

POSITION INFORMATION QUESTIONNAIRE

1. BACKGROUND INFORMATION

Name				Class Title			
Name of Department				Working Title			
Name of Special Program (if applicable)							
Work Telephone Number					Ext.		
Work Day Begins At:		Ends:		Total Hours Per Day:		10/11/12 Month Employee	
Length of Time in Present Position					Years		Mos.
Last Previous Position (if applicable)							
Total Length of Time with District					Years		Mos.
Title of Immediate Supervisor							
Name of Immediate Supervisor							
Name of Person(s) Who Signs Evaluation							
Does Your Current Class Title Accurately Describe Your Position?					Yes		No
If Not, What Class Title Do You Believe Better Describes the Position? (Please Give Reasons):							

2. BASIC FUNCTION

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

--

3. SPECIFIC DUTIES AND RESPONSIBILITIES

A. Representative Duties and Responsibilities

Describe in detail the regular duties and work that you perform describing each duty in a separate numbered statement. Begin with those duties that you consider to be most important. Describe each duty thoroughly by stating specifically what you do and how you do it. In the column on the right side, indicate the approximate percent of your total time you spend performing each duty (total time should equal 100%).

How often performed? D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly (at least once or twice)

#	Representative Duties and Responsibilities	% of Time	How Often Performed?
1			
2			
3			
4			
5			

B. What machinery or equipment do you use in performing these tasks?

--

POSITION INFORMATION QUESTIONNAIRE

C. What other duties do you perform on an irregular or periodic basis (weekly, monthly, or annually)?

Other Duties	How Often

4. CONTACT WITH OTHERS

A. Internal Contacts

With what other District departments/positions do you come in contact? What is the reason for the contact?

How often? If each day or so, use "continuous", if each week or so, use "frequent", if every several months, use "moderate", if once every six months or more, use "infrequent".

Department/Position	Reason	How Often

B. Outside Contacts

With what other organizations, agencies or authorities outside the District do you come in contact (if any) during the normal course or your duties? What is the reason for this contact? How frequently ("continuous", "frequent", "moderate" or "infrequent")?

Outside Organization	Reason for Contact	How Often

5. RECORDS AND REPORTS

A. Records

What records do you regularly maintain or prepare?

--

B. Reports

What reports do you prepare or supervise the preparation of? How often are these prepared?

Title of Report	Reason for Report	Sent to	How Often

6. DECISIONS

A. Type

Describe the most difficult and/or major decisions you make in the course of your work.

--

POSITION INFORMATION QUESTIONNAIRE

B. Degree of Independence

What review is made of your decisions by others? Who reviews? For what reason? Do you work independently or with your supervisor closely available?

C. Financial Impact

What is the amount and type/name of the budget for which you have direct accountability (include salaries of subordinates)?

What is the greatest expenditure you can authorize (signature authority)?

Are there other direct or indirect measures of financial impact of your position?

7. SUPERVISION

A. Subordinates

List the classification titles of employees whom you supervise directly (you are responsible to complete their performance appraisals) and indirectly. Indicate number of employees in each classification.

DIRECTLY	
Classification	No.

INDIRECTLY	
Classification	No.

B. Do you have responsibility for selection of personnel, appraisal of performance, and such actions as salary increases, promotions, discipline, reassignment or terminations?

	Yes		No
--	-----	--	----

If yes, please describe:

8. KNOWLEDGE AND ABILITIES

A. Knowledge

List the specific areas of knowledge that a person must possess to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, curriculum or subject matter.

B. Abilities

List the specific abilities that a person must possess to successfully perform your job. Some of the areas to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate, and review.

POSITION INFORMATION QUESTIONNAIRE

9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Minimum Formal Education:

Specialized Training (Years and Type)

Previous Experience (Years and Type):

Licenses, Certification or Registration (list whether it is required by State, District or other)

Training Period (required for a new employee possessing the qualifications above):

10. WORKING CONDITIONS

In order to comply with government regulations related to working conditions and physical requirements, please complete the following two sections.

Work Environment: What is the work environment or location in which you perform your duties? (Examples include: standard office, indoor/outdoor, adverse weather conditions, noise, regular exposure to fumes, dust and odors, and exposure to constant interruptions.)

Physical Requirements: If a physical ability applies, please list a specific task which requires this ability. If the physical ability does not apply, please check (X) N/A.

How Often Performed? A = Rarely (once or twice a year), B = Occasionally (monthly), C = Frequently (weekly), D = Daily (1 to 4 hours), E = Daily (5+ hours)

Physical Ability	N/A	Specific task(s) that require this ability	How often?
Example: <i>Climbing</i>		<i>Ladders and scaffold to paint buildings and other facilities</i>	<i>C</i>
Climbing			
Standing for extended periods of time			
Sitting for extended periods of time			
Lifting and carrying <small>(please indicate weight of the heaviest item you are required to lift)</small>			
Pushing or pulling			
Walking			
Reaching overhead and above shoulders			
Heavy physical labor			
Repetitive hand/body motions			
Utilize hand or power tools			

POSITION INFORMATION QUESTIONNAIRE

Bending			
Other (please be specific)			

Hazards: Please list hazardous or unpleasant working conditions in your job

Hazards	N/A	Conditions under which hazard exists	How often?
Chemicals			
Working around and with machinery having moving parts			
Working at heights			
Dissatisfied or abusive individuals			
Extreme weather conditions			
Other			

11. OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

12. Do you wish to request an interview with the consultants?

	Yes		No
--	-----	--	----

If you want a group interview, please list the individuals involved.

I HAVE READ THE INSTRUCTIONS AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Signature of Employee

Date

