

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:	Clayton	Anthony	A
	(Last)	(First)	(Middle Initial)

Current Classification Title: Detective Sergeant

Division	Investigations	Department	Police
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Total Length of Time with organization 15 Years 11 months

Total Length of Time in Current Position Years 3 months

Assigned Hours/Week:: from 8 to 5 **Assigned Days/Week** 5

Email: tonyc@gjcity.org

Work Phone: 970-244-3606

Immediate Supervisor:

Immediate supervisor reports to:

Name: Greg Assenmacher

Name: John Zen

Title: Commander

Title: Deputy Chief

Work Phone 970-244-3577

Work Phone: 970-244-3657

E-mail: grega@gjcity.org

E-mail: johnz@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.

Under direct supervision from assigned Police Commander, exercises direct supervision over professional, technical and clerical staff; plans, directs and supervises the activities of Detectives and Police Service Technicians assigned to Investigations; supervises and participates in ongoing investigations; receive frequent updates from detectives on cases status and participate in case strategies; responds to major crimes, fatal accident scenes and emergencies; reviews officer and detective generated reports; coordinates detective involvement in the investigation of fatality and serious injury accidents; represents the Department to schools, community groups and other organizations; supervises and conducts criminal investigations; analyzes crime patterns and trends; supervises crime scene investigations; reviews the work of departmental personnel to ensure compliance with department policies and procedures; reviews reports submitted by officers to verify completeness and the meeting of prescribed standards; participates in the selection of staff; participates in evaluating staff performance; recommends and assists in the implementation of goals and objectives; evaluates operations and activities of assigned responsibilities; participates in training activities for departmental personnel; advises and instructs sworn and non-sworn staff regarding investigation of citizen and officer complaints as assigned; maintains discipline and ensures that rules and policies are followed; responds to requests and inquiries from the general public and media; may serve in absence of a Police Commander as assigned; performs related duties as assigned. Ability to coordinate complex criminal investigations anytime day or night, including weekends and holidays.

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.	12
<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).	13
<input checked="" type="checkbox"/>	I make work assignments for others.	13
<input 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.	13
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	13
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	13

- 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-Patrol, Sergeant-MSD
Sergeant-Lab
Sergeant-Traffic
Sergeant-Street Crimes
Sergeant-GVJDTF
Sergeant-CAP
Sergeant-PSU
Sergeant-PST

YOUR DIRECT REPORTS' JOB TITLES

8 Detectives
3 Police Service Technicians
1 Administrative Assistant
1 Clerical Assistant

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

☒ Full Time 12 ☒ Part-Time 1 ☐ Seasonal/Temp ☐ Volunteer ☐ Contract 1

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

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates		
Detectives, PST's	Daily	Supervision
Peer Sgts, officers	Daily	Confer/Strategize/Advice
Laboratory	Weekly	Confer
VAP Coordinator	Daily	Confer
Crime Analyst	Daily	Confer
Records Section	Daily	Records management issues/matters

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
District Attorney's Office	Weekly	Confer
Sheriff's Department	Weekly	Confer
General Public	Weekly	Investigations

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.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Review and approve reports generated by Detectives	Satisfactory spelling, grammar, content, accuracy and completeness	Daily	15
2	Review cases generated by patrol and detectives	If, and to whom, a case should be assigned	Daily	30
3	Assist detectives with investigations	Participate in ongoing investigations	Weekly	10
4	Meet with investigations for case updates	Prioritize ongoing cases and resources	Weekly	05
5	Meet/Confer with Investigations Commander	Major case updates	Daily	05
6	Consult and confer with peer supervisors and department officers.	Case assignments, investigation strategies, day to day operations	Daily	05
7	Process administrative paperwork related to PTO, performance, DHS referrals, Monitor detectives' caseload, monthly report	Check on days off availability, document employee performance, Triage/screen incoming referrals for assignment	Daily	10
8	E-mail/Phone returns/responses	Handle e-mail inquiries related to the job, return and generate calls related to supervision and cases.	Daily	10
9	Field calls at home for notification and callout requests	Triage/screen calls to determine if detectives should respond after normal hours.	Weekly	05
10	Employee evaluations	Compile information and generate employee evaluations	Monthly	05
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
1,2,3,6-8	Dept. and non-Dept. computer software applications and procedures
3,6	Law, Statutes, Policy & Procedures
3,6,7	Inter-workings of other agencies
3	Operation of Emergency Vehicles
1-6	Knowledge of interview & interrogation techniques
1-6	Protocols of evidence collection and submission
1-6	Court Protocols
1,2,6,7,8,10	Reading comprehension
3,5	Multi-tasking in critical situations
4,5,7,10	Planning
1-10.	Organization of thought and personnel

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 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>
Patrol Officer/Training Officer	22 years	Patrol Officer/Training Officer	10 years
Sergeant	1 years	Sergeant	1 years
	years		years

a. What field (s) should training or degree be in?
Criminal Justice, Police Supervision

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.

Police Officer Standards and Training 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
1-10	Computers, phones, fax machines, copy machines, radios	Daily
3	A/V equipment, Recording devices	Weekly
3	Department vehicles	Daily

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. If a case should be assigned to a detective for follow-up and which detective.
 - 2. Should a detective(s) be called into work from home. What resources are needed for any given critical investigation/situation.
 - 3. Who gets what assignments in any given situation.

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	1-10
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	1-10
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	1-10
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1-10
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1-10
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	1-10
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1-10
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1-10
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1-10
Pushing: Using upper extremities to press against something with steady force in order to thrust	3--Monthly	1--Somewhat Important	1-10

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	3--Monthly	1--Somewhat Important	1-10
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	1-10
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-10
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	1-10
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	2--Quarterly	1--Somewhat Important	1-10
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	1-10
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	1-10
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	1-10
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-10
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	1-10
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	5--Daily	3--Extremely Important	1-10

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	3--Extremely Important	1-10
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	3--Extremely Important	1-10
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.	1--Annually	3--Extremely Important	1-10

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: _____

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:

1/6/09

Supervisor
Signature:



Date:

1-5-09

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.

Division:

Services 

Department:

Police 

For Individual Questionnaires Only:

Employee Name:

Oswalt
(Last)

David
(First)

L
(Middle Initial)

Current Classification Title:

Sergeant

Division

Services - Lab/Evidence

Department

Police

Total Length of Time with organization

25 Years 6 months

Total Length of Time in Current Position

6 Years 5 months

Assigned Hours/Week:: from 0800 t o 1700

Assigned Days/Week 5

Email: daveos@gjcity.org

Work Phone: 970-244-3656

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Robert Russell

Name:

Troy Smith

Title:

Commander

Title:

Deputy Chief

Work
Phone

244-3727

Work
Phone:

244-3563

E-mail:

bobr@gjcity.org

E-mail:

troys@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To supervise the Laboratory and Evidence sections and the Forensic Investigators to ensure best practices for the collection, preservation, and testing of evidence. To supervise the quartermaster to maintain equipment and uniforms for the department while maintaining and controlling the associated costs with the equipment.

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.	6
<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).	16
<input checked="" type="checkbox"/>	I make work assignments for others.	16
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	Varies
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	Varies
<input 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

Police Records Manager
Communication Center Manager
Financial Analyst
Sergeants
Commanders

YOUR DIRECT REPORTS' JOB TITLES

Criminalist
Evidence Technician
Administrative Clerk / Quartermaster
Tape Clerk

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

☒ Full Time 6 ☐ Part-Time ☒ Seasonal/Temp 1 ☒ Volunteer 2-3 ☐ 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		
Comm. Center Mgr.	Weekly	Coordination with Supervision of Tape Clerk
Financial Analyst	Weekly	Budget
Facilities	Monthly	Repairs in Evidence/Lab area
HR Analyst	Varies - Monthly to Yearly	Filling Vacancies - JAQ's - Salary surveys (CBI)
Fleet Maintenance	Quarterly	Repairs / Maintenance on Lab Vehicles
Sergeants	Weekly	Coordination of Investigations, Crime Scene Processing, Correcting Problems (i.e. teaching mentoring) with Officers

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Uniform & Equipment Vendors	Quarterly	Update of Uniform Products and other equipment for Officers
Technology Vendors	Yearly	Update of Service / Maintenance Contracts for Lab Equipment
DA's Office	Monthly	Issues with Evidence / Testimony for Court
General Public	Weekly	General Questions / Release of Property
Colorado Bureau of Investigation	Weekly	Supervision of Criminalists / Crime Scene Response / Evidence Issues

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

Essential Duties	Decisions Required	Frequency	% of Time
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	Direct Supervision of Personnel including job tasks assignments, evaluations, etc.	Too numerous to list here...	Daily	18
2	Prepare monthly report / statistics for Lab/Evidence personnel and a second monthly report for Staff	Interpretation of analytical data	Monthly	5
3	Respond to Major Crime Scenes / Coordinate response of Forensic Investigators. Insure proper collection, documentation, and processing of crime scenes.	Number of personnel needed, their skills and abilities, best practices for evidence collection	Occasionally	5
4	Review written reports including Lab Requests and Supplemental Crime Scene Reports and diagrams.	Was every request completed, are results correct?	Weekly	5
5	Process electronic media (including VHS Tapes, digital video recordings, audio tapes, digital audio recording, cellular phones) to convert and clarify for investigations and court proceedings.	Type of media needed, what is the end result desired?	Monthly	10
6	Conduct audits of Evidence	What is supposed to be present	Quarterly	5
7	Review and ensure compliance with department directives (policies). Review of existing directives for changes. Writing of new directives or revision of current directives.	What Directives apply and were they followed. Are new directives needed?	Occasionally	5
8	Instructing / Mentoring employees of changes or corrections needed. Includes submitting evidence, collecting evidence, procedures for processing crime scenes, Q & A for public tours, new employees, Citizen's Police Academy.	Skill level of individual, best methodology of processing	Occasionally	10

9	Approval and updating of Service & Maintenance Contracts for laboratory equipment including LiveScan, GCMS, FTIR, AFIS, and Avid Systems	What systems are used for and appropriate contract for equipment	Annually	5
10	Creating and Updating Forms for Departmental Use	What information is needed /	Occasionally	5
11	Prepare annual performance evaluations for employees.	Are employees following procedures? What have they done in the past 12 months?	Annually	5
12	Issue and/or repair Uniforms and other equipment (Only when Quartermaster is unavailable)	What equipment is needed or available	Monthly	5
13	Release Evidence / Property to Citizens	Determine if person is eligible to receive property and verify documents	Monthly	5
14	Approval of payment of bills / invoices / credit cards to include all expenditures for Lab/Evidence section and Patrol's uniform accounts.	What account items are for. Was employee authorized to make purchase? Are there sufficient funds to pay?	Weekly	5
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1,3, 4, 7, 8, 10, 11, 13	Knowledge of GJPD Directives
1,3, 4, 7, 8,13	Knowledge of US Constitutional Law, Criminal Law and Procedures (C.R.S. & Municipal), including Chain of Custody and Evidence preservation Statutes.
2, 5, 10, 14	Knowledge of computer systems including using Word, spread sheets (i.e. Excel), data bases, Adobe Acrobat, Photoshop,
5	Identifying codex or programs for viewing/playing of unknown type media files
5	A basic understanding of forensic video technology including: Perform digitizing, playback

	and analysis of video; Understand the scientific methodology of forensic video analysis; Understand the application of video evidence in the legal setting ; Understand the fundamentals of digital CCTV systems; Perform videotape recovery; Know current law and trends regarding video evidence; Understand analog video security systems; Understand digital video security systems; Understand TV engineering principles
1, 3, 4, 5, 6, 7, 8	Knowledge of best practices for collecting and preserving evidence.
1, 4, 8, 11	General knowledge of Criminalists' Jobs including basic chemistry and fingerprint techniques
1, 6, 7, 8, 11, 13,	Knowledge of all aspects of Evidence Technician's Job Duties (must fill in when they are absent)
1, 7, 8, 11, 12	Knowledge of Police Equipment including fit of uniforms, fabrics, and necessary equipment.
1, 9, 14	Knowledge of procedures for issuing Purchase Orders, legal implications of signing contracts

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 checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" 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
		Other (explain):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Specialized Training in Crime Scene processing, chemical analysis, fingerprint processing

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>
Laboratory	7 years		2 years
Crime Scene Processing	25 years		5 years
Supervisor (Sergeant)	6 years		2 years

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

Basic Supervision, Crime Scene Procedures, Evidence Procedures, Laboratory Procedures

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 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, 2, 4, 5, 6, 7, 10, 11, 12, 13, 14	Computer - including document scanners, bar-code scanners	80
1, 3, 4, 6,	Balance (Scale)	2
1, 3, 13	Firearm	Always

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 evidence can be released and to whom it may be released or what to do with it if we retain it.
 - 2. What was purchased and was the correct account used? Did the person have authorization to purchase items.
 - 3. What are the skills and abilities of the person being tasked with processing a crime scene.

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	2--Very Important	1, 3, 13
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.	2--Quarterly	2--Very Important	1, 3, 6, 8, 12, 13
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	2--Very Important	1, 3, 5, 8, 12, 13
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	1, 3, 5, 8, 12, 13
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	1, 3, 5, 8, 12, 13
Crawling: Moving about on hands and knees or hands and feet.	1--Annually	1--Somewhat Important	3
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1, 3, 5, 8, 12, 13
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1, 3, 5, 8, 12, 13
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1, 3, 5, 8, 12, 13
Pushing: Using upper extremities to press against	4--Weekly	2--Very Important	1, 3, 5, 8,

something with steady force in order to thrust forward, downward or outward.			12, 13
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	1, 3, 5, 8, 12, 13
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	4--Weekly	2--Very Important	1, 3, 5, 8, 12, 13
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	2--Very Important	1, 3, 5, 8, 12, 13
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, 3, 5, 8, 12, 13
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4--Weekly	2--Very Important	1, 3, 5, 8, 12, 13
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.	4--Weekly	3--Extremely Important	1, 3, 5, 8, 12, 13
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.	5--Daily	2--Very Important	1, 2, 3, 5, 6, 12, 13
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.	4--Weekly	2--Very Important	1, 3, 12, 13
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	3--Monthly	2--Very Important	1, 3, 12, 13

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.			
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	2--Very Important	1, 3, 12, 13
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	2--Very Important	1, 3, 12, 13
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.	1--Annually	1--Somewhat Important	1, 3, 12, 13

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:  Date: 12-23-08

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: *Paul Russell* Date: 1-19-09

Department Head Signature: _____ Date: _____

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.

