

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? ☐ Yes ☒ No

If yes, please list all employee names.

Division:

Department:

For Individual Questionnaires Only:

Employee Name:

Thorne
(Last)

Daniel
(First)

P.
(Middle Initial)

Current Classification Title:

Equipment and supply coordinator

Division

Streets

Department

Utilites and Streets

Total Length of Time with organization

6 Years 5 months

Total Length of Time in Current Position

3 Years months

Assigned Hours/Week:: from 6 or 7 am t o 3:30 to 4:30

Assigned Days/Week 4 or 5 day wk

Email: danth@gjcity.org

Work Phone: 256-4190

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Dave Vanwagner

Name:

Darren Starr

Title:

streets supervisor

Title:

streets manager

**Work
Phone**

244-4111

**Work
Phone:**

244-1493

E-mail:

davev@gjcity.org

E-mail:

darrens@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.

equipment and supply coordinator

to operate ,maintain, repair all equipment used in the streets department. Schedule repairs with fleet and track down time. supply crews with materials and small tools. fab and weld specialized tools.facilitate the safety program for street dept. Inspect new developments for quality control and completion to city specs.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 28 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 4-9 28 |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input 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

| |
|-------------------------------|
| crew leaders |
| equipment operators |
| specialty equipment operators |
| seasonals |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|--|
| equipment operators |
| specialty equipment operators |
| seasonals |
| Supervisor |
| Operations Manager |
| |
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| |

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

☒ Full Time (11) ☐ Part-Time ☒ Seasonal/Temp (9) ☐ 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 | | |
| fleet | daily | service support and equipment repairs |
| engineering | monthly | service support ,scheduling inspections |
| traffic | weekly | equipment and services support |
| water | daily | " |
| parks | weekly | " |
| persigo | weekly | " |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|--------------------------|-----------------------------|
| Ex: Vendors, Gen. Public | | |
| equipment vendors | as needed | rentals and status of parts |
| supply vendors | daily | inventory day to day needs |
| material vendors | as needed | inventory of materials |
| contractors | when inspections are due | inspection of asphalt |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|----|---|----------------------------|---|---|
| 1 | review pre and post trip inspections | when to perform, schedule | Daily | 10 5 |
| 2 | schedule maintance with fleet | when to perform | Daily | 30 20 |
| 3 | purchase expendables for crews | where to buy when to buy | Daily | 10 5 |
| 4 | purchase tools for crews | " | Daily | 10 5 |
| 5 | prepare spring clean up equipment | when to perform-scheduling | Annually | 10 5 |
| 6 | prepare chipseal equipment | " | Annually | 10 5 |
| 7 | prepare leaf equipment | " | Annually | 10 5 |
| 8 | prepare snow and ice equipment | " | Annually | 10 5 |
| 9 | fabrication and welding | how to fab | Monthly | 10 5 |
| 10 | inspecting new developments | meet city codes | Monthly | 10 5 |
| 11 | data entry and reports | when and how to perform | Daily | 10 5 |
| 12 | coordinate and organize materials and equipment to support field operations | " | Daily | 20 15 |
| 13 | yard management;clean up | " | Daily | 10 5 |
| 14 | prepare, faciliate and schedule safety meetings | " | Monthly | 20 10 |
| 15 | | | Select | 120 10! |
| 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 | reading, comprehending, dot requirements |
| 2 | communications, prioritizing , desion making,computer skills |
| 5-8 | equipment operation, mechanical skills , safety,computer skills |
| 9 | welding cutting and fabrication skills |
| 10 | knowledge of city codes and procedures |
| 11 | computer skills |
| 12and 13 | organization skills |
| 14 | speaking, communication ,organization and scheduling skills |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain): welding certification |

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|--------------------------------|------------------|-----------------|--------------------------------------|
| equipment operation and maint. | 10 years | same | 5 years |
| welding | 5 years | same | 1-3 years |
| supervisor | 5 years | same | 1-3 years |

a. What field (s) should training or degree be in?
equipment operation and maintenance

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.

class a (c.d.l.) --traffic control supervisor

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 |
|--------|--|------------------|
| 2 | loaders,backhoes,chipper, distributor,trucks, salt equip.ect. | daily |
| 5 | skidsteers ,trucks, loaders,small hand tools | annually |
| 6 | trucks,chipper,distributor,hand tools | " |
| 7 | trucks, leaf machines,hand tools | " |
| 8 | trucks,salt boxes,salt controllers,computors,loader,hand tools | annually/monthly |
| 9 | oyxgen and acetaline torch, welder,plasma cutter,hand tools | weekly |
| 11 | computer | daily |
| | | |
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5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 1. schedule repairs and usage of equipment for major projects and daily operations.
 2. interpretation of city codes and quality control for city developments.
 3. pro mote safety for operational sustainability

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

Importance

How frequently is the activity performed?

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

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

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

| Physical Activity | Frequency | Importance | Duties |
|---|-----------|------------------------|--------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 5--Daily | 3--Extremely Important | 5,6,7,8,9 |
| 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 | 1,2,3,5,6,7,8,9,10 |
| 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 | 3,5,6,7,8,9 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 3--Extremely Important | 5,6,7,8,9 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5--Daily | 2--Very Important | 5,6,7,8,9 |
| Crawling: Moving about on hands and knees or hands and feet. | 4--Weekly | 2--Very Important | 4,5,6,7,8,9 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 3,4,5,7,8,9 |
| Standing: Particularly for sustained | 5--Daily | 3--Extremely Important | 1,2,3,5,6,7,8,10 |

| | | | |
|--|-----------|------------------------|-----------------------------------|
| periods of time. | | | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | 2-3,4,5,6,7,8,9,10 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5--Daily | 3--Extremely Important | 5,6,7,8,9,, |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | 5,6,7,8,9 |
| 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 | 11 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | Select | 1-3,5,6,7,8,9 |
| 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. | 5--Daily | 3--Extremely Important | 5,6,7,8, |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 4--Weekly | 3--Extremely Important | 11 |
| 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 | 1-2-3 4 ,5,6,7,8,10,14 |
| 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 | 2-3,5,6,7,8,9,10,14 |
| 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 | 1-2-3,5,6,7,8,9,10,11,14 |
| Repetitive Motions: Substantial repetitive | 5--Daily | 2--Very Important | 1,11 |

| | | | |
|--|-----------|------------------------|-------------|
| movements (motions) of the wrists, hands, and/or fingers. | | | |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 2--Very Important | 1,11,14 |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 4--Weekly | 2--Very Important | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 5 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 5--Daily | 3--Extremely Important | 5,6,7,8,9, |
| 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. | 4--Weekly | 2--Very Important | 4,5,6,7,8,9 |

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 checked="" type="checkbox"/> |
| Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation) | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Inadequate lighting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work space restricts movement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intense noise | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Travel | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Environmental (disruptive people, imminent danger, threatening environment) | <input checked="" 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).

this job requires many unique talents that do not fit in just one category.

EMPLOYEE CERTIFICATION

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

Signed: 

Date: 1-12-09

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 |
|--------------|----------|
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Please check the appropriate statement:

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

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

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

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 12/31/08

Department Head
Signature:  Date: 1/8/09

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.