

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.
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Bob Culver	Jeff Davis
Rich Roguemore	Suzette Friedenberger
Robert Fisher	

Division: _____ **Department:** _____

For Individual Questionnaires Only:

Employee Name: _____
(Last)
(First)
(Middle Initial)

Current Classification Title: _____
Police Corporal

Division Patrol **Department** Police

Total Length of Time with organization 18 Years 7 months

Total Length of Time in Current Position 3 Years _____ months

Assigned Hours/Week;: from 40 to 60 **Assigned Days/Week** varied

Email: bobc@gjcity.org **Work Phone:** 970-244-3558

Immediate Supervisor:

Immediate supervisor reports to:

Name: David Stassen **Name:** Andy Martinez

Title: Sergeant **Title:** Commander

Work Phone 970-244-3558 **Work Phone:** 970-244-3558

E-mail: Davest@gjcity.org **E-mail:** Andym@gjcity.org

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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>
Patrol	13 years	Patrol	4 years
Investigations	4.5 years	Investigations	1 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.

Basic Police Officer Certificate
Valid Deiver's License

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: Bob Culver Date: 12-19-08

Supervisor Signature: [Signature] #91-3 Date: 12-22-08

Department Head Signature: [Signature] Date: 12-22-08

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.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Patrol	6 years	Patrol	4 years
	years		years
	years		years

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

Should be certified through Colorado Peace Officers Standardized Training.

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 Certified Peace Officer Standardized Training.

Please check the appropriate statement:

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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: S. Seidenberger Date: 12.20.08
Supervisor Signature: [Signature] 91-3 Date: 122208
Department Head Signature: [Signature] Date: 12-22-08

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

Rich Roquemore

Robert Fisher

Bob Culver

Division: Patrol

Department: Police

For Individual Questionnaires Only:

Employee Name: Fisher Robert J
(Last) (First) (Middle Initial)

Current Classification Title: Corporal

Division patrol **Department** Police

Total Length of Time with organization 5 Years 10 months

Total Length of Time in Current Position Years 11 months

Assigned Hours/Week::; from 1400 t o 2330 **Assigned Days/Week** 4

Email: robertf@gjcity.org **Work Phone:** 970-683-3424

Immediate Supervisor:

Immediate supervisor reports to:

Name: Lonnie Chavez **Name:** Paul Quimby

Title: Sergeant **Title:** Commnader

Work Phone 970-683-3371 **Work Phone:** 970-244-3606

E-mail: lonniec@ci.grandjct.co.us **E-mail:** paulq@ci.grandjct.co.us

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
16	years	5	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.


Please check the appropriate statement:


I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature:  Date: 12-19-08

Supervisor Signature:  #91-3 Date: 12-22-08

Department Head Signature:  Date: 12-22-08

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
13	years	5	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.




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Supervisor Signature:		Date:	<u>12-22-08</u>
Department Head Signature:		Date:	<u>12-22-08</u>

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

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>
13	years	5	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.

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

Signed:  Date: 12-19-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. 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
3 - 1	I Have An M.P.A. Degree In Public Administration

Please check the appropriate statement:

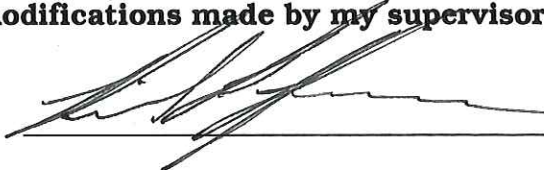
I agree with the incumbents' position questionnaire as written.

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

Employee Signature:



Date:

12-19-08

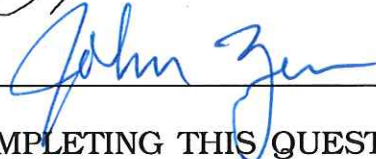
Supervisor
Signature:

 #91-3

Date:

12-22-08

Department Head
Signature:



Date:

12-22-08

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

Rich Roquemore Jeff Davis

Robert Fisher Suzette Friedenberger

Bob Culver _____

Division: Patrol **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** _____ **Assigned Days/Week** _____

Email: _____ **Work Phone:** _____

Immediate Supervisor: _____ **Immediate supervisor reports to:** _____

Name: _____ **Name:** _____

Title: _____ **Title:** _____

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.

Serves as a lead worker and as an assistant to Police Sergeants, Police Commanders, and/or civilian Police Managers, providing leadership, training, direction, guidance, and mentorship to Police Officers and Police Recruits. Additionally, the Police Corporal assumes the duties of a Police Sergeant in the absence of a Police Sergeant or Police Commander at an incident or for a shift or multiple shifts. Much of this work is performed during emergency conditions in a dynamic and rapidly changing environment, which frequently involves considerable personal hazards and critical thinking skills.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	5-7
<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).	5-7
<input checked="" type="checkbox"/>	I make work assignments for others.	5-7
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	5-7
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	5-7
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	5-7
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	5-7

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

Police Officer
Police Corporal
Police Sergeant
Police Service Technician
Police Records Technician
Telecommunicators

YOUR DIRECT REPORTS' JOB TITLES

Police Officer
Police Service Technician

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

- Full Time 5-7
 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		
Firefighters	Daily	Medical Assists
Code Enforcement	Quarterly	Joint Investigations
Street Workers	Monthly	Accident/Road Issues
Municipal Court Clerk	Montly	Court Trials, Subpoenas, other
Dispatch	Daily	Police Calls for service

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Medical Professionals	Daily	Mental Health & Health related Issues
Sheriff's Deputies	Weekly	Law Enforcement related activities
Academy Director	Monthly	Academy Training
Media	Weekly	Press Release Information
General Public	Daily	Law Enforcement related issues/Citizen Complaints
District Attorney's Office	Monthly	Assist in trial preperation and court testimony

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>	M	25%
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	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	Field training and direct supervision of Police Recruits	Conducts all required on the job training to new Police Recruits ensuring all necessary laws, rules, regulations and policy are conducted in a satisfactory manner.	Quarterly	5
2	Employee training & mentoring of Police Officers	Administer on a needed or directed basis training, guidance and/or mentoring of officers in daily duties to ensure appropriate decisions are made on arrests, detentions, crime reporting, etc.	Daily	15
3	Supervision and leadership of Police Officers and Police Service Technicians in the field	Direct and assign Police Officers or Police Service Technicians as needed and ensure correct actions are being taken at crime calls, accidents, on arrests and detentions	Daily	15
4	Provide Police Academy Recruit Training	Conduct basic police related training to new Police Academy Recruits and ensure Academy Recruits are performing to established standards of performance.	Quarterly	5

5	Review Police Officer & Police Service Technician Reports	Review, approve and evaluate police reports prepared by Police Officers to ensure they meet Department standards as well as legal requirements.	Weekly	5
6	Conduct or assist in the investigation or performance of complex police related duties, which include the investigation of criminal, non-criminal and traffic related issues. Often assistance is provided to junior or other Police Officers to assist them in the correct application of law, or to ensure the necessary and correct police action is taken.	Review, approve, and evaluate Police Officer decisions	Daily	15
7	Perform police related activities to include the investigation of criminal, non-criminal and traffic related issues. Often Police Corporals will be instructed to handle the more complex of these duties based upon their senior experience, judgement, and training.	Decisions included are those of how to proceed with an issue, if arrests are warranted, warrants are necessary, or if a civil type action is required.	Daily	15
8	Performs routine media requests in the field and in the absence of a Police Sergeant.	Provide correct, accurate information to the media that is within Department policy and compliance with federal law.	Weekly	2.5
9	Ability to organize, communicate & lead team activities.	Often times this requires the direction of personnel at crime scenes in which assignments must be made and communicated effectively and effectively while maintaining effect relationships with subordinates and supervisors even in dangerous and hazardous conditions.	Daily	10
10	Above average understanding and ability to write police reports.	Use of proper grammar, sentence structure, spelling and the requirements of detail in police reports.	Daily	10
11	Organize beat related projects.	Make determinations of effective strategies to take corrective police problem solving and community relations actions in a given beat and head those actions.	Quarterly	2.5
12			Select	

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

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
1	Firm and complete understanding and ability to teach officer safety practices, criminal law, criminal procedure, criminal investigation, police report writing, traffic investigation, patrol tactics, and other police related duties such as verbal communication.
2	Ability to effectively communicate with Police personnel in order to ensure ideas are expressed properly to enhance the performance of Police Officers, Police Service Technicians, and/or Police Recruits.
3	Ability to lead, manage, and organize personnel and make decisions as to the proper procedures and equipment needed in problem solving of complex tactical situations, investigations both criminal and non-criminal, crowd control, disturbances, and traffic related issues.
4	Advanced knowledge in police procedures, tactics, legal issues and procedures. May also include specialized skills in firearms, defensive tactics, driving, report writing, investigation, interview and interrogation, and communication.
5	Requires a clear understanding of police procedures, police use of force, criminal law, criminal procedure, and department policy. This area also requires the ability to problem solve and to take and make corrective action.
6	Clear understanding and grasp of police procedures, police use of force, criminal law, criminal procedure, and department policy to a degree these subjects can be instructed. This area also requires the ability to problem solve and to take and make corrective action.
7	Superior organizational, leadership, and management skills are needed in this area to complete, lead, direct and make decisions on police related matters to include investigations both criminal and non-criminal, traffic related issues and investigations as well as other police related duties both hazardous and non-hazardous.
8	Requires an above average knowledge of Department policy and federal guidelines for the release of information.
9	Requires above average verbal, written and radio communication skills as well as a firm understanding of police procedures, Department policy, legal procedures, criminal law, civil

	law and most importantly an understanding of group dynamics and leadership principals.
10	Requires an understanding of police reports to the point of being able to instruct and correct them.
11	A complete understanding of community oriented policing, police problem solving and

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) |
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| <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>
	years		5 years
	years		years

years

years

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

Criminal Justice, Law, Police Science, Communication

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

Basic Police Officer Certification

Valid Driver's License

CPR/Basic First Aid

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
1-7	Pistol/Shotgun/Rifle	Daily/15%
1-7	Police Car	Daily/20%
1-7	Police Radio	Daily/20%
1-7	Computer (powerpoint, wordprocessing, excel, Mobil data, internet)	Daily/20%
1-7	Straight Baton/Expandable Baton	Daily/5%
1-7	Handcuffs	Daily/15%
1-7	Chemical Munitions (hand deployed/weapon deployed)	Daily/5%
	TAZOR	

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. Assessment of Police Officer decisions of arrests, detentions, search and seizures and their overall work performance, which is related to the Sergeant for performance evaluations. Many of these assessments are conducted during rapidly changing and fluid circumstances under hazardous conditions.

2. Assignment of personnel at crime scenes and organization of work assignments during the course of day to day police operations, many of which occur in rapidly changing and fluid circumstances under hazardous conditions.

3. Assessment of information in the determination of arrests, detentions, search and seizures, and the reporting of criminal and non-criminal information, often times under hazardous and rapidly changing circumstances and environments.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

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

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

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	4--Weekly	3--Extremely Important	1-7
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	3--Monthly	3--Extremely Important	1-7
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.	1--Annually	2--Very Important	1-7

2. WORKING CONDITIONS.

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

Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

The position of Police Corporal requires a significant degree of experience and the ability to make complex and difficult decisions in a short time frame under both individual hazardous conditions and conditions hazardous to groups of people. Often these decisions impact a work group who is being lead or directed at the discretion of the Police Corporal and can involve life and death or the removal of an individual's civil liberties. The ability to communicate appropriately, think clearly under stress and to take clear decisive action is required with an understanding of the importance of working as a group and in a group setting.

EMPLOYEE CERTIFICATION

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: *D. Stassen / Sgt.* Date: *12-22-08*

Department Head Signature: *[Signature]* Date: *12-22-08*

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.