





## **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.

Manage and insure profitability for each Concession Stand operated by Two Rivers Convention Center by efficiently supervising a staff of Seasonal Part-time employees, administering a budget for Canyon View and Lincoln Park Concession Stands and maintaining adequate inventory levels while providing unsurpassed customer service.



**2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.**

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	15
<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).	15
<input checked="" type="checkbox"/>	I make work assignments for others.	15
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	15
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	15
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	6
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

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

**YOUR COWORKERS' JOB TITLES**

General Manager
Banquet Manager
Banquet Captain
Accounting Clerk
Administrative Clerk
Executive Chef
Set-up/Building Maintenance Supervisor and Staff

**YOUR DIRECT REPORTS' JOB TITLES**

Concession Staff

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

- Full Time       Part-Time       Seasonal/Temp 15       Volunteer       Contract





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

**1. Inside your organization (other City Departments):**

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Parks and Recreation Supervisors and Staff	Daily	Maintaining Concession Stands at Canyon View and Lincoln Parks/ Borrowing and lending of equipment
Peers and Subordinates	Daily	Running Concession Stands at Canyon View and Lincoln Parks
HR Coordinators	Weekly	Staffing Questions/Risk Management regarding injuries
Purchasing	Yearly	Concession Food and Beverage Contracts
TRCC Supervisors and Staff	Daily	Banquet Serving/Set-Up/Clean-Up
Parks and Recreation Leisure Service Representatives	Weekly	Game Schedules for Canyon View, Lincoln, Columbine, Kronkright Parks, Coordination of Events at parks

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Outside food vendors	weekly	Ordering and delivering of ordered food products
Outside beverage vendors	weekly	Ordering and delivering of ordered food products
General Public	Daily	Running concession Stands at various parks
School District Athletic Director	weekly	Coordinating times and appropriate teams for Concession Stand hours at various parks
Mesa State Athletic Director	weekly	Coordinating times and appropriate teams for Concession Stand hours at various parks
Mesa County Health Department	Quarterly	Health Department Inspections

**3. ESSENTIAL DUTIES.**

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

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

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

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

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need





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

**Attach additional sheets if necessary.**

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

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b> (Not to exceed 100%)
1	Schedules Staff	Which staff to assign, how many staff to schedule, how many hours to use	Weekly	15
2	Order Supplies	What to order, How much to order, which supplier has the best price	Weekly	5
3	Maintains Inventory	What is on hand and in which location, transfer items between locations	Daily	15
4	Creates Reports to determine which items are selling, which locations are most profitable, which events are most profitable and to determine how much we are spending on both raw materials, goods and staff related costs	Which reports are due to whom and when	Daily	10
5	Manages Cash	When to count and deposit cash from each event/location	Daily	05
6	Customer Service	What is proper protocol	Daily	10
7	Sales		Daily	10
8	Food Handling	What are proper and acceptable procedures	Daily	05



9	Event Planning	Which venues to use, how many staff to assign, what vendors to contact, how many days will be necessary, and what is the cost.	Annually	05
10	Recruiting	Who to hire, when to hire, how many staff are necessary	Quarterly	5
11	Training Meetings	Assess ability level for each employee assigned to my team for each station in the Concession Stand	Monthly	10
12	Development of Concession Budget	How much was made in revenue, how much were costs and do they balance	Annually	05
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 - 4	Basic knowledge of operating office equipment - phone, computer, fax, copier, calculator
1 - 4	Inventory Management, Customer Service
1 - 12	Must know current city policies
1 - 4	Excel Spreadsheets, MS Word
1 - 12	Ability to Communicate with others clearly both written and orally
1 - 12	Customer Service



2, 6, 7, 9, 11, 12	Retail Sales Experience, Customer Service Experience
8	Food Handling Class Completion
1 - 12	Ability to make quick decisions
1 - 12	Management skills; oversee employees and delegate assignments
1 - 12	Relationship Building

### **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:

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

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

#### **Type of Experience**





<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Supervisory Experience	2 years	Supervisory Experience	1 years
Concession/Food Handling	2 years	Concession/Food Handling	1 years
Customer Service/Sales	10 years	Customer Service/Sales	1 years

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

Sales, Customer Service, Food Service, Management, Hospitality

**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.

Health Department Food Handlers Safety Card



**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.

<b>Duty #</b>	<b>Machines, Tools, Equipment</b>	<b>Frequency/Time</b>
1, 2, 4, 12	Computer	Weekly/2 Hours
1, 2	Phone/ Computer/ Copier/ Fax	Weekly/3 Hours
3	Phone/ Computer/ Copier/ Fax	Weekly/2 Hours
4, 5, 12	MS Office Software	Weekly/3 Hours
5	Calculator	Weekly/ 4 Hours
6, 7, 8	Grill/ Soda Fountain/ Freezer/ Refrigerator/ Warmer/ Toaster Oven/ Coffee Maker/ Hot Chocolate Maker/ Nacho Cheese Machine	Weekly/ 20 Hours
3, 6, 7, 9, 10	City Truck or Van	Weekly/ 2 Hours
6, 7, 8	Cash Safe	Weekly/ 4 Hours
1 -12	Multitasking	Weekly/ 30 Hours
1 - 12	Communication between myself and those in authority over me and with those to whom I have authority over	Weekly/ 20 Hours

**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. Employee Job Performance as it relates to competency at each station within the Concession Stands. Each employee must be trained and competent at each assignable station within the Concession Stand. This requirement allows for efficient customer service, employee safety and proper assignment of duties.

2. Inventory Decisions relating to how many items necessary on hand and also what items to order from which vendor. It is also imperative that the appropriate stock quantities are maintained at all times. Each vendor offers different items and it is paramount that orders are placed accurately and in a timely manner.

3. Sales and Customer Service decisions as to which and how many satellite stands to open and when. Each event is unique and must be treated as such. Staffing decisions are made based on attendance at that same event from prior years. When the event is properly staffed, sales numbers and customer satisfaction increase.



## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

#### Frequency

#### Importance

**How frequently is the activity performed?**

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

0 – Never

1 – Annually

2 – Quarterly (at least 3 per year)

3 – Monthly (at least 8 per year)

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

0 – Not Important

1 – Somewhat Important

2 – Very Important

3 – Extremely Important

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	4--Weekly	1--Somewhat Important	stocking, selling, merchandising
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	3--Extremely Important	Walking to inspect concessions activity and flow of service
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	4--Weekly	3--Extremely Important	stocking, selling, merchandising
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	4--Weekly	3--Extremely Important	stocking, selling, merchandising
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	4--Weekly	3--Extremely Important	stocking, selling, merchandising
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	1--Annually	1--Somewhat Important	stocking, selling, merchandising
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	4--Weekly	3--Extremely Important	stocking, selling,





			merchandising
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	selling, stocking merchandising, supervising
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	selling, stocking merchandising, supervising
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	stocking, merchandising, selling,
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	stocking, merchandising, selling
<b>Fingering:</b> 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	scheduling, computer skills, cash register, e-mail
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	selling
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	merchandising, selling, stocking
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	grilling/food prep and storage
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	selling, customer service, supervising
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	selling, customer service, supervising
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered 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	5--Daily	3--Extremely Important	selling, customer service, supervising, merchandising, stocking



point) and color vision (ability to identify and distinguish colors).			
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	Cash Register use, Cash Handling, food prep, Computer Use
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	4--Weekly	3--Extremely Important	Computer Work
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	3--Extremely Important	Selling, Merchandising, stocking
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	Selling, Merchandising, Stocking
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	3--Monthly	2--Very Important	Merchandising, Stocking
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	n/a





**2. WORKING CONDITIONS.**

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

**Does Not Apply**

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

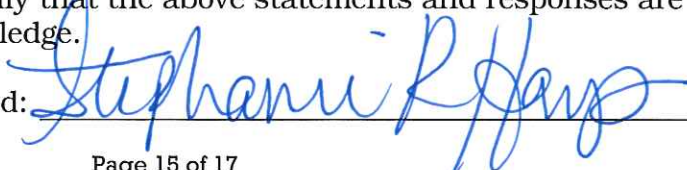
**V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES**

**ADDITIONAL COMMENTS**

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

**EMPLOYEE CERTIFICATION**

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

Signed:  Date: 1-24-09





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

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

<b>Question No.</b>	<b>Comments</b>



**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: Stephanie R. Hayes Date: 1-24-09

Supervisor Signature: Shelley Chapman Date: 1-23-09

Department Head Signature: Debbie Kovalik Date: 1-21-09

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

