

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: Investigations

Department: Police

For Individual Questionnaires Only:

Employee Name:	Assenmacher	Greg	M
	(Last)	(First)	(Middle Initial)

Current Classification Title: Commander

Division	Operations/Investigations	Department	Police
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Total Length of Time with organization 27 Years 3 months

Total Length of Time in Current Position 6 Years 6 months

Assigned Hours/Week:: from 0800 **t o** 1700 **Assigned Days/Week** M-F

Email: grega@gjcity.org

Work Phone: 970-244-3577

Immediate Supervisor:

Immediate supervisor reports to:

Name: John Zen

Name: William Gardner

Title: Deputy Chief

Title: Chief

Work Phone 970-244-3657

Work Phone: 970-244-3559

E-mail: johnz@gjcity.org

E-mail: billg@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.

The duties of the Commander are dependent upon his/her assignment to a specific unit within the department. As the Investigations Unit Commander I have specialized units/staff who report to me. These include the following:

Investigation Section

Drug Task Force

Criminal Intelligence

Crime Analyst

Victim's Assistance Program

Primary duties include coordinate staffing and operational activities for law enforcement services and staff assigned within this section.

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.	23
<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).	24
<input checked="" type="checkbox"/>	I make work assignments for others.	24
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" 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.	
<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

Commander

YOUR DIRECT REPORTS' JOB TITLES

Deputy Chief

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

☒ Full Time 23 ☒ Part-Time 1 ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

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

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Patrol Officers	Daily	Obtain criminal information/reports
Sergeants	Daily	Case Review/Personnel Information
Detectives	Daily	Case Investigation/Follow up
VAP	Daily	Victim assistance
Crime Analyst	Daily	Crime trends/patterns
PST's	Daily	Specialized assignment information (SVP/Liquor)

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
D.A. Office	Weekly	Case/Court preparation
MCSO	Weekly	Facilitate Investigation Units?CIT Team
State/Federal Agencies (Probation,Parole,CBI, FBI, DEA	Weekly	Work in conjunction with other agencies who we have partnerships with
Western Slope Center for Children	Weekly	Promote/facilitate relationship with this agency/community
Public/Business	Weekly	Establish and maintain rapport

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	Coordinate staffing/operational activities	Yes	Weekly	10
2	Development/Implementation of goals & policies	Yes	Monthly	10
3	Identify opportunities for improving service	Yes	Weekly	10
4	Development administration of budget & grants	Yes	Quarterly	10
5	Select train and evaluate personnel	Yes	Quarterly	10
6	Respond to major crime scenes/investigations	Yes	Weekly	10
7	Meet with other agencies	Yes	Weekly	10
8	Provide staff assistance to Deputy Chief	Yes	Weekly	10
9	Maintain contact with civic leaders and community groups	Yes	Weekly	10
10	Ensure compliance with with department policies and procedures by personnel under my supervision	Yes	Daily	10
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
	Knowledge of applicable laws: Search & Seizure, Miranda, City, State Statues
	Knowledge of training concepts, needs realting to criminal investigations
	Knowledge of how to supervise and manage sworn and non-sworn personnel
	Knowledge of Investigation, Interview Techniques and Crime Trends
	Knowledge of human resources within and outside department
	Knowledge of modern policing and problem solving strategies
	Knowledge of police organization and staffing needs and specific job requirements
	Knowledge of city/department policies and procedures
	Knowledge of officers, supervisory scope of responsibility
	Knowledge of department's current strategic plan including goals, objectives, and performance measures

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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>
Officer /Detective Experience	15 years		years
Sergeant Assignment/Promotion	4 years	3 years of experience prior	3 years
	years		1 years

a. What field (s) should training or degree be in?
Bachelor's in Criminal Justice

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.

State of Colorado Driver's License
State of Colorado Peace Officer Standards Certificate
Leadership/Management Training
Previous assignments/promotions

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
	Computer	
	Weapons	
	Emergency Vehicles	
	Phone	
	Audio/Video equipment	

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. Participate in the development and implementation of departments vision, mission, and values.
 2. Direct activities of those I supervise to assure constitutional rights are adhered to and in compliance with statue and department policy.
 3. Represents the Department at Community and City meetings to promote our mission and goals in order to foster mutual trust and respect within our community.

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.	5--Daily	3--Extremely Important	
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	
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	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	2--Very Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust	5--Daily	2--Very Important	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
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	
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	
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	
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	
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	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	
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	
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	5--Daily	3--Extremely Important	

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.	5--Daily	3--Extremely Important	
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.	4--Weekly	3--Extremely Important	
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.	3--Monthly	3--Extremely 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 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: _____

Date: _____

12-28-08

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: 12-28-08

Supervisor
Signature: _____

Date: 12-29-08

Department Head
Signature: _____

Date: 1/12/2009

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? ☐ Yes ☒ No

If yes, please list all employee names.

Elmer Andy Martinez

Police Commander

Deputy Chief John Zen

Division: Operations

Department: Police Department

For Individual Questionnaires Only:

Employee Name:

Martinez
(Last)

Elmer
(First)

Andy
(Middle Initial)

Current Classification Title:

Patrol Commander

Division

Operations

Department

Police Dept.

Total Length of Time with organization

31 Years 2 months

Total Length of Time in Current Position

6 Years 5 months

Assigned Hours/Week:: from 0400 hrs **t o** 1600hrs

Assigned Days/Week Wed-Sat

Email: andym@ci.grandjct.co.us

Work Phone: 970-244-5744

Immediate Supervisor:

Immediate supervisor reports to:

Name:

John Zen

Name:

Bill Gardner

Title:

Deputy Chief

Title:

Chief

**Work
Phone**

970-244-3657

**Work
Phone:**

970-244-3560

E-mail:

Johnz@ci.grandjct.co.us

E-mail:

Billg@ci.grandjct.co.us

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.

Commander

Summary: To supervise, plan and coordinate the activities and daily operation of patrol activities including investigations, community services and training. To serve as a shift commander on an assigned shift and to coordinate assigned activities with other departments and outside agencies and to provide highly responsible and complex staff assistance to assigned Police Deputy Chief.

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.	19
<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).	19
<input checked="" type="checkbox"/>	I make work assignments for others.	19
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	19
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	19
<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.	11

- 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

Sergeant
Sergeant

YOUR DIRECT REPORTS' JOB TITLES

Corporal
Police Officer X 7
Police Officer X 8
Admin. Assistant

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

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

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

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Dispatch	Daily	Calls for service
Mesa County Sheriff Dept	Monthly	In-progress calls, Meetings, Operations
Fire Dept	Weekly	In-progress Calls
Fruita Police Dept	Monthly	Meetings
Risk Management	Monthly	Incidents involving employees/damaged property

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Latin Anglo Alliance	Monthly	Community Service
Tom Acker	Monthly	Community Meeting-Minority/Migrant Concerns
Rocky Mt Tac Team Asso	Monthly	Tac Team training/Developement
General Public	Weekly	Assisting Public with issues/incidents

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	Shift Commander for assigned 12-hr shift	Coordinate staffing and operational activities	Daily	15 -
2	Development and implementation of goals, objectives, implement policies and procedures	Recommend and implement policy/proced	Monthly	5
3	Id opportunities for improving service delivery	implement improvements	Daily	5
4	Assign work activities/projects	review and evaluate work/resolve problems	Daily	5
5	Respond to major crimes/accidents	oversee incidents/make assignments	Weekly	5
6	Review police reports	ensure accuracy of invest	Daily	5
7	Select, train, motivate, discipline personnel	make recommendations for improvement	Monthly	3
8	Participate in Budget, forcast funds for staffing, equipt, material, supplies, etc.	make recommendations as needed.	Annually	2
9	Coordinate police activities, outside agencies, organizations, assist Deputy Chief.	produce operational plans	Occasionally	5
10	Respond to inquires from the media, general public, resolve complaints.	coordinate media response, conduct investigations.	Occasionally	3
11	Attend professional meetings and committees.	participate and assist in decision making	Weekly	2
12	Serve as Deputy Chief	assist in decision making when DC in not available.	Occasionally	1
13	Oversee tactical operations, barricaded subjects, hostage situations, serve warrants, produce monthly report	oversee and approve all tactical operations	Monthly	9
14	Oversee Swat budget/Swat training 2-days per month	Approve all spending, maintain records, document and forward invoices for payment.	Weekly	30
15	Respond to calls for service	Back officers and assist with arrests	Weekly	5

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	Operational characteristics, services and activities of law enforcement programs
2	Modern and complex principles and practices of law enforcement and investigations
3	Principles and practices of patrol and traffic enforcement
4	Laws governing and apprehension, arrest and custody of accused persons
5	Use of Firearms and other modern police equipment
6	Recent court decisions affecting law enforcement
7	Principles of municipal budget preparation and control
8	Principles of supervision, training and performance evaluations
9	Modern office procedures, methods and equipment including computers
10	Principles of business letter writing and basic report preparation
11	Pertinent Federal, State, and local laws, codes, and regulations

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Criminal Invest	10	years	3 years
Internal Affairs	5	years	years
Traffic Enforcement	4	years	years

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

Criminal Justice, Law Related Education, Police 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.

Colorado Drivers License

Colorado Post Certification

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
1-14	Work Station Computer	60%
13	M-4 Rifle/sidearm/Swat tools	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. Review policy as it applies to daily operations and interpret the policy accurately
 - 2. Interpret Law as it applies to work related incidents
 - 3. Handle personnel matters, citizen complaints, and use of force situations.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	2--Quarterly	3--Extremely Important	1,5,13,15
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	1,5,13,15
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1,5,13,15
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,5,13,15
Crouching: Bending the body downward and forward by bending leg and spine.	2--Quarterly	3--Extremely Important	1,5,13,15
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	3--Extremely Important	1-15
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1-15
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1-15
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1-15
Pushing: Using upper extremities to press against something with steady force in order to thrust	3--Monthly	3--Extremely Important	1,5,13,15

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	2--Quarterly	3--Extremely Important	1,5,13,15
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	1-15
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-15
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	1-15
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	1-15
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	1-15
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	1-15
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	1-15
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-15
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.	2--Quarterly	3--Extremely Important	14,15
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	2--Quarterly	3--Extremely Important	14,15

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.	2--Quarterly	3--Extremely Important	14,15
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.	2--Quarterly	3--Extremely Important	14,15
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.	2--Quarterly	3--Extremely Important	14,15

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input 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 checked="" 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 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).

There are a number of collateral duties within the organization. These collateral duties are assigned to Commanders to oversee and although they are all unique and vary in responsibility, each Commander must have some knowledge and skills to oversee that area of responsibility. The questions I answered on this questionnaire applied to the collateral duties as they apply to my current assignment and is not reflective of the other duties that are assigned to the other Commanders.

EMPLOYEE CERTIFICATION

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

Signed: Ethan C. [Signature] Date: 12/28/08

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
II, 1.	I WOULD LIKE TO CLARIFY THAT THE CMDR. POSITION SERVES AS THE OPERATIONAL CHIEF DECISION MAKER. THUS, THIS POSITION IS RESPONSIBLE FOR "WATCH COMMAND" NOT SHIFT SUPERVISION. S/HE IS RESPONSIBLE FOR 12 TO 24 HOUR PERIODS OF MONITORING, LEADING + CONTROLLING RESOURCE DEPLOYMENT FOR CITY-WIDE POLICING SERVICES.
	AMENDED BY: [Signature]

Bill Garrison
Chief of Police
12/31/2008

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: 12-29-08

Department Head
Signature: _____

Date: 12/31/2008

Carol Zuehl
John [Signature]
[Signature]
BILL GARDNER, CHIEF OF POLICE

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: Services

Department: Police

For Individual Questionnaires Only:

Employee Name:	Russell	Robert	J.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Commander

Division Services

Department Police

Total Length of Time with organization 25 Years months

Total Length of Time in Current Position 2 Years months

Assigned Hours/Week:: from 08:00 **t o** 17:00 **Assigned Days/Week** M - F

Email: bobr@ci.grandjct.co.us

Work Phone: (970) 244-3727

Immediate Supervisor:

Immediate supervisor reports to:

Name: Troy Smith

Name: Bill Gardner

Title: Deputy Chief

Title: Chief

Work Phone (970) 244-3560

Work Phone: (970) 244-3560

E-mail: troys@ci.grandjct.co.us

E-mail: billg@ci.grandjct.co.us

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.

This is a management position that is responsible for a variety of duties and responsibilities that includes but is not limited to: providing oversight and management of Records, Property/Lab sections and the Defensive Tactics program; provides support to both the Operations and Services Divisions ensuring that they have the needed equipment, resources and technology available to carry out their mission of providing effective and efficient police service to the community; requires working and interacting with a number of individuals throughout the organization, other agencies and the community, in particular personnel from Purchasing, Fleet and Informations Services Departements in order to identify, research, order, secure and maintain the necessary tools, equipment, vehicles, instruments, hardware and software for the department; participates in and represents the department on various committees; negotiates contracts with various vendors/contractors as it relates to securing equipment and service agreements on the various equipement obtained for/by the department; monitors and coordiantes the maintenace and upkeep of the current facility; writes and revises policy; acts as the Deputy Chief of Police in his absence; and any other duties/responsibilities as assigned.

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.	15
<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).	2
<input checked="" type="checkbox"/>	I make work assignments for others.	Varies
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	Varies
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	Varies
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	Varies
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	Varies
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	Varies

- 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

Administrative Assistant
Budget Analyst
Communications Manager

YOUR DIRECT REPORTS' JOB TITLES

Property/Lab Manager
Records Manager

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

☒ Full Time 2 ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

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

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Communications Mgr. (Peer)	1 - 2 x's per week	Budgetary, project, personnel, systems, customer service, etc. issues.
Records Mgr. (Subordinate)	3 - 4 x's per week	Budgetary, project, personnel, system, customer service, contractual, training, committee participation, etc. issues
Property/Lab Mgr. (Subordinate)	3 - 4 x's per week	Budgetary, projects, personnel, systems, customer service, contractual, training, committee participation, out-side agency service/cooperation, policy development, etc. issues.
Budget Analyst (Subordinate)	5 - 6 x's per week	Budgetary, project, systems, planning, etc. issues
Admin Assistant (Subordinate)	2 - 3 x's per week	Budgetary, project, planning, personnel, etc.
Information Services / Fleet Mgmt. / Facilities (Other City Department)	2 - 3 x's per week	Budgetary, project, equipment assessment/acquisition, facility/equipment maintenance, planning, etc.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Stanley Security Solutions and/or Simmons Lock & Key	1 - 2 x's a quarter	Facility key/lock issues, ordering additional keys/equipment, coordinate maintenance, billing issues, etc.
Portable Computer Solutions	2 - 3 x's annually	Securing and coordinating computer installation/maintenance issues and problem solving
Colorado Bureau of Investigation	2 - 3 x's a month	Continued communication, manage / coordinate resources, personnel, projects, tasks and identify potential collaborative efforts/projects, maintain working relationships.
Other Law Enforcement Agencies within the area	1 - 2 x's a quarter	Continued communication, manage, coordinate and monitor combined projects/efforts related to technology upgrades, project implementation and assessments, training, personnel issues, maintain working relationships, etc.
District Attorney's Office	1 - 2 x's a quarter	Continued communication, monitor service/performance levels related to the Records and Evidence/Lab sections, identify and resolve deficiencies, maintain working relationships, etc.
Mesa County Animal Control	1 - 2 x's a quarter	Board Participation, maintain channels of communication, service delivery levels, problem solve, and act as a representative on behalf of the department and city, provide input/direction related to the operation of the Animal Shelter.

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	Supervises sworn and non-sworn personnel.	Numberous, depending upon the issue at hand (process, personnel, budget, inter-agency relations, project, task, etc).	Daily	15%

2	Plans, directs, administers and coordinates personnel and resources in support of and for operations.	Identification of problem/issue at hand, select a course of action, provide direction, implement and monitor activities.	Daily	20%
3	Confers with management, peers, supervisors and other personnel in monitoring/identifying problem areas, explaining new procedures/processes for the processing of evidence and records information.	As stated in essential duties section.	Weekly	10%
4	Analyzes and ensures the proper responses and levels of service of the Records and Property/Lab sections for those in operations and outside agencies/jurisdictions.	Reviews data, input, problem analysis and provides direction to those supervising the particular sections.	Weekly	10%
5	Seeks ways to improve the delivery of service, decrease turn-a-round times, streamline work processes and work cooperatively in providing customer service.	System/process analysis, provides input and direction to subordinates.	Weekly	10%
6	Confers with personnel and gathers their opinions on existing, proposed or needed policies and procedures.	Listens to and analyzes feedback/existing problem and responds accordingly, either reinforcing current policy/procedure, modifying the same and/or developing new policy.	Quarterly	5%
7			Select	
8	Develops and writes new policies and procedures	Analysis of issue, determines preferred process to follow/implement.	Quarterly	5%
9	When necessary, provides input, feedback and direction related to personnel issues to the appropriate supervisors.	Provide input on course of action, offers input and direction to the appropriate supervisor.	Quarterly	5%
10	Coordinates activities and efforts of sections within the Department related to projects, equipment and tasks.	Communicating, seeking input, planning, scheduling, assessing and follow-up.	Monthly	5%

11	Seeks, reviews and provides input related to budget issues, to include operational, personnel and capital issues.	Identifies issues related to and/or involves budgetary processes/involvement, provides direction, suggestions and feedback related to budgetary issues.	Weekly	5%
12	Prepares and reviews performance evaluations.	Determines strengths and weaknesses of evaluated employee, documents same, discusses with employee, provides evaluation and offers suggestion for improvement and re-enforces positive behavior/performance.	Annually	2%
13	Reviews personnel investigations and provides input/recommendation regarding corrective or disciplinary actions.	Reviews same, determines appropriateness of behavior based upon laws, policies, mission and values of the department, previous actions of employee, any similar incidents and the impact to the agency/community.	Occasionally	2%
14	Develops, modifies and implements operational plans.	Identify objective and course of action/plan to obtain the objective.	Occasionally	1%
15	Encourages and enforces the adherence of Department Directives/City Policy and promotes values of the organization.	Continual efforts that are ingrained in regular communications and interactions with employees.	Daily	1%
16	Attends roll-call briefings to disseminate information, answer questions, receive feedback relative to new processes, procedures, policies, etc.	Selecting information/item to attend briefings on, making self available for questions/discussion, seeing how things are going, seeking feedback on equipment/process issues.	Occasionally	1%

17	Reviews Use of Force investigations, determines if degree of force was appropriate, provides input and recommendation for improvement/corrective action, additional training and/or program changes.	Reviews same taking into account the situation, if actions were in line with training, Department Directives, and were reasonable for the situation, etc.	Occasionally	1%
18	Prepares & presents equipment requisitions to the City Council	Obtaining pertinent information, providing the same and presenting to council. Answering questions when needed.	Occasionally	1%
19	Enforces applicable Laws and Municipal Ordinances when necessary.	Identifies violations, determines action/level of response, directs & assigns as necessary	Occasionally	1%

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
17, 19	Knowledge of pertinent Federal, State and Local laws, codes and ordinances as they relate to the apprehension, detention, arrest and custody of accused individuals.
All	Knowledge of Department Directives and City Policies.
1, 2, 3, 4, 5, 12	Knowledge related to law enforcement and investigative techniques and practices; evidence collection, preservation, maintenance, chain of custody and court presentation/testimony.
All	General knowledge of various aspects and uses of Police Equipment to include but not limited to vehicles, computers, radios, clothing, technical instruments, weapons, etc.
1, 3, 5, 9, 10, 11, 12, 13, 17, 19	Knowledge of training concepts and needs, to include but not limited to Defensive Tactics Techniques.
1, 2, 5, 9, 10, 11, 12, 13, 17, 19	General knowledge related to finance, budgeting, planning and labor relations/laws and practices.
All	Knowledge related to identifying, organizing, planning, delegating, supervising, monitoring, assessing and adjusting personnel and resources related to various projects, tasks and programs.
1, 2, 9, 11, 12, 13, 16, 17, 19	Knowledge of supervising, managing, training and preparing performance evaluations as it relates to both sworn and non-sworn personnel.
All	Principles of business letter writing and report preparation/development.

All	Knowledge of the Police Dispatch, Records, Property and Evidence Sections.

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree <i>PLEASE SEE P. 18 BJ</i>
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Total Law Enforcement Exp.	30 3/4 years	Total Law Enforcement Exp.	12 - 15 years
Investigative Exp.	10 years	Investigative Exp.	3 - 5 years
F.T.O. or other L.E. Exp.	8 years	F.T.O. or other L. E. Exp.	3 - 5 years

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

Criminal Justice, Business, Accounting, Education, Electronics / Computer Science, etc.

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.

P.O.S.T. (Peace Officers Standards and Training) Certificate

Colorado Drivers 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
All	Driving a vehicle	Infrequent/varies
All	Office related equipment, computer, phone, calculator, pen, camera (occasionally), etc.	Frequent/most of day
19	Firearms, batons, mace, etc.	Infrequent/3 x's a year (Dept. Qualifications/Training)

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. Provides input, direction and problem solves with subordinates on any number of concerns, problems, tasks that they may have regarding the operation, personnel or projects that they are responsible for.

2. Contacts various vendors to acquire, secure and coordinate the delivery of materials/resources related to the function of the facility or in support of the various sections of the Department.

3. Provides input and direction on the expenditure of funds in order to obtain necessary equipment related to the operation, maintenance and delivery of service of the Department.

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.	1--Annually	1--Somewhat Important	2, 19
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	All
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	2, 19
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	1--Somewhat Important	All
Crouching: Bending the body downward and forward by bending leg and spine.	1--Annually	1--Somewhat Important	2, 19
Crawling: Moving about on hands and knees or hands and feet.	0--Never	1--Somewhat Important	2, 19
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	All
Standing: Particularly for sustained periods of time.	2--Quarterly	1--Somewhat Important	All
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	All
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	1--Somewhat Important	2, 19

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	2, 19
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	All
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	All
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.	1--Annually	1--Somewhat Important	All
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	1--Annually	1--Somewhat Important	19
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	All
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	All
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	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	0--Never	0--Not Important	N/A
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	1--Somewhat Important	All
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	1--Annually	1--Somewhat Important	2, 19

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.	1--Annually	1--Somewhat Important	2, 19
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	1--Somewhat Important	19
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	1--Somewhat Important	19

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work space restricts movement	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

None


EMPLOYEE CERTIFICATION

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

Signed: B. Russell 84-1 Date: 1-19-09

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
III. 1	I EXPECT <u>ALL</u> POLICE COMMANDERS TO HAVE A BACHELOR'S DEGREE, OR ITS EQUIVALENT. OF THE SIX(6) COMMANDERS ON OUR POLICE DEPT. ALL BUT ONE HAVE BACHELOR'S DEGREES (INCLUDING THIS EMPLOYEE). THE EXCEPTION HAS AN ASSOCIATES AND IS BI-LINGUAL.
	 1/20/2009
	BILL GARDNER, CHIEF OF POLICE

Please check the appropriate statement:

- ☐ I agree with the incumbents' position questionnaire as written.
- ☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.
- ☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature: Bob Russell 84-1 Date: 1-19-09

Supervisor Signature: _____ Date: _____

Department Head Signature: [Signature] 501 Date: 1/20/2009

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.

