

## CITY OF COMMERCE JOB ANALYSIS QUESTIONNAIRE

### SECTION I – BACKGROUND INFORMATION

A. Name:	
B. Department:	Division:
C. Classification Title:	Time Within Current Classification:
D. Previous Classification Titles:	
E. Time Within Previous Classification(s):	
F. Total Hours Scheduled to Work Per Week:	Type of Employment:    Full-Time    Part-Time    Temporary
G. Typical Work Schedule:	
H. Education:	
I. Work Address:	Telephone Number:
J. Name of Supervisor:	Title of Supervisor:

### SECTION II – REVIEW OF CURRENT JOB DESCRIPTION

Please carefully read your current job description, which is attached to this form. Edit (cross out) or revise all outdated information. The remaining information must be copied onto this questionnaire into the appropriate Section as explained later. Please be sure to submit the edited job description with this questionnaire.

**SECTION III -- SUMMARY OF MAJOR FUNCTIONS**

Briefly outline, describe or summarize the major functions of your position:

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**SECTION IV – MAJOR, IMPORTANT, AND ESSENTIAL DUTIES**

This section and Section V 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 that 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      W = Weekly  
M = Monthly    A = As Needed

**TIME SPENT COLUMN**

S – Significant = More than 20%  
M – Moderate = 11% to 20%  
O – Occasional = 10% or less

**SUPERVISOR REVIEW COLUMN**

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

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

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES (continued)	Frequency	Time Spent	Supervisor Review
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

**SECTION V – 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 that 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.
11.
12.
13.

IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES (continued):

14.

15.

16.

17.

18.

19.

20.

**SECTION VI – 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 registration.

Required	Issuing Agency		Desirable	Issuing Agency

**SECTION VII – 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.

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**Physical Activities**

**Working Environment**

<i>Physical Activity</i>	<i>Duty # from Section IV</i>	<i>Frequency</i>	<i>Time Spent</i>	<i>Supervisor Review</i>	<i>Working Environment</i>	<i>Duty # from Section IV</i>	<i>Frequency</i>	<i>Time Spent</i>	<i>Supervisor Review</i>
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 VIII – 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. In addition, please provide the following documentation:

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**SUPERVISOR REVIEW COLUMN**

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

EQUIPMENT/MACHINE	Frequency	Time Spent	Supervisor Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**SECTION IX – 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:

**PURPOSE OF CONTACTS**

1. Provide information/service
2. Coordinate services, projects and/or activities
3. Solve problems for services/projects/activities
4. Supervise and direct others
5. Negotiate within policy
6. Negotiate involving policy changes
7. Other (Specify)

**FREQUENCY COLUMN**

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**SUPERVISOR REVIEW COLUMN**

- E = Essential (A major focus of the position)  
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Types of Contacts	Purpose (Use Codes)	Frequency	Time Spent	Supervisor Review
1. Co-workers				
2. Supervisor/Manager				
3. General public/Customers				
4. Contractors, developers, engineers, vendors				
5. Board(s)				
6. Commission(s)				
7. Committee(s)				
8. Council(s)				
9. Other (please specify)				



**SECTION X – 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.

**NAME**

**TITLE**

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\_\_\_\_\_ DIRECT SUPERVISION -- In addition to the above 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).

**NAME**

**TITLE**

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**SECTION XI – 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:</u>																																																								
<p><b>Develop</b> To <b>develop</b> a budget means to make recommendations that affect policy and allocation of resources.</p> <p><b>Administer</b> To <b>administer</b> a budget means to make expenditure decisions once the budget has been approved.</p> <p><b>Monitor</b> To <b>monitor</b> a budget means to track or check the budget once it has been adopted.</p> <p><b>Coordinate</b> To <b>coordinate</b> a budget means to participate in the data collection and organization of budget material.</p>	<table> <tr><td>Department</td><td><input type="checkbox"/></td></tr> <tr><td>Division</td><td><input type="checkbox"/></td></tr> <tr><td>Section</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Department</td><td><input type="checkbox"/></td></tr> <tr><td>Division</td><td><input type="checkbox"/></td></tr> <tr><td>Section</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Department</td><td><input type="checkbox"/></td></tr> <tr><td>Division</td><td><input type="checkbox"/></td></tr> <tr><td>Section</td><td><input type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </table>	Department	<input type="checkbox"/>	Division	<input type="checkbox"/>	Section	<input type="checkbox"/>	Other	<input type="checkbox"/>			Department	<input type="checkbox"/>	Division	<input type="checkbox"/>	Section	<input type="checkbox"/>	Other	<input type="checkbox"/>			Department	<input type="checkbox"/>	Division	<input type="checkbox"/>	Section	<input type="checkbox"/>	Other	<input type="checkbox"/>	<table> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> <tr><td>\$</td><td>_____</td></tr> </table>	\$	_____	\$	_____	\$	_____	\$	_____			\$	_____	\$	_____	\$	_____	\$	_____			\$	_____	\$	_____	\$	_____	\$	_____
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**SECTION XII – MISCELLANEOUS COMMENTS**

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**Employee Signature:** \_\_\_\_\_

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

**SECTION XIII – 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 Section IV, VII, VIII, and IX. Since this is not a performance appraisal review, please do not make comments about the performance of the employee.

**Immediate Supervisor Review:**

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Note to 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 that 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:**

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**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Review:**

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**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_