

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:

Department:

For Individual Questionnaires Only:

Employee Name:	Spears	Chris	W.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Street Systems Supervisor

Division	Street Systems	Department	Utilities & Street Systems
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Total Length of Time with organization 15 Years 9 months

Total Length of Time in Current Position 8 Years months

Assigned Hours/Week:: from 7 am **t o** 3:30 pm **Assigned Days/Week** M - F

Email: chriss@gjcity.org

Work Phone: 970-244-1584

Immediate Supervisor:

Immediate supervisor reports to:

Name: Darren Starr

Name: Terry Franklin

Title: Solid Waste & Street Systems Mgr.

Title: Deputy Director/Utility & Street Sys.

Work Phone 970-244-1493

Work Phone: 970-244-1495

E-mail: darrens@gjcity.org

E-mail: terryf@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.

Following the goals of the City, department and division; to help prepare and maintain budgets, keep accurate personnel and maintenance records, set schedules and plan for maintenance operations. Provide direction, assistance and support; effectively leading crews in the achievement of their tasks. Evaluate and ascertain effectiveness of Street Systems programs, projects and maintenance operations making necessary changes as needed to ensure that the desired goals are met and that we are providing exceptional customer service. Perform the role of leader for employees, guiding and assisting them to grow both personally and professionally.

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.	11
<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).	11
<input checked="" type="checkbox"/>	I make work assignments for others.	11
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	As needed
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	As needed
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	11
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	?

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

YOUR COWORKERS' JOB TITLES

Street Systems Supervisor
Solid Waste Supervisor
Administrative Assistant
Street Systems Support Technician

YOUR DIRECT REPORTS' JOB TITLES

Seasonal Worker
Equipment Operator (#1 - #4)
Specialty Equipment Operator
Storm Water Inspector
Crew Leader

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

☒ Full Time 10 ☐ Part-Time ☒ Seasonal/Temp 1.5 ☐ Volunteer ☐ Contract

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

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates	Daily	Work Assignments / Direction / Leadership
Stores Clerk	Monthly	Purchase Supplies
Fleet Maintenance	Weekly	Equipment Maintenance
Police / Fire	Weekly	Accident / Hazardous Spill Remediation
Parks	Monthly	Support to their department
Engineering	Monthly	Infrastructure Maintenance/Construction

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Complaint / Request Response: Purchase / Rent Materials and Equipment
Press	Semi-Annually	PSA
State/County Govt.	Monthly	Work Coordination / Planning
Special Districts	Monthly	Work Coordination / Planning
(APWA)	Monthly	Improve public works field

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	Prepare / Maintain Budget	Project budgets needs for manpower, materials, tools and equipment required for the next budget cycle based on expenditure history, operations / program changes and growth.	Daily	8%
2	Plan/Schedule Maintenance	Determine work load, available resources, priorities and budget to develop work schedule for crews.	Daily	20%
3	Prepare / Keep Maintenance Records	Determine data to be collected based on goals/expectations of Street Systems operations. Organize data for optimal usage value. Develop organized filing system for data retrieval.	Daily	8%

4	Perform Field Inspections	Determine what/how work will be done in response to citizen complaints and requests. Inspect quality of work done by crews. Evaluate crew/project safety and progress. Inspect drainage & flood control infrastructures. Survey Street Systems assets for damage / deterioration and determine required maintenance.	Weekly	5%
5	Hold Staff Meetings	Provide direction for Crew Leader and Storm Water Inspector. Discuss maintenance schedules, planning, policy, etc.	Daily	15%
6	Provide Customer Service (Complaints/requests)	Respond to requests and complaints from the public, other government entities, special districts and business owners. Determine if request / complaint is: City / County / State jurisdiction; in accordance with policy/City direction. Determine our current resource availability, budget constraints and if there is available time in schedule to perform the work.	Daily	19%
7	Organize, plan and execute Street Systems projects and programs (Spring Cleanup, Leaf Removal, Snow & Ice Removal, etc.)	Determine program/project goals, review resources, develop plan, implementation and adjust as needed.	Weekly	10%
8	Evaluate Street Systems projects and programs (Spring Cleanup, Leaf Removal, Snow & Ice Removal, Street Cleaning, etc.)	Evaluate project/program to see if goals were met, determine deficiencies, find solutions, make needed corrections. Determine if routes are effective and create new routes when needed.	Weekly	5%

9	Field Work	Work in the field when necessary to complete programs / projects, and for hazardous spills. This also boosts crew morale. Decisions made are driven by the task being done.	Occasionally	5%
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
4-7, 9	Principles and practices of leadership.
2, 3, 7	Knowledge and skills necessary to plan and schedule maintenance activities and maintain operational records.
1-9	Knowledge of and ability to implement City policies and procedures.
1-3, 7, 8	Budget principles and practices for municipal budget preparation, administration and planning.
1-9	Principles and practices of effective communication.
1-9	Principles and practices of time management.
1-9	Knowledge of pertinent Federal, State and local laws and codes.
1-6, 9	Working knowledge of Federal storm water regulations / City storm water permit requirements.
1-6, 9	Knowledge of the City storm water & irrigation infrastructure.

2, 4, 8	Principles and practices of analyzing and evaluation of Street Systems programs.
2, 4-6, 9	Knowledge of worksite and employee safety policies and procedures.
2, 4-6, 9	Knowledge to obtain Traffic Control Supervisor certification.
1-9	Knowledge of street maintenance operations including chipseal, snow and ice removal, leaf removal and spring cleanup programs.
1-9	Knowledge of street cleaning operations, equipment and routing.
1-9	Knowledge of City standards and specifications for maintenance and replacement of Street Systems infrastructure.

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 type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Some college core credits.

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>
General Construction/Maint.	28 years	General Construction/Maint.	5 years
Leadership	10 years	Leadership	5 years
Computer/Software	10 years	Computer/Software	2 years

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

Construction Management, Leadership, Computer/Software, Budget.

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.

High School Diploma or equivalent; driver's license.

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 - 8	Computer / Software	Daily / 70%
1, 2, 5-8	Telephone (Office and cell)	Daily / 10%
1 - 8	Printer / Scanner / Copier / Fax	Daily / 5%
2, 6-9	Motor Vehicles	Daily / 10%
4, 5, 9	Hand / Power Tools	Daily / 5%

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. What maintenance / projects will be done, and when it will be done.

2. Evaluate employees, programs and projects for performance, quality, completion and budget.

3. Budget - Expend funds judiciously to ensure enough funds are available for all work throughout the year.

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.	3--Monthly	2--Very Important	4, 6, 7, 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.	3--Monthly	1--Somewhat Important	4, 6, 7, 9
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.	2--Quarterly	1--Somewhat Important	4, 6, 7, 9
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	3--Monthly	1--Somewhat Important	4, 6, 7, 9
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1-9
Standing: Particularly for sustained periods of time.	4--Weekly	2--Very Important	1-9
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	2--Very Important	1-9
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	1--Somewhat Important	1-9

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	1--Somewhat Important	1-9
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	1-9
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-9
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.	4--Weekly	2--Very Important	1-9
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	1-9
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1-9
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	1-9
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	1-9
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-3, 6-8
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	1-9
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	4--Weekly	2--Very Important	1-9

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.	3--Monthly	2--Very Important	4, 9
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.	1--Annually	1--Somewhat Important	4, 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.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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).

EMPLOYEE CERTIFICATION

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

Signed: Chad Spears

Date: 12/31/08

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

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: 12/3/08

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.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Division: Street Systems

Department: FUSSY

For Individual Questionnaires Only:

Employee Name:	Van Wagoner	David	L.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Supervisor

Division Street Systems

Department FUSSY

Total Length of Time with organization 17 Years 10 months

Total Length of Time in Current Position 17 Years 10 months

Assigned Hours/Week:: from 7+ t o 3:30+ **Assigned Days/Week** 5+

Email: davev@gjcity.org

Work Phone: 970-256-4111

Immediate Supervisor:

Immediate supervisor reports to:

Name: Darren Starr

Name: Terry Franklin

Title: Solid Waste and Streets Manager

Title: Deputy Director

Work Phone 970-244-1493

Work Phone: 970-244-1495

E-mail: darrens@gjcity.org

E-mail: terryf@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.

Plan and supervise maintenance of City Streets, alleys, shoulders, parking lots, etc. Coordinate work of multi-talented and skilled workers involving the practice of asphalt patching, equipment operation, snow & ice control grading, excavating, trash removal, chipseal, crackfill, etc. Long-term planning and forecasting of resources and manpower; budget planning, allocation and job-costing; employee development and training, hiring and firing/discipline; administer policy and procedure.

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.	18
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	9
<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).	27-50
<input checked="" type="checkbox"/>	I make work assignments for others.	27-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	27-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	27-50
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	27-50
<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.	6

- 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

Stormwater Supervisor
Solid Waste Supervisor
Administrative Assistant
Street Support Tech.

YOUR DIRECT REPORTS' JOB TITLES

Equipment Operator (levels 1-4)
Specialty Equipment Operator
Seasonal Workers
Storm Water Inspector
Crew Leader
Clerk
Administrative Assistant

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

☒ Full Time 18 ☐ Part-Time ☒ Seasonal/Temp 9 ☐ Volunteer ☒ Contract 20

- 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		
Stores Clerk	Twice a month	Purchase supplies
Fleet Maintenance	Daily	Equipment Maintenance
Police/Fire	Weekly - winter	Snow & ice conditions
Parks	Monthly	Operational support
Engineering	weekly	inspections, operational support
Human Resources	weekly	Policies, employee matters

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Media	Weekly- winter	Storm conditions
Vendors	Weekly	Procure parts and supplies
CARMA	Monthly	Training, professional development
Citizens	Daily	Service opportunities

3. ESSENTIAL DUTIES.

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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	Plan & coordinate field work and projects	What to do; when to do it; what resources to use; how much it will cost	Daily	50
2	Prepare/maintain budget	Purchases, resource usage, projections	Daily	5
3	Prepare/keep maintenance records	What to collect, how often to collect, how to organize into a report	Daily	5
4	Maintain personnel records	What to track, how often to track: policy, discipline, recognition, development, training	Daily	5
5	Staff Meetings	Provide direction for work crews, crew leaders. Discuss timelines, resources, methods, etc.	Daily	5
6	Provide customer service	Evaluate service request; schedule, provide feedback to customer; determine adequate level of service and appropriate department, time and resource availability, etc.	Daily	15
7	Organize, plan and execute and evaluate Street Systems projects and programs	Determine program/project goals and outcomes, review resources, develop plans, implement and adjust as needed.	Weekly	5
8	Employee training and development	What skills are possessed and needed, what will promote growth, satisfaction, and proficiency	Daily	15

9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
5,6,7,8	Leadership
1,2,5,6,7,8	Prioritization
1,2,3,4,5,6,7,8	City Policy
2,6,7,8	Basic Budgeting
1,2,3,4,7	Computer and office equipment
1,2,3,4,7	Microsoft Office
1,2,3,5,6,7,8	Communication
1,2,5,6,7,8	Planning
1,4,7,8	Employee training and development
1,3,4,6,7,8	Operational methods and industry standards
1,5,7,8	Equipment operation
1,2,3,5,8	Data evaluation and manipulation for report writing and job-costing
1,2,3,4,5,6,7,8	Management practices

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 checked="" type="checkbox"/>	Other (explain): Communication skills needed to motivate, inspire, develop and discipline.

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	15 years	Equipment Operation	5 years
Management	30 years	Management	5 years
Organization/Prioritizing	32 years	Organization/Prioritizing	5 years

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

Construction management, equipment operation, leadership and 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.

Driver's license, High school dipl

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,4,5,6,7,8	Computer/software	Daily/6 hours
2,4,5,6,7,8	Telephone	Daily/2 hours
1,2,3,4,5,6,7,8	Printer/copier/fax	Daily/.5 hour
1,5,6,7	Pickup	Daily/3 hours
1,3,5,6,7	Weather Stations	Daily-winter/2 hours
1,6,7	Temperature-sensing monitor	Weekly/.5 hour
3,6,7,8	Video/audio recording and editing equipment	Weekly/4 hours

5. DÉCISION-MAKING & JUDGMENTS.

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

1. What jobs/projects to do when, how do they fit with the rest of the work that needs to be done? What resources are needed, what kind of time frame do we use, how do we meet the needs of the customer? How are budget dollars best spent on these jobs and projects?

2. What kind of training and development does the employee need to perform at proficient level? What will motivate and inspire him to greater heights and higher levels of pride and ownership in his work?

3. What level of customer service is appropriate and fair based upon the rest of the citizens in our City? How are budget dollars best spent to serve the customer on an individual and global basis? How are resources best used to provide th highest level of customer service possible?

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

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

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

against something with steady force in order to thrust forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	Select	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1,2,3,4,7,8
Grasping: Applying pressure to an object with the fingers or palm.	2--Quarterly	1--Somewhat Important	1,2,3,4,7,8
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	0--Never	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
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
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	1,2,3,4,5,6,7,8
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	1,2,3,4,5,6,7,8
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,8
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.	0--Never	Select	

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.	1--Annually	1--Somewhat Important	1,3,5,7
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.	1--Annually	1--Somewhat Important	1,3,5,7
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.	0--Never	Select	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	Select	

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

12/31/08

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

Please check the appropriate statement:

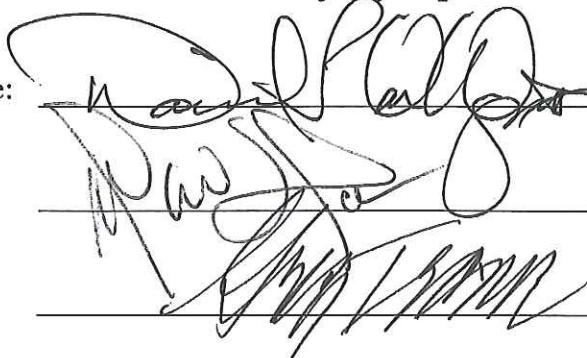
☐ I agree with the incumbents' position questionnaire as written.

☒ 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:

12/31/08

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.