

# 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:**

**Department:**

### For Individual Questionnaires Only:

**Employee Name:** Ashman Peter L  
(Last) (First) (Middle Initial)

**Current Classification Title:** Pool Manager (Rec III)

**Division** Aquatics **Department** Parks & Recreation

**Total Length of Time with organization** 8 Years 10 months

**Total Length of Time in Current Position** 2 Years 3 months

**Assigned Hours/Week::** from 38 to 40 **Assigned Days/Week** 5-6

**Email:** petea@gjcity.org **Work Phone:** 970-254-3886

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Tina Ross

**Name:** Larry Manchester

**Title:** Aquatics Coordinator

**Title:** Recreation Supervisor

**Work Phone** 970-254-3805

**Work Phone:** 970-254-3844

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

**E-mail:** larrym@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.

POSITION: Pool Manager (Rec III)

SUMMARY: The purpose of the Pool Manager (Rec III) position is to provide the community with safe, clean, and well-maintained aquatics facilities. This duty encompasses pool chemistry/maintenance, lifeguard training, swim lesson coordination, and a variety of other day-to-day tasks, as well as seasonal responsibilities and a great deal of crisis management.





## 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	20-80
<input checked="" type="checkbox"/>	I make work assignments for others.	20-80
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	60
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	60
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3-7
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1-2

- 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

Pool Manager (Rec II - 3/4-time)
Pool Manager (Rec II - 1/2-time)
Seasonal Pool Manager (May-Sept. only)

### YOUR DIRECT REPORTS' JOB TITLES

Lifeguard
Cashier
Head Lifeguard
Volunteers
Swim Instructors

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

☐ Full Time

☐ Part-Time

☒ Seasonal/Temp 20-80

☒ Volunteer 1-2

☐ 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		
Peers in Parks Crews/Maintenance	Several times weekly	Repair/replacement of equipment, facility maintenance, special projects
Peers in Human Resources	Several times annually	Mandatory training for customer service annually, other job-related training opportunities
Peers in Purchasing	Monthly	Delivery of orders
Peers in Information Services	Monthly	Technical support for computers/modems/telephones
Leisure Service Representatives in Parks & recreation	Daily	Communication regarding programming and department information

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Patrons of aquatic facilities
Vendors	Weekly	Provide concessions and equipment/supply deliveries, ship orders for: equipment, uniforms, etc.
Ellis & Assoc. Lifeguard Auditors	4-5 times annually	Audit lifeguard staff performance, paperwork, etc.
Ellis & Assoc. LG Instructor trainers	Once every 2 years	Certification/recertification for Lifeguard training
Ellis & Assoc. Client Manager	Weekly	Provide information, feedback, and assistance in dealing with Ellis & Assoc. rules and regulations
Area swim team coaches and staff	Daily	Coordinating pool space and time usage, assisting in swim meet and practice operations

**3. ESSENTIAL DUTIES.**

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

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

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

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

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages





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

**Attach additional sheets if necessary.**

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

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

	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	Facility Management: Maintain chemical, electrical, and mechanical system components at Orchard Mesa Community Center and Lincoln Park-Moyer Pools	When and if chemicals should be added to the pool, what chemical tests indicate and how to correct those indications; whether systems are running properly, and if not, how to repair them.	Daily	15
2	Programming: Coordinate Learn to Swim and Special Events	What classes to run, when classes should be run, which instructors to schedule, what classes each instructor should teach, whether or not instructors are performing their tasks correctly, what classes students should be registered for, how to best accommodate each student and parents in order to ensure positive results, planning and running special events.	Daily	15



3	Staff Management: Maintain facility safety by monitoring on- and off-stand performance of lifeguard staff	Whether or not lifeguards are performing to the industry standard of care (test-ready at all times), whether more or fewer lifeguards should be put on stand based on the number of patrons in the facility, what tasks off-stand lifeguards should perform, how to best allocate staff for daily projects.	Daily	35
4	Administration: Prepare (produces, edits, compiles, or completes data entry) various administrative documents, including: lifeguard licenses, monthly reports, balancing sheets, lifeguard inservice logs, external usage reports, monthly calendars, informational signs and flyers, activity guide pages, Public Information Officer reports, Public Service Announcements, presentations, stores orders, etc.	What to include in each document, how to procure information needed in each document, editorial and layout changes.	Daily	5
5	Public Relations & Customer Service: Manage "crisis" situations/put out fires	How to deal with staffing, mechanical, electrical, chemical, public relations, customer service, and other issues on an "as needed" basis.	Daily	25-30
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	





#### 4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1	Knowledge - understanding of mechanical and/or electrical properties of system components, properties of chemical components, pool chemistry theory, how to repair, clean, or replace broken, dirty, or worn out components, how to interpret and respond to indications from pool chemical tests and various gauges to maintain optimal operating capacity. Skills - mechanical skills in operating tools and removing/cleaning/replacing parts for components, performing chemical and mechanical tests, calibrating equipment.
2	Knowledge - understanding of instructors strengths and weaknesses when assigning classes, understanding of how to teach the learn to swim curriculum and components of each class level, best practices for instructing swim lessons, how to place individual students based on ability, thorough knowledge of computer-based registration and attendance systems. Skills - swimming, water safety, rudimentary diving, lifeguarding, creating and/or completing classes, registering/transferring/withdrawing students, high customer service skills.
3	Knowledge - understanding of lifeguarding principles set forth by Ellis & Assoc. International Lifeguard training program, recognition of failure to comply with lifeguarding principles by pool staff, risk management, facility rules and regulations, constructive criticism of staff when failing to perform properly. Skills - Internal customer service, lifeguarding.
4	Knowledge - understanding of purpose behind each document needed, where/how to procure necessary information to complete tasks, how to organize information to ensure user friendliness. Skills - Computer skills ranging from written letters to spreadsheets to flyers, posters and manuals, document design, mathematics.
5	Knowledge - How to effectively handle a constantly-changing variety of situations, i.e. pool closures, staff shortages, medical and criminal emergencies, etc. Skills - Customer service, crisis management, prioritization, delegation, deputization.




### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

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

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

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Lifeguard and swim instructor experience	5+ years	Lifeguard and swim instructor experience	2-3 years
Aquatic facility management	3+ years	Aquatic facility management	1 years
Program coordination	3+ years	Programming/coordination	1 years

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

Optimal degree would be in Parks & Recreation Management, however, experience in the field is equally invaluable.



**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.

Certified Pool Operator OR Aquatic Facilities Operator, Jeff Ellis & Associates International Lifeguard Training Program license, Jeff Ellis & Associates International Lifeguard Training Program Instructor License, and Colorado Parks & Recreation Association membership.





**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	Pool/spa/waterslide pump, pool/spa/waterslide heater, pool/spa/waterslide filter, pool vacuum, diaphragmatic pump, Stenner pump, chlorine erosion feeder system, hydraulic valve systems, solenoid valves, various plumbing fixtures, hot water heater, circuit breaker, HVAC system components, solar water heater components, computer, hoses, wrenches, screwdrivers, hammers, pliers, handtruck, various other hand and power tools.	daily
2	Computer, telephone, pool toys, diving boards.	daily
3	Automated external defibrillator, supplemental oxygen system, fluid suction device, non-rebreather mask, bag-valve-mask, one-way valve/seal-easy mask, 50/50 valve, scissors, razors, rescue tube, body substance isolation equipment, whistle	daily
4	Computer, printer, telephone	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. How to keep the facilities, patrons, and staff safe and accommodated at all times within the scope of my position.
  - 2. How to best prepare and evaluate staff protocol for lifeguarding/facility safety and cleanliness.





3. How to continually provide the highest quality customer service available while acting within the scope of my position.



## **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

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	4--Weekly	1--Somewhat Important	1,4,5
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	1--Somewhat Important	1,2,3,5
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	2--Very Important	1,2,5
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	0--Not Important	2
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	1
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	0--Not Important	1,3,5
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	1--Somewhat Important	1,5
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1,2,3,5
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	4--Weekly	1--Somewhat Important	1,5





forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	1--Somewhat Important	1,5
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1,4,5
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2,3,5
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	1,5
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1,2,3,4,5
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	3
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	2--Very Important	2,3,4
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	5--Daily	2--Very Important	1,2,3,4,5



and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	2--Very Important	1,5
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	4--Weekly	2--Very Important	1,5
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	2--Quarterly	2--Very Important	1,5





## 2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

1/8/09



**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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments



**Please check the appropriate statement:**

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

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

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

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

Employee Signature:

Date:

Supervisor  
Signature:

Date:

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.





# 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
----------------------------------------------------------------------------------------------------	-----------------------------------------

Paige Hatten- Pool Manager (Rec II- 3/4 Time)

Allison Theobald- Pool Manager (Rec II- 1/2 Time)

**Division:** Aquatics

**Department:** Parks and Recreation

### For Individual Questionnaires Only:

**Employee Name:**

(Last)

(First)

(Middle Initial)

**Current Classification Title:**

**Division**

**Department**

**Total Length of Time with organization**

**Years**

**months**

**Total Length of Time in Current Position**

**Years**

**months**

**Assigned Hours/Week::; from**

**t o**

**Assigned Days/Week**

**Email:**

**Work Phone:**

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Tina Ross

**Name:** Larry Manchester

**Title:** Aquatics Coordinator

**Title:** Recreation Supervisor

**Work Phone:** 970.254.3805

**Work Phone:** 970.254.3844

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

**E-mail:** larrym@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 maintain staff, safety and operations in the aquatics facilities. This includes: scheduling; daily admissions; cleanliness of the facility; administering trainings; maintaining chemical qualities of the water; ect:..



## 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	-
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	-
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	-
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	20-75
<input checked="" type="checkbox"/>	I make work assignments for others.	20-75
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	75
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	20-75
<input type="checkbox"/>	I recommend termination for poor performance.	-
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	2-6
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

- 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

Pool Manager (Rec III- Full time)
Pool Manager (Rec II- 3/4 time)
Pool Manager (Rec II- 1/2 time)
Seasonal Manager's (Summer only)

### YOUR DIRECT REPORTS' JOB TITLES

Head Lifeguard
Lifeguards
Cashier
LTS Instructors
LTS Volunteers

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

☐ Full Time      ☒ Part-Time 1      ☒ Seasonal/Temp 20-85      ☒ Volunteer 2-4      ☐ 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		
Parks Crews	1-2 times a week	Repairing equipment, general maintenance, special construction and up keep.
Information Services	2-3 times a month	Problem shooting with computers. Fixing issues with printers, log-ins, networks, access, software and hardware.
Police Department	3-5 times a year	Safety and emergency help. General check-ins during problem times (free-day and Dive and Jives). Advice on proactive problem solving.
Fire Department	8-10 times a year	Assistance in emergency situations. EMTs called regularly with spinal injuries and any other life threatening situation.
Human Resources	3-5 times a year	Training, hiring questions, benefit issues
Purchasing	1-2 times a month	Ordering supplies

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Swim Teams	Daily	Facility usage
General Public	Daily	Facility, Questions, General Parks information
Superior Alarm	4-5 times a year	Alarm questions, Disarming, False Alarm Correction
External Maintenance Crews	2-3 times a week	Variety of mechanical labor.
Vendors	1 a week	Ordering retail and program products
Schools (District 51 and Mesa)	Daily	Facility usage

**3. ESSENTIAL DUTIES.**

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

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

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

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

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need



only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

*Attach additional sheets if necessary.*

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

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

	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	Facility Maintenance	Chemicals additions? Is everything working properly, and if not what needs done to fix it? Can I fix it or who do I need to get in contact to fix it? Is the facility clean? What needs done to improve the facility? Is the facility safe for our patrons?	Daily	25%
2	Administrative	Is the drawer ready for opening? Is the money counted and ready to be deposited? What reports need filled out? Balancing daily cash totals, logging participation,	Daily	15%

3	Staffing	Are the staff present and ready to start their duties? Monthly staff scheduling. Managing the daily events of the staff and making sure they are completing what has been assigned.	Daily	35%
4	Public Relations	Is the information being broadcast to the patrons correctly? What can I do to improve the stay at our facility for the patrons? Is the customer service we are giving at the highest quality?	Daily	15%
5	Programming Events	What events can we bring into our division to improve usage numbers? What needs ordered and planned in order to run the event? What advertising needs done to broadcast the event? What lessons to run and what lessons to cancel? Are instructors performing at a high level?	Weekly	10%
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1	Proper chemical and facility maintenance training, knowledge of chemical properties and compounds, how to solve problems or get in contact with those who do, common sence.
2	Money handling experience, training in class for windows, training in proper balancing procedures, how to properly fill out reports and documents to ease the job of superiors.
3	Common sence, lifeguard job requirements, pool schedule and prices, proactive, crisis management, internal customer service, understanding budgetary needs.
4	Customer service training, phone edicate, pool schedule and prices, positive attitude, confputer skills, conflict resolution, Understanding all Parks programs.
5	Creative thinking, time management, organization, learn to swim program knowledge.



### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

**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>
Cashier	2 years	1-2	1 years
Lifeguard	6 years	1-2	1-2 years
Seasonal Manager	2 years	1	1/2 years

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

Parks and Recreation, Customer Service, Leadership Training, Lifeguarding

**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.

Jeff Ellis Lifeguard Certification, Basic Leadership Training. Optional: Jeff Ellis Instructor 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	Cleaning products, Chemicals, Filter, Pump, Haircatcher, waterslide, heater, vaccum, hot tub,	Daily
2	Computer, Class for Windows, Payroll, Report Printing, Excel, Balancing	Daily
3	Telephone, Computer	Daily
4	Telephone, Computer, Microsoft	Daily
5	Telephone, Computer, Microsoft, class program	Weekly

**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. Troubleshooting judgements regarding mechanics and equipment.
  2. Major emergency quick thinking on lifesaving techniques.
  3. Decisions on how to handle customers, their needs and how we can accommodate them.

## 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
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	3--Monthly	1--Somewhat Important	1
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	4--Weekly	0--Not Important	1
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	3--Monthly	1--Somewhat Important	1
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	3--Monthly	0--Not Important	1
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	3--Monthly	0--Not Important	1
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	2--Quarterly	1--Somewhat Important	1
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	All
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	All
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust	4--Weekly	1--Somewhat Important	1



forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	1--Somewhat Important	1
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	1,2,4,5
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	1,3,5
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	4--Weekly	1--Somewhat Important	1,3
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	1
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	2,3,4,5
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	All
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	All
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	2--Very Important	2
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	4--Weekly	1--Somewhat Important	All

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	4--Weekly	1--Somewhat Important	1
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	-
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	-



## 2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" 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:

1/9/08

1/8/09

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD**

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments



Please check the appropriate statement:

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

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

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

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

\*Employee Signature:



Date:

1/9/09  
1/9/09

Supervisor  
Signature:



Date:

1/10/09

Department Head  
Signature:



Date:

1/5/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

## 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" 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