

# 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:** Recreation

**Department:** Parks and Recreation

## For Individual Questionnaires Only:

**Employee Name:** Manchester Larry C  
(Last) (First) (Middle Initial)

**Current Classification Title:** Recreation Supervisor

**Division** Recreation **Department** Parks and Recreation

**Total Length of Time with organization** 22 Years 2 months

**Total Length of Time in Current Position** 5 Years 5 months

**Assigned Hours/Week::** from 7:30 t o 4:30 **Assigned Days/Week** 5

**Email:** larrym@gjcity.org **Work Phone:** (970)254-3844

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Traci Wieland

**Name:** Rob Schoeber

**Title:** Recreation Superintendent

**Title:** Parks and Recreation Director

**Work Phone** (970)254-3846

**Work Phone:** (970)254-3881

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

**E-mail:** robsc@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 seek out and implement recreation programs by using paid staff and contractors. To supervise the operations of two aquatic facilities. To generate and manage budgets for general recreation, special events, and aquatics.

## 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.	1
<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).	5
<input checked="" type="checkbox"/>	I make work assignments for others.	5
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	75-100
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	20-25
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	75-100
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	4
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	4

- 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

Recreation Supervisor
Recreation Coordinators
Recreation Leader III's
Parks Supervisors
Golf Pro and Superintendent
Park Superintendent
Recreation Superintendent

### YOUR DIRECT REPORTS' JOB TITLES

Aquatics Coordinator

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

☒ Full Time 1      ☐ Part-Time      ☒ Seasonal/Temp 5      ☐ Volunteer      ☒ Contract 30



scribe 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		
Recreation Peers	daily	To provide input, support, and supervision for programs and facilities. To coordinate programs, needs of the recreation division and stay intuned with what each other has going on, as well as communicate coverage needs for each other in their absence. To keep them informed of projects and programs as well as receive additional duties as needed.
Human Resources	weekly	For hiring of staff, recognizing staff, dealing with risk management, and any disciplinary actions.
Finance	weekly	To deal with payroll, payables, and budget preparation.
Parks Peers	weekly	To communicate needs of recreation staff and maintain open communication between Parks and Recreation.
Parks and Recreation Director	weekly	To present them with a overview of what is going on in my area of supervision and answer any questions that may arise from the community or council.
City Clerks Office	quarterly	To obtain necessary permits for various programs and special evnets.

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Radio Stations	Weekly	Coodination of collabrative events as well as on air marketing
Contracted Program representatives	Daily	To maintain and implement the department's various contract programs
Colorado Parks and Recreation Association and Ellis & Associates	Monthly	To maintain an active presence in state and nation wide efforts to promote parks and recreation and stay abreast of various programs being offered state/nation wide.
School District	Monthly	To coordinate use of various schools for our programs.
Mesa County	Quarterly	To discuss and share information about jointly funded projects with in my supervision. As well as staying currnent with any licensures necessary to operate various programs.
All Parks and Recreation customers	Daily	To provide seamless services in the area of Parks and recreation.

**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	Provide program information for our seasonal activity guides, media and other community groups.	what programs to/and how to best advertise them through our activity guide, outside users, and media outlets.	Weekly	10%

2	Research, develop, and implement new programs, while maintaining and evaluating existing ones.	what programs meet our criteria for necessary programs and which ones may not be performing and need to be discontinued	Daily	10%
3	Oversee city aquatic facilities	help make program, policy, maintenance, and staffing decisions	Daily	20%
4	Program and coordinate special events	Who to work with, how much do we spend/charge, when and where to host event.	Monthly	15%
5	Develop and monitor budgets that fall under my supervision.	How much is needed to operate, what revenue is expected and what is the best way to spend and stay within our budget	Weekly	10%
6	Staffing for general recreation programs	Who and how many staff is needed for programs.	Weekly	5%
7	Provide program and facility information to the various groups we collaborate with.	What information is pertinent and timely for each group.	Monthly	5%
8	Obtain any and all special licenses or permits to operate programs or special events and monitor compliance.	Where to obtain permits and when are they necessary, then know if there are any compliance issues.	Weekly	5%
9	Prepare clear and concise reports and communicate effectively, both orally and in writing.	What information needs to go out and to whom	Daily	5%
10	Develop requests for proposals(RFP), evaluate bids, make recommendations for bid award and oversee capital improvement projects.	What requirements are necessary for RFP, what judging criteria should be used, and overseeing project once bid is awarded.	Quarterly	5%
11	General leadership of the aquatics and recreation staff, through staff development, mentoring and evaluations .	What are the best tools to develop staff into the leaders and supervisors of the future.	Daily	10%
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
2,3,4, & 6	Knowledge of operational characteristics, services and activities of a recreation and leisure services program, including aquatics and programs.
1,7, & 9	Knowledge in methods and techniques of public relations, customer service, and marketing.
5	Knowledge of municipal budget principles, preparation, and control
3, 6, & 11	Knowledge of supervisory and training methods.
1,5,6, & 8	Knowledge of city policies and procedures
2, 7	Ability to establish and maintain effective working relationships with those contacted in the course of work.
3	Knowledge of aquatics operations that include safety, maintenance and staffing.

### 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

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Progressive supervisory and programming experience	15 years	Progressive supervisory and programming experience	4 years
Experience developing and managing municipal budgets	10 years	Experience developing and managing municipal budgets	3 years
	years		years

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

**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.

Ability to obtain a Certified Parks and Recreation Professional (CPRP) 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
1,2,5,6,7,& 8	Office machines (computer, printer, fax, phones, and copier)	Daily
3	Aquatics systems (filters, pumps, chemical feeders, ect.)	Weekly
3,4, &8	Automobile	Daily
3	Misc. building tools	Monthly
7 & 1	<del>Audio</del> visual equipment	Weekly
	<del>Audio</del>	

#### 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. Preparing and presenting general recreation budget, while following priciples of municipal preparation and control.
  2. Developing recreation programming that meets the needs of the community, as determined through the use of focus groups, surveys, and field research.
  3. Effectively selecting, training, motivating and evaluating volunteer, seasonal, part-time and full-time personnel.

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



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.	2--Quarterly	1--Somewhat Important	3
<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	1,2,5 &9
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	2--Quarterly	1--Somewhat Important	3
<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.	3--Monthly	1--Somewhat Important	3 & 4
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	2--Quarterly	1--Somewhat Important	3
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,7, & 9
<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	7 & 9
<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	1-9
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	1 & 9
<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.	2--Quarterly	1--Somewhat Important	1
<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	2--Quarterly	1--Somewhat Important	1-9

and/or leg controls requires exertion is 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.	2--Quarterly	1--Somewhat Important	3 & 4
<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.	2--Quarterly	1--Somewhat Important	3 & 4
<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.	1--Annually	1--Somewhat Important	3 & 4



## 2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input 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"/>

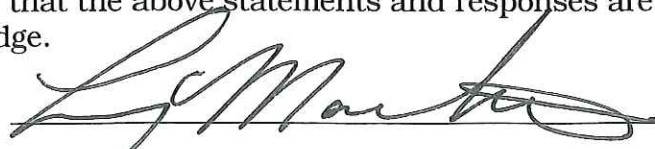
## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### 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: 12/24/08

**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. 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:

1/8/09

Supervisor  
Signature:



Date:

1-7-09

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.





# 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:** Wright Emily C.  
(Last) (First) (Middle Initial)

**Current Classification Title:** Recreation Supervisor

**Division** Recreation **Department** Parks and Recreation

**Total Length of Time with organization** 3 Years 1 months

**Total Length of Time in Current Position** 3 Years 1 months

**Assigned Hours/Week;; from** 8:00am **to** 5:00pm **Assigned Days/Week** 5

**Email:** emilyw@gjcity.org

**Work Phone:** 970-254-3875

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Traci Wieland

**Name:** Rob Schoeber

**Title:** Recreation Superintendent

**Title:** Parks and Recreation Director

**Work Phone** 970-254-3846

**Work Phone:** 970-254-3881

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

**E-mail:** robsc@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 oversee the coordination of recreational programs, special events, facilities and leagues by maintaining budget, staff and customer needs. To provide leadership and direction to multiple full time, part time and seasonal employees.



## 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 checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	1.5
<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).	30-60
<input checked="" type="checkbox"/>	I make work assignments for others.	30-60
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	30-60
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	30-60
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	30-60
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	8
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1

- 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

Recreation Supervisor
Recreation Coordinators
Marketing Coordinator
Administrative Specialist
Parks Supervisors

### YOUR DIRECT REPORTS' JOB TITLES

Recreation Coordinator - Bookcliff Activity Center
Recreation Coordinator - Athletics
Recreation Coordinator - Seniors
Three Leisure Service Representatives
Recreation Leader I, II and III
Contract Employee
Trail Host Volunteers

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

☒ Full Time 6     
 ☒ Part-Time     
 ☒ Seasonal/Temp Average 60     
 ☒ Volunteer 12     
 ☒ 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		
Parks Department	Daily	Facility Usage, Program Planning
Human Resources	Weekly	Labor Issues Including Hiring Employees
Finance Department	Monthly	Payroll Issues, Balancing,
Recreation Coordinators/Supervisors	Daily	Programs, Committees, Special Events
IS Staff	Weekly	Payroll Issues, Computer Support
Parks and Recreation Director	Daily	Recreational Program Updates and Advice

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Programming Needs
School District 51	Daily	Facility Usage/Scheduling
Colorado Parks and Recreation Association	Monthly	Conference Planning, Networking
Media	Monthly	PSA, Interviews
Community Committees	Monthly	Networking and Education Opportunities

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b>  (Not to exceed 100%)
1	Staff Supervision: Including training, hiring, evaluation and completing performance appraisals, assignment of duties and program guidance for 7 full time staff, 65 seasonal/parttime staff, 1 contractor and multiple vollunteers	What are the appropriate disciplinary decisions and procedures that need to be followed. Make appropriate pay rate and hiring decisions. Decide how to properly motivate and lead full time staff.	Daily	30%
2	Supervise a variety of programs, leagues and special events including the planning, evaluation, staffing, and budget preperation for programs/leagues.	What revenue do we need to reach to gain the appropriate cost recovery. What is the best method to survey and evaluate the program customers. What is the best marketing plan to reach a suspific customer population.	Daily	25%
3	Administrative: Prepare and monitor budgets for multiple programs, facilities, and leagues. Oversee payroll for recreation staff and multiple full time employees. Produce invoices and aprove payments for billing, produce annual/monthly reporting.	What account codes should be used to pay invoices/bills. What are the correct pay rates for payroll. How to properly prepare a budget for multiple programs and facilities.	Daily	10%

	Facility Management: Oversee facility usage, maintenance and budget. Provide guidance to facility staff about policies and procedures.	What policies and procedures need to be created. How do we divide facility usage with multiple community organizations. What yearly maintenance requirements will need to be in the yearly budget.	Daily	10%
5	Customer Service: Providing daily customer service to multiple customers including league managers, program registrants and facility users.	How to deal with difficult customers. What needs do the customers have and how to best solve those needs.	Daily	10%
6	Collaborate with a variety of community special interest groups and provide assistance and guidance to special interest groups.	How can the Parks and Recreation Department assist the many community special interest groups.	Monthly	5%
7	Competent with the CLASS software system and using CLASS to produce league schedules, program reports (rosters, participant numbers, budgetary status).	How to work with CLASS developers to design program reports and upgrades needed for programs and leagues. How to best teach seasonal and part time staff how to use the CLASS system. How to make the computer system work to meet the needs of our customers.	Daily	10%
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
2, 3 and 4	Knowledge of budget preparation and cost recovery
1, 3 and 4	Knowledge of how to effectively supervise staff
2, 3 and 7	Knowledge of how to properly prepare a league schedule or tournament bracket
1, 3 and 4	Knowledge of how to manage a facility
5 and 6	Knowledge of how to work with outside agencies
3, 4 and 7	Computer software and use skills
1, 3, 4, 5 and 6	Knowledge of how to deal with customers in a professional manner

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Increasing Recreation Programming and Staff Supervision Experience	11 years	Programming and Staff Supervision Experience	4 years
Budget Experience	11 years	Budget Experience	4 years
Facility Supervision	8 years	Facility Supervision	4 years

a. What field (s) should training or degree be in?  
Recreation Management and Tourism

**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 Parks and Recreation Professional



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

Duty #	Machines, Tools, Equipment	Frequency/Time
2, 3, 4, 5 and 7	Computer Equipment	Daily
2, 3, 4, 5 and 7	Telephone	Daily
2, 3, 4, 5 and 7	CLASS Software System	Daily
2, 3, 4, 5 and 7	Microsoft Computer Programs	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. Deciding on budget needs and producing a budget for multiple programs and facilities.
  2. Oversee the hiring, mentoring and evaluating of full time, part time and seasonal staff.
  3. Program creation including marketing, budgeting, staff schedules and program evaluation.

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



against something with steady force in order to thrust 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.	0--Never	0--Not Important	
<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	1,2,3,4,5,6,7
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	4--Weekly	1--Somewhat Important	1,2,3,4,5,6,7
<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.	3--Monthly	1--Somewhat Important	1,2,3,4,5,6,7
<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	1,2,3,4,5,6,7
<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	1,2,3,4,5,6,7
<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	1,2,3,4,5,6,7
<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	1,2,3,4,5,6,7
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7
<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	1,2,3,4,5,6,7
<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	3--Monthly	1--Somewhat Important	2

antly 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.			
<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.	1--Annually	0--Not Important	2
<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 type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### ADDITIONAL COMMENTS

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

## EMPLOYEE CERTIFICATION

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

12/22/08



**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:

1-8/09

Supervisor  
Signature:



Date:

1-7-09

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.

