YOUR DIRECT REPORTS' JOB TITLES

| |
|------------|
| Supervisor |
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| |
| |
| |

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

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

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|---|
| Ex: Peers, Subordinates | Daily | Day to Day operations, training new employees |
| Supervisors | Daily | Day to Day operations |
| Police Officers | Daily | Dispatch to calls to provide Customer Service |
| Fire Fighters | Daily | Dispatch to calls to provide Customer Service |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|---|
| Ex: Vendors, Gen. Public | | |
| Deputy Sheriff | Daily | Dispatch to calls to provide Customer Service |
| Palisade Poice | Daily | Dispatch to calls to provide Customer Service |
| Fruita Police | Daily | Dispatch to calls to provide Customer Service |
| Utility Companies | Daily | Advise of problems they need to address/assist on |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|----|---|---|---|---|
| 1 | Answer emergent phone lines | Create or not to create calls for service. Provide customer service. | Daily | 20 |
| 2 | Answer non-emergent phone lines | Create or not to create calls for service. Provide customer service | Daily | 20 |
| 3 | Ask Pre-Arrival Medical Questions | Assist citizens in providing pre-arrival instructions to patients | Daily | 5 |
| 4 | Dispatch Police Officers | Send Officers to calls to provide customer service | Daily | 5 |
| 5 | Dispatch Fire Apparatus | Dispatch Fire apparatus to calls for service. | Daily | 5 |
| 6 | Dispatch Ambulances | Dispatch Ambulances to calls for service | Daily | 5 |
| 7 | Type on a Computer Aided Dispatch Computer | Create calls for service | Daily | 10 |
| 8 | Type on a State and National Computer | Check persons for wanted status and valid drivers licenses. Make entries as needed. | Daily | 5 |
| 9 | Type up Daily Observation Reports of Trainees | Evaluate the trainees progress through daily operations | Daily | 5 |
| 10 | Review Policy and Procedures with trainees | Make sure they are following established policies and procedures | Daily | 5 |
| 11 | Communicate clearly and concisely | Airing calls for service in terms Officers/Fire Fighters clearly understand | Daily | 5 |

| | | | | |
|----|-------------------|--|--------------|---|
| 12 | Write clearly | Describe trainee progress, when training a new employee. Paint a picture of their progress | Occasionally | 5 |
| 13 | Acting Supervisor | Provide support to employees when needed | Occasionally | 5 |
| 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 | Ask appropriate questions, in an emergent situation, follow established policy and procedures. |
| 2 | Ask appropriate questions, in a non-emergent situations, follow established policy and procedures |
| 3 | Follow computer program of questions to provide pre-arrival instructions of medical calls |
| 4 | Talk on a Radio frequency to send Officers to calls for service, following policy and procedure |
| 5 | Tone out Fire apparatus, on a radio frequency, to send units on calls for service. |
| 6 | Tone out Ambulances, on a radio frequency, to send units on calls for service. |
| 7 | Type in an incident initiate screen to create calls for service. |
| 8 | Type in a computer program for State/National computers to check wanted status and valid drivers status. Also make entries as needed for runaways and stolen vehicles. |
| 9 | Fill out forms for documentation of a trainees activities following established policy and procedures on a daily basis, when assigned to a trainee. |
| 10 | Continually review policy and procedures with trainees during the shift. |
| 11 | Ability to speak clearly and concisely when communicating with employees or citizens. |
| 12 | Ability to write clearly and paint a picture of a trainees progress while in the training program. |
| 13 | Provide support to employees when needed. |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain): 2 years of College without a degree |

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|------------------------|-------------------------|------------------------|---|
| Multi-tasking skills | 25 | years | years |
| Typing/Computer skills | 25 | years | years |
| Talking on Radio | 25 | years | years |

a. What field (s) should training or degree be in?
Typing at least 30 words per minute

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 | Phone system | daily/8 hours/day |
| 2 | Phone system | daily/8 hours/day |
| 3 | Computer program for Medical pre- arrival instructions | daily/8 hours/day |
| 4 | Radio equipment on correct radio frequency | daily/8 hours/day |
| 5 | Radio equipment on correct radio frequency | daily/8 hours/day |
| 6 | Radio equipment on correct radio frequency | daily/8 hours/day |
| 7 | Computer Aided Dispatch computer | daily/8 hours/day |
| 8 | Colorado Crime Information Computer | daily/8 hours/daily |
| 9 | Type in a computer program of trainees daily observation | daily/8 hours/day |
| 12 | Type in a computer program to document trainee progress | daily/8 hours/day |
| | | |
| | | |
| | | |

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. Judge how a trainee is progressing in the training program.

2. How to assist a trainee struggling in parts of the training process.

3. How to assist a citizen when calling for direction on a perceived problem.

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. | 0--Never | 0--Not Important | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 0--Never | 0--Not Important | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | 0--Not Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | 0--Not Important | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 2--Very Important | |
| Standing: Particularly for sustained periods of time. | 0--Never | 0--Not Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 1--Somewhat Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | 0--Not Important | |
| Pulling: Using upper extremities to exert force in | 0--Never | 0--Not Important | |

| | | | |
|--|----------|------------------------|--|
| order to draw, drag, haul or tug objects in a sustained motion. | | | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | |
| Grasping: Applying pressure to an object with the fingers or palm. | Select | Select | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | 0--Not Important | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 3--Extremely Important | |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 3--Extremely Important | |
| 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 | Select | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 2--Very Important | |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 0--Never | 0--Not Important | |

| | | | |
|---|----------|------------------|--|
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | 0--Not 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. | 0--Never | 0--Not Important | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Bee Kindoay Date: 12-30-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|----------|
| | |
| | |
| | |
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Please check the appropriate statement:

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

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

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

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

Employee Signature: _____

Date: _____

Supervisor
Signature: _____

Date: 12/23/06

Department Head
Signature: _____

Date: 1/12/2007

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Division: Communication Center

Department: Police Department

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Moody | Sabrina | L |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: 911 Telecommunicator

| | | | |
|-----------------|----------------------|-------------------|-------------------|
| Division | Communication Center | Department | Police Department |
|-----------------|----------------------|-------------------|-------------------|

Total Length of Time with organization 9 Years 3 months

Total Length of Time in Current Position 9 Years 3 months

Assigned Hours/Week:: from 2100 t o 0730 **Assigned Days/Week** 4

Email: sabrinam@gjcity.org

Work Phone: 970-242-2522

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tom Holman

Name: Paula Creasy

Title: Communication Center Supervisor

Title: Communication Center Manager

Work Phone 970-244-3649

Work Phone: 970-244-3640

E-mail: tomh@gjcity.org

E-mail: paulac@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

To answer all incoming emergent and non-emergent calls. Dispatch all fire, EMS, and law enforcement agencies in Mesa County except State Patrol. Monitor and talk on radio channels. Knowledge and ability to use several different computer systems. Often deal with emotional and abusive callers.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

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

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

YOUR COWORKERS' JOB TITLES

| |
|------------|
| Dispatcher |
| |
| |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------|
| None |
| |
| |
| |
| |
| |
| |
| |

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

☐ Full Time

☐ Part-Time

☐ Seasonal/Temp

☐ Volunteer

☐ Contract

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

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|------------------------------|--|
| Ex: Peers, Subordinates | | |
| Dispatchers | Daily | Function of daily job |
| 911 Supervisor | Daily | Function of daily job |
| Police Officer | Daily | Function of daily job |
| Firefighters/EMT's | Daily | Function of daily job |
| City Maintenance workers | Occasionally/ possibly daily | Request response due to utility problems |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------------------------|------------------------------------|
| Ex: Vendors, Gen. Public | | |
| General Public | Daily | Function of daily job |
| Sheriff's Deputies / Marshalls | Daily | Function of daily job |
| Utilities | Occasionally/possibly daily | Request/advise of utility problems |
| | | |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|----|-----------------------------------|---|--|--|
| 1 | Answer 911 and non emergent calls | Answer phones when they ring/prioritize urgency of calls | Daily | 100 |
| 2 | Monitor/Talk on Radio Channels | Dispatch pending calls for service/ answer units calling on radio | Daily | 100 |
| 3 | Operate several computers/systems | Track and manipulate units on computer/create calls for service | Daily | 100 |
| 4 | | | Select | |
| 5 | | | Select | |
| 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 | Ability to use computer, keyboard and mouse. Must be able to hear and understand what callers are reporting to assess how we will be able to help. |
| 2 | Ability to hear radio traffic on radio channel. Ability to listen and monitor other radio channels simultaneously. Ability to hear and understand officers, firefighters and EMT's on radio. Ability to speak clearly and calmly to dispatch and update responders to calls for service. |
| 3 | Ability to type at a speed to keep up with radio traffic and callers. Ability to learn several computer systems and be able to monitor all systems simultaneously. |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|-----------------------------|------------------|-----------------|------------------------------|
| Waitressing | 7 | years | years |
| Office Work/Typing/Computer | 2 | years | years |
| EMT/Firefighting | 5 | years | years |

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

Training with computers and answering multiple phone lines. Any multi-tasking experience is helpful.

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.

We need CPR (cardio pulmonary resuscitation) certification. We need Emergency Medical Dispatch certification.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--------|----------------------------|----------------|
| 1 | Computers/ Phones/ Radios | 100 |
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5. DECISION-MAKING & JUDGMENTS.

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

1. Prioritizing urgency of calls for service. Using judgement whether or not a call should be made or referred to another agency/department.

2.

3.

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. | 0--Never | 0--Not Important | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 0--Never | 0--Not Important | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | 0--Not Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | 0--Not Important | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 3 |
| Standing: Particularly for sustained periods of time. | 0--Never | 0--Not Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | 0--Not Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | 0--Not Important | |
| Pulling: Using upper extremities to exert force in | 0--Never | 0--Not Important | |

| | | | |
|--|----------|------------------------|---------|
| order to draw, drag, haul or tug objects in a sustained motion. | | | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | 2 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 2--Very Important | 3, 2, 1 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | 0--Not Important | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 2--Very Important | 3, 2, 1 |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | 3, 2, 1 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 3--Extremely Important | 3, 2, 1 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily | 3--Extremely Important | 3, 2, 1 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 3, 2, 1 |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 3--Extremely Important | 3, 2, 1 |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 5--Daily | 2--Very Important | 3 |

| | | | |
|---|----------|--------|--|
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | Select | |
| 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. | 0--Never | Select | |
| 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. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed:

Sabrina Moody

Date:

12/30/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

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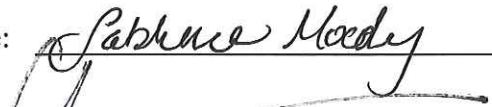

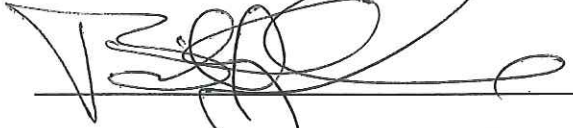
Please check the appropriate statement:

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

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

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

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

| | | | |
|----------------------------|---|-------|------------------|
| Employee Signature: |  | Date: | <u>10/31/08</u> |
| Supervisor Signature: |  | Date: | <u>12/30/08</u> |
| Department Head Signature: |  | Date: | <u>1/12/2009</u> |

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