



DEPARTMENT OF HUMAN RESOURCES
POSITION ANALYSIS QUESTIONNAIRE

Please indicate the type of review that will be conducted:

- Reclassification
New Position

If this position is currently filled, has the incumbent performed the new duties for a minimum of six (6) months?

- Yes
No

Table with 2 columns and 9 rows: EMPLOYEE'S NAME, JOB TITLE, POSITION TYPE (Regular Full Time, Limited Service), DEPARTMENT, DIVISION, REPORTS TO (Name), SUPERVISOR'S JOB TITLE, DATE

The purpose of this questionnaire is to obtain current information to document the requirements of this position and the work performed.

Please complete this questionnaire as honestly, completely and accurately as you can. Base your answers on what is normal to the current job, not special projects or temporary assignment duties, unless these tasks are a regular part of the job.

I. JOB OBJECTIVE, JOB DUTIES AND RESPONSIBILITIES

A. JOB OBJECTIVE (GENERAL PURPOSE OF POSITION)

Indicate in one or two sentences the general purpose of the position (or why this job exists). (For example: To operate, maintain, and repair computer equipment and to provide technical assistance to users.)

Large empty rectangular box for writing the job objective.

**I. JOB OBJECTIVE, JOB DUTIES AND RESPONSIBILITIES (CONTINUED)**

**B. PRIMARY JOB RESPONSIBILITIES**

Describe specific duties and responsibilities that are essential to the purpose of this position and critical to successful performance, listing the most important first. For each duty and responsibility, describe the successful completion or result of that activity. **DO NOT** use acronyms or abbreviations. Use a separate sentence or paragraph for each duty and responsibility. **Most positions can be described within 10 or fewer major responsibility areas.** Each statement should be brief and concise. Give the best estimate of average percentage of time each duty and responsibility takes over the course of a day. Copy and attach additional information, if necessary. Marginal or occasional duties and responsibilities will be described in the next section.

<b>SAMPLE TASKS</b>	<b>Percent (%) of Daily Time</b>
1. Answers questions and provides information to customers by telephone.	<b>30%</b>
2. Maintains and updates various hard copy and computer files	<b>20%</b>
3. Collects, sorts and distributes incoming mail.	<b>20%</b>
4. Types various correspondence and forms.	<b>20%</b>
5. Makes travel arrangements.	<b>10%</b>
	<b>100%</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
	<b>100%</b>

**I. JOB OBJECTIVE, JOB DUTIES AND RESPONSIBILITIES (CONTINUED)**

**C. SECONDARY JOB RESPONSIBILITIES**

Describe duties and responsibilities that are marginal to the overall purpose of the position. DO NOT use acronyms or abbreviations. This includes duties and responsibilities that are not essential to the reason the position exists and generally require an average of less than 10% of time to complete (occasional duties and responsibilities). Use a separate sentence or paragraph for each duty and responsibility.

1.
2.
3.
4.
5.

**II. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES**

**A. Knowledge and Experience (Knowledge, Skills, Abilities) related directly to essential functions**

Please describe the minimum amount of knowledge required to perform this position.

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1. Please indicate how this knowledge may be obtained (select all applicable items below:)

- A.  Some high school
- B.  High school diploma (or GED)
- C.  Vocational/Technical School
- D.  Apprenticeship or training in a skilled trade (*e.g. electrician, carpentry, etc.*)
- E.  Some college
- F.  Associate's (2 year) College Degree; \_\_\_\_\_
- G.  Bachelor's (4 year) College Degree; \_\_\_\_\_
- H.  Master's Degree (MA, MS) or Law Degree (JD); \_\_\_\_\_
- I.  Other \_\_\_\_\_

**II. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES (CONTINUED)**

**B. EXPERIENCE/SKILLS**

1. What would be the minimum length of work experience necessary to obtain this knowledge without the benefit of education described above?

- |  |   |
|--|---|
| <input type="checkbox"/> less than six months            | <input type="checkbox"/> six months, less than one year |
| <input type="checkbox"/> one year, less than three years | <input type="checkbox"/> three years to five years      |
| <input type="checkbox"/> five years to seven years       | <input type="checkbox"/> other _____                    |

2. Please indicate the specific work experience required to perform this job. For example “two (2) years of accounting experience in a public sector environment.” Please ensure that the experience stated is what is **actually required for the job**, not what is preferred.

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3. Please list any specialties or areas of study that you think should be **REQUIRED** for this position.

*Additional skills, capabilities, or previous experience*

1.
2.
3.

**C. CERTIFICATIONS AND LICENSES**

Does the position require any professional certifications, licenses and or registrations?

- Yes       No (If No, skip to next section.)

1. List all required professional certifications, licenses required to perform this position and the time frame required to obtain certification/license for this position. (e.g. before employment; within one year of employment) (attach additional pages, if necessary)

<b>CERTIFICATION/LICENSE TYPE</b> <small>Example: Certified Public Accountant (CPA)</small>	<b>TIME FRAME REQUIRED TO OBTAIN</b> <small>Example: Must obtain within one (1) year of employment</small>
1.	
2.	
3.	

**II. EDUCATION, EXPERIENCE, CERTIFICATIONS AND LICENSES (CONTINUED)**

**D. MOTOR VEHICLE OPERATION**

1. Does this position operate a city vehicle?

Yes       No (If No, skip to next section.)

2. If **YES**, what type of vehicles? (Example: passenger van, side-loader refuse truck.)

If YES, is this vehicle driven on city streets?

Yes       No

Check the appropriate item(s) for frequency each vehicle is driven month.

Daily       1-4 times       5-9 times       Other \_\_\_\_\_

3. What type of driver's license is required for this position? (check all that apply)

<input type="checkbox"/> Regular (Class D) Driver's License	<input type="checkbox"/> Class A Commercial Driver's License (CDL)	<input type="checkbox"/> Class B Commercial Driver's License (CDL)	<input type="checkbox"/> Class C Commercial Driver's License (CDL)	<input type="checkbox"/> Other
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If a Commercial Driver's License is required please list the name/type of vehicle position is required to operate that requires the license.

4. **List any special CDL endorsements that are required.**

*For example: passenger endorsement, HAZMAT, tank vehicles, etc.*

**III. SUPERVISION**

FORMAL supervisory responsibility is defined as actively participating in the hiring, provides coaching/counseling and conducts performance evaluations of other City employees. If you are required to conduct and sign annual performance evaluations, you have formal supervisory responsibility.

1. Does this position supervise one or more full-time positions?

Yes       No

2. What is the total number of positions supervised? \_\_\_\_\_

**III. SUPERVISION (CONTINUED)**

3. Check the appropriate areas of responsibility:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hiring           | <input type="checkbox"/> Coaching/Counseling | <input type="checkbox"/> Reviewing Salaries |
| <input type="checkbox"/> Training         | <input type="checkbox"/> Assigning Work      | <input type="checkbox"/> Disciplining       |
| <input type="checkbox"/> Approve Leave    | <input type="checkbox"/> Orientation         | <input type="checkbox"/> Terminating        |
| <input type="checkbox"/> Planning/Control | <input type="checkbox"/> Conduct Performance | <input type="checkbox"/> Evaluation         |

4. List position titles supervised by this position:

5. Does this position conduct performance evaluations for the positions listed above?

- Yes                       No

**IV. SUPERVISION RECEIVED**

- Direct Supervision - employee receives instructions and close supervision from a superior who is present at all times, and who gives step-by-step directions.
- Immediate Supervision - employee receives instructions and task assignments from a supervisor, who reviews work in progress. Works under constant supervision.
- General Supervision - employee performs duties under work orders received from a supervisor without his/her close and constant supervision. Submits reports on finished work to supervisor for review.
- General Direction - employee can plan work methods after receiving instructions on procedures and recommendations on major matters of policy.
- Administrative Direction - employee can perform duties on his/her own initiative. Work operations can be re-planned or reorganized on employee's own authority. Employee can plan and budget for programs and flow of work. Receives little or no supervision except in matter of overall Citywide policy.

**V. EFFECT OF ERRORS**

What is the most serious consequence, which could result from an error made in this position?  
Check all applicable statements below:

- Errors are easily and quickly detected and would result in only minor confusion or clerical corrections.
- Errors are usually detected in succeeding operations and generally confined to one division.
- Errors may cause considerable interruption and delay in work output.
- The effect is usually confined within the City, but may extend indirectly to outside relationships.
- Errors are hard to detect, may be serious, but usually confined within the City.
- Errors are hard to detect and may be serious, affecting outside relationships.
- Errors could result in the death/serious injury of a person.

**VI. SCOPE OF RESPONSIBILITY**

**A. CUSTOMER CONTACT**

1. Internal: List persons or departments that are internal customers and the frequency and type of contact (*i.e., frequent contact in person and over the telephone with Police Department staff*).

2. External: List general groups (*i.e., neighborhood organizations, vendors, etc.*) that are external customers and the frequency of contact (*i.e., constant contact with clients or neighborhood organizations, weekly contact with vendors, etc.*)

**B. FISCAL RESPONSIBILITY**

1. What are the fiscal responsibilities of this position?

**VI. SCOPE OF RESPONSIBILITY (CONTINUED)**

2. Is this position responsible for collecting money (by cash, check, or transfers) on behalf of the City?

- Yes                       No

If yes, please explain:

3. Is this position charged with managing a budget, employee salaries, etc?

- Yes                       No

If yes, please explain:

**VIII. WORKING CONDITIONS**

A. Hours: What are the normal working hours for this position (*i.e., call out, shift work, mandatory overtime, holidays, weekends, etc.*).

B. Location: Describe place(s) where work activities are performed (*i.e., at a desk, in computer room, etc.*) and any conditions that warrant special attention (*i.e., high noise level, exposure to dust, etc.*).

C. Physical Elements: Describe in action verbs the physical elements of the position and an estimation of how frequently these actions are performed and/or the duration of the action (*i.e., sits at computer terminal and enters data 4 - 6 hours per day*).



**VIII. WORKING CONDITIONS (CONTINUED)**

D. Special Job Dimensions: Does this position require any physical demands such as standing for prolonged periods, lifting, bending, pushing, climbing, etc. If so, what percentage of time? Please elaborate.

Yes                       No      If yes, please explain below:

E. Describe any dangers or hazards in the performance of the job duties?

F. Equipment Used: List all tools and equipment necessary to complete the tasks associated with this position, what software is utilized, and to what extent it is used. (e.g., database maintenance, data retrieval only; computerized file development and maintenance, etc.)

SOFTWARE/TOOLS (e.g., computer; microsoft word, excel)	EXTENT OF UTILIZATION (e.g., daily, monthly, annually)
1.	
2.	
3.	
4.	
5.	

G. Does the position perform duties that are safety sensitive or duties that could create a risk of harm to others if the employee is under the influence of illegal drugs or alcohol?

Yes                       No      If yes, please explain below:

**X. ADDITIONAL INFORMATION**

Please include any additional information that will aid in the preparation/evaluation of an accurate description of this job (attach additional page(s) if necessary).

This questionnaire was completed by:

\_\_\_\_\_  
**NAME, TITLE**

\_\_\_\_\_  
**DATE**

**If the position is currently filled, please have the incumbent review and sign below.**

\_\_\_\_\_  
**NAME, TITLE**

(Signature does not necessarily imply agreement, only acknowledges changes.)

\_\_\_\_\_  
**DATE**

**XI. SUPERVISOR/MANAGER AND DEPARTMENT DIRECTOR**

If this questionnaire was completed by the current incumbent, please review the employee's responses carefully. If you disagree with the statements or any information is missing, please list in the space below. The employee's work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE'S RESPONSES.**

If this request is to reclassify an existing position, briefly describe the reassignment of work, the new function added by law or other factors, or the reorganization which changed the duties and responsibilities of this position.

\_\_\_\_\_  
**DIVISION MANAGER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**DEPARTMENT DIRECTOR'S COMMENTS**

\_\_\_\_\_  
**DEPARTMENT DIRECTOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**