

CAMPBELL COUNTY JOB ANALYSIS QUESTIONNAIRE

SECTION I -- BACKGROUND INFORMATION			
A. Name:			
	(last)	(first)	(middle initial)
B. Department:			Division:
C. Classification Title:			Time Within Current Classification: (Years) (Months)
D. Previous Classification Titles:	1.	2.	
E. Time Within Previous Classification(s):	1. (Years)	2. (Years)	
F. Total Hours Scheduled to Work Per Week:	Type of Employment:	Full Time <input type="radio"/>	Part Time <input type="radio"/> Temporary <input type="radio"/>
G. Typical Work Schedule:	From: o'clock	To: o'clock	
H. Work Location/Address::			
I. Name of Supervisor:			Title of Supervisor:
J. Would you like to be interviewed regarding your classification?	<input type="radio"/> Yes <input type="radio"/> No		
SECTION II -- SUMMARY OF MAJOR FUNCTIONS			
Briefly outline, describe or summarize the major functions of your position:			

SECTION III -- MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

This Section and Section IV of the questionnaire are very important. This Section asks for a list of the major, important, and essential duties you perform. In order to compile this list, first transfer any duty statements from your current job description that still apply to your position into this Section. Then list any additional duties which are not reflected in your current job description. We also need special documentation regarding tasks, duties, and responsibilities currently assigned to you. Please provide the following documentation for each task, duty, and responsibility:

FREQUENCY COLUMN

D = Daily
M = Monthly

W = Weekly
A = As needed

TIME SPENT COLUMN

S - Significant = 10% or more
M - Moderate = 5 - 9%
O - Occasional = less than 5%

SUPERVISOR REVIEW COLUMN

(for Managers and Supervisors only)

E = Essential (A major focus of the position)
NE = Non-Essential (A minor focus of the position - can be easily assigned to another position)

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES:				Frequency	Time Spent	Supervisor Review
1.						
2.						
3.						
4.						
5.						
6.						
7.						

SECTION III -- MAJOR, IMPORTANT, AND ESSENTIAL DUTIES (continued)

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES:	Frequency	Time Spent	Supervisor Review
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			

SECTION IV -- IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES

Please transfer any knowledge, skills, and abilities from your current job description that still apply to your position into this Section. Then list any additional knowledge, skills, and abilities which are not reflected in your current job description. Please list only those knowledge, skills, and abilities that are required for successful performance of the assigned duties at entry into your job.

IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SECTION IV -- IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES (continued)

IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES:

11. _____

12. _____

13. _____

14. _____

15. _____

SECTION V -- LICENSES, CERTIFICATES, OR REGISTRATIONS

Please provide a listing of the licenses, certificates, or registrations required for your position and the issuing agency. Space is also provided for desirable licenses, certificates, or registrations.

Required	Issuing Agency		Desirable	Issuing Agency

SECTION VI -- EQUIPMENT AND MACHINE OPERATION

In the performance of your duties, are you required to operate any equipment and/or machines? If yes, please list the equipment and/or machines that you operate in the space provided below. If you operate computers, please list software utilized. In addition, please provide the following documentation:

<u>FREQUENCY COLUMN</u>		<u>TIME SPENT COLUMN</u>		<u>SUPERVISOR REVIEW COLUMN</u> <small>(for Managers and Supervisors only)</small>	
D = Daily	W = Weekly	S - Significant = 10% or more		E = Essential (A major focus of the position)	
M = Monthly	A = As needed	M - Moderate = 5 - 9%		NE = Non-Essential (A minor focus of the position - can be easily assigned to another position)	
		O - Occasional = less than 5%			

Equipment/Machine	Frequency	Time Spent	Supervisor Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

SECTION VII -- WORKING RELATIONSHIPS

Are you required to foster, establish, and maintain harmonious and positive contacts in the performance of your duties? If so, please indicate the types of contacts by completing the Purpose, Time Spent, and Frequency columns using the appropriate codes provided below:

<u>PURPOSE OF CONTACTS</u>	<u>FREQUENCY COLUMN</u>	<u>TIME SPENT COLUMN</u>	<u>SUPERVISOR REVIEW COLUMN</u>
1. Provide information/service 2. Coordinate services, projects, and/or activities 3. Solve problems for services, projects, and/or activities 4. Supervise and direct others 5. Other (specify)	D = Daily W = Weekly M = Monthly A = As needed	S - Significant = 10% or more M - Moderate = 5% - 9% O - Occasional = less than 5%	E = Essential (A major focus of the position) NE = Non-Essential (A minor focus of the job - can be easily assigned to another position)

Types of Contact	Purpose (Use Codes)	Frequency	Time Spent	Supervisor Review
1. Co-workers				
2. Supervisor/Manager				
3. General public/customers				
4. Board(s)				
5. Commission(s)				
6. Committee(s)				
7. Other: please specify				

SECTION VIII -- PHYSICAL ABILITY REQUIREMENTS AND WORKING ENVIRONMENT

In the performance of your duties and responsibilities, are you required to perform any of the physical activities listed below? Are you required to be exposed to any of the working environments listed? Use the duty numbers from Section IV and the codes provided below to provide the necessary information for each physical activity and working environment.

FREQUENCY COLUMN

TIME SPENT COLUMN

SUPERVISOR REVIEW COLUMN

(for Managers and Supervisors only)

D = Daily
M = Monthly

W = Weekly
A = As needed

S - Significant = 10% or more
M - Moderate = 5 - 9%
O - Occasional = less than 5%

E = Essential (A major focus of the position)
NE = Non-Essential (A minor focus of the position - can be easily assigned to another position)

Physical Activities					Working Environment				
Physical Activity	Duty # from Section III	Frequency	Time Spent	Supervisor Review	Working Environment	Duty # from Section III	Frequency	Time Spent	Supervisor Review
Sitting					Extreme Cold				
Standing					Extreme Heat				
Walking					Extreme Noise				
Running					Working Outdoors				
Kneeling					Vibration				
Crouching/ Stooping/ Squatting					Confining Work Space				
Crawling					Chemicals				
Twisting Upper Body					Explosive Materials				
Climbing					Mechanical Hazards				
Lifting Average lbs.					Electrical Hazards				
Other					Other				

SECTION IX -- SUPERVISION

Do you exercise supervision over other employees? Yes No

If yes, how many employees do you supervise? # _____

Full time _____ # Part Time _____ # Temporary/Seasonal _____ # Other _____

Please check below the type of supervision you exercise. Also provide a listing of the names and titles of the employees you supervise.

_____ **LEAD SUPERVISION --** Is characterized by some form of authority over the work of employees, even though the lead supervisor is not the full supervisor. The lead supervisor is responsible for prescribing procedures, methods, materials, and formats and provides direction to employees. In addition, the lead supervisor schedules and assigns tasks, monitors progress, reviews results, and is responsible for the completed work.

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ **DIRECT SUPERVISION --** In addition to the above, the basic characteristics of direct supervision are the observance, review, and evaluation of performance; and the administration of line personnel functions (e.g., selection, discipline, grievances).

<u>NAME</u>	<u>TITLE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION X -- BUDGET

Are you required to have any budget responsibility? If yes, please complete the following Section:

<u>CHECK THE BUDGET FUNCTIONS YOU PERFORM:</u>	<u>CHECK THE APPROPRIATE AREA OF RESPONSIBILITY:</u>	<u>PROVIDE THE DOLLAR AMOUNT(S):</u>
<p>Develop To develop a budget means to make recommendations that affect policy and allocation of resources.</p>	<p>Department _____ Division _____ Section _____ Other _____</p>	<p>_____ _____ _____ _____</p>
<p>Administer To administer a budget means to make expenditure decisions once the budget has been approved.</p>	<p>Department _____ Division _____ Section _____ Other _____</p>	<p>_____ _____ _____ _____</p>
<p>Monitor To monitor a budget means to track or check the budget once it has been adopted.</p>	<p>Department _____ Division _____ Section _____ Other _____</p>	<p>_____ _____ _____ _____</p>
<p>Coordinate To coordinate budget means to participate in the data collection and organization of budget material.</p>	<p>Department _____ Division _____ Section _____ Other _____</p>	<p>_____ _____ _____ _____</p>

Miscellaneous Comments:

Employee Signature: _____	Date: _____

SECTION XI -- SUPERVISOR/MANAGER/DEPARTMENT HEAD REVIEW

Please do not edit, modify, or change the questionnaire completed by the employee. However, please review the content of the questionnaire and make sure nothing important/ critical concerning the job is missing or needs to be revised. If additions or modifications are necessary, please use the space provided below. In addition, please complete or ensure the completion of the appropriate Supervisor Review columns in Sections III, VI, VII, and VIII. Since this is not a performance appraisal review, please do not make comments about the performance of the employee.

Immediate Supervisor Review:

~~Immediate Supervisor, in addition to the comments you provided above, please describe the qualifications which you believe should be required in filling future vacancies in this position. Consider the qualifications for the position itself rather than the~~ qualifications which the present incumbent may or may not have.

- (a) Education and special training: Years and kind _____
- (b) Practical experience: Years and kind _____
- (c) Licenses or Certificates required _____
- (d) Other desirable qualifications and requirements _____

Signature: _____ **Title:** _____ **Date:** _____

Manager(s) Review:

Signature: _____ **Title:** _____ **Date:** _____

Department Head Review:

Signature:	Title:	Date:
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