

# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

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

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

**Department:** Public Works and Planning

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Williams	Ivy	W
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Development Services Supervisor

<b>Division</b>	Planning	<b>Department</b>	Public Works and Planning
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**Total Length of Time with organization** 21 Years 9 months

**Total Length of Time in Current Position** 1 Years 10 months

**Assigned Hours/Week::** from 8 to 5 (Night meetings as required) **Assigned Days/Week** 5 M-F

**Email:** ivyw@gjcity.org

**Work Phone:** 970-244-1446

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Lisa Cox

**Name:** Tim Moore

**Title:** Planning Manager

**Title:** Director

**Work Phone** 970-244-1448

**Work Phone:** 970-244-1557

**E-mail:** lisac@gjcity.org

**E-mail:** timm@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 supervise, assign, review and participate in the work of staff responsible for the Planning Division services and activities including the development, implementation, and modification to City plans and regulations; to ensure work quality and adherence to established policies and procedures; and to perform the more technical and complex tasks relative to assigned area of responsibility. The goal of the position is to ensure efficient processes resulting in excellent customer service and a positive image to internal and external customers

## 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.	7
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	1
<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).	18
<input checked="" type="checkbox"/>	I make work assignments for others:	8
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	8
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	17
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	5+
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	5+

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

### YOUR COWORKERS' JOB TITLES

Planning Services Supervisor
Principal Planner

### YOUR DIRECT REPORTS' JOB TITLES

Planning Technician (6)
Administrative Assistant(1)
Planning Intern(1)
Planning Commission Clerk (1)

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

☒ Full Time 7      ☐ Part-Time      ☒ Seasonal/Temp 1      ☐ Volunteer      ☒ Contract 1

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		
City Administration	Quarterly	Infill/Redevelopment program
Attorneys	Weekly	Advice - Code interpretation
Customer Service Supervisor	Weekly	Collaboration of service provision
City Clerk	Weekly	City Council Agenda - Granicus administration
City Surveyor	Weekly	Annexation coordination and project review
City Fire and Police	Weekly	Problem solving and project review

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Utilities	Monthly	Easement and other project review questions
Mesa County	Weekly	Permit and project review questions
Irrigation Companies	Quarterly	Easement/trail issues and project review issues
Housing Authority	Monthly	Infill/Redevelopment questions/issues
Developers	Weekly	Project submittal processes/project review
Postal handler	Quarterly	Mailing issues

**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
<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>

	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	Monitor and evaluate the efficiency and effectiveness of service delivery methods and procedures	Cross Training needs; necessary reports	Weekly	10
2	Plan, direct, coordinate and review the work plan for assigned staff	Evaluation of workload equity	Daily	20
3	Assign work activities, projects and programs	Workload equity and expertise.	Daily	5
4	Select, mentor and evaluate assigned personnel and provide input on evaluations for unassigned personnel.	Decide appropriate training and recommend hire and fire decisions	Monthly	10
5	Participate in code administration by interpreting City ordinances, zoning and development codes and Federal and State regulations and in proper record keeping regarding development in the community, researching same in other communities.	Determining whether interpretation meets with City Council goals and objectives or whether a change should be recommended.	Daily	10
6	Prepare and provide information, education to city staff, the general public and other service providers regarding City plans, development requirements and changes to related codes and ordinances.	Best methods of dissemination of information for diverse audiences.	Quarterly	5
7	Respond to and resolve difficult and sensitive citizen inquiries and complaints; assist City staff and the general public in applying zoning and development code, other plans and policies.	Best mediation techniques to use and how to reach out to diverse circumstances and persons.	Weekly	5
8	Negotiate and resolve sensitive and controversial issues	Best solutions for all parties concerned.	Monthly	5

9	Serve as staff on a variety of boards, commissions and committees involved in the development, adoption and implementation of City plans and planning regulations.	Decisions on information that will meet the needs of the boards, commissions and committees and will further the goals and objectives of City Council.	Monthly	5
10	Serve as liaison for the Planning Division of Public Works and Planning Department with other divisions, departments and outside agencies.	Deciding how to best bridge departments and outside agencies with Pub. Works and Planning	Monthly	5
11	Provide staff assistance to the Planning Manager and Public Works and Planning Director; research, plan, coordinate and implement special projects and serve as acting Planning Manager in her absence.	Decide best methods for recommended implementation of projects.	Monthly	10
12	Write and present formal and technical reports for Planning Commission, City Council and Zoning Board of Appeals public hearings	Decide content of reports that meets the needs	Monthly	5
13	Perform and assign General meetings for Annexations, review requests for neighborhood meetings, verify accurate submittal criteria/information for development projects.	Decide whether a project should be accepted or rejected	Weekly	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
All	Knowledge of operations, services and activities of a development/planning program including the development, implementation and modification of city plans and regulations.
1,2,3,4	Knowledge of the principals and practices of supervision, training and performance

	evaluations.
All	Knowledge of municipal zoning codes and ordinances
1,2,3,4,6,9,10,11,12	Knowledge of research methods, statistical principals and of program development and administration related to urban growth and development.
1,2,3,4	Knowledge of principles and practices of project management
All	Knowledge of pertinent Federal, State and local laws, codes and regulations.
All	Knowledge of modern office procedures, methods and equipment including computers and supporting software applications.
6,7,8,9,10,11,12	Knowledge of methods and techniques of effective technical report preparation and presentation and ability to present same.
All	Knowledge of recent developments, current literature and sources of information related to municipal planning and administration.
1,2,3,4,10,11,12,13	Knowledge of city development review procedures and requirements and strong analytical and mathematical skills to interpret research data for reports.
1,2,3,4	Ability to oversee, direct and coordinate the work of lower level staff.
7,8,9,10	Ability to analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals
All	Strong interpersonal skills to develop good working relationships at various levels and to resolve complaints both common and highly sensitive.
All	Ability to communicate clearly and concisely, both orally and in writing.
All	Establish and maintain effective working relationships with those contacted in the course of work.

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

☐ ☒ Other (explain):  
Master's degree preferred.

**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><b>You Have</b></u>	<u><b>Your Time</b></u>	<u><b>You Need</b></u>	<u><b>Minimum Time Required</b></u>
Professional Planning or related	16 years	Professional Planning or related	5 years
Supervisory	12 years	Supervisory	3 years
	years		years

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

Planning, Business, Landscape Architecture, Architecture, Geography, Social Science or Political Science

**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.

None, however certification through the American Institute of Certified Planners is desirable.

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

Duty #	Machines, Tools, Equipment	Frequency/Time
All	Computer and associated software	Daily
5,6,7,8,9,10,11	Telephone	Daily
All	Printers/Copier/Fax/Scanner	Daily
5,6,7,8,12,13	Architect and Engineer Scales	Daily
8,9,10	Motor Vehicle	Quarterly
All	Calculator	Daily
All	Standard Office supplies	Daily

**5. DECISION-MAKING & JUDGMENTS.**

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

1. Interpret standards, requirements and criteria of various codes and manuals in support of City Council goals and policies.

2. Organizational decisions for equitable distribution of projects and work assignments in a high stress environment.

3. Analysis and identification of alternative solutions, consequences of proposed actions and implementation recommendations in support of established goals and policies.

## 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?**

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

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

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

Physical Activity	Frequency	Importance	Duties
<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.	2--Quarterly	1--Somewhat Important	2,6,7
<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.	0--Never	Select	
<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.	0--Never	Select	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	4--Weekly	1--Somewhat Important	5,6
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	0--Never	Select	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	0--Never	Select	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	3--Monthly	1--Somewhat Important	5,6,7
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	1,3,5,6,7,8,13
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	All
<b>Pushing:</b> Using upper extremities to press	1--Annually	1--Somewhat Important	2,5

against something with steady force in order to thrust forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	1--Somewhat Important	2,5
<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	All
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	All
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	2--Very Important	2,3,13
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
<b>Talking:</b> 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
<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	All
<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 point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	All
<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.	5--Daily	3--Extremely Important	All
<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	0--Never	Select	

constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	Select	
<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.	0--Never	Select	
<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	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).

Although I am not directly supervising Planners, I do have indirect supervision in that I have daily interaction with Associate and Senior Planners for interpretation of code, to answer questions and to provide assistance. The Planning Services Supervisor and I discuss performance of planning and technical staff in order to provide an complete and accurate evaluations.

## EMPLOYEE CERTIFICATION

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

Signed: Joy W. Williams

Date: 4/9/09

**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.**

Question No.	Comments

Please check the appropriate statement:

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

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

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

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: Lisa E Cox Date: 1-9-09

Department Head Signature: Tim Moa Date: 1-9-09

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.

