

Pulaski County Position Classification Questionnaire

Instructions for the use of this form

Read these instructions carefully. The information provided on this form is important for accurate job analysis. Job analysis is the process by which we record the duties and responsibilities required of the position. Job analysis does not measure how well the job is being performed but, instead, documents the difficulty of the duties and responsibilities. It also assists us in the determination of minimum qualifications necessary to perform the job. The form contains three parts, one for the employee, one for the supervisor, and one for the Department Head/Elected Official.

PART 1 FOR THE EMPLOYEE'S USE ONLY

Read each question carefully. All questions are to be answered to the best of your ability. **DO NOT** copy other people's answers even though their work is the same as your own. Your own work statement is important and NOT the ideas of others about your work. If any space is required, you may attach additional sheets.

Upon completion, date and sign the questionnaire and give it to your immediate supervisor.

PART 2 FOR THE SUPERVISOR'S USE ONLY

This section will be completed by the supervisory person for **ONLY** those employees whom he/she supervises. When completing Part 2, the supervisor should not make any changes in the statements of the subordinate shown in Part 1. Read them through and then give your opinion of their accuracy and completeness. Does the employee's description of the position give a full picture of his/her duties and responsibilities? Clarify any discrepancies in information as completely as possible.

Upon completion, date and sign the questionnaire and give it to your Elected Official/Department Head.

PART 3 ELECTED OFFICIAL/DEPARTMENT HEAD'S USE ONLY

This section will be completed by the Elected Official/Department Head or his/her designated representative. The Elected Official/Department Head or his/her designated representative, however, shall not make any alterations or changes in the statements made by their subordinates. Review the statements of the employee and his/her supervisor and indicate any inaccuracies found. Identify any information that may be omitted.

Upon completion, date and sign the questionnaire and return it to Human Resources.

III. Describe the consequence of error in the performance of your job tasks in terms of lost time, monetary loss, damage or loss of property, possible physical injury, economic expenses, setbacks in goal attainment, etc.

IV. RESPONSIBILITY FOR FUNDS AND PROPERTY: Describe your responsibility, if any, for County funds, supplies, equipment, or other property. Include the approximate value of funds or property for which you are responsible.

V. What specific information, principles, theories, or concepts do you have to know to perform adequately in your position?

VI. PROBLEM SOLVING

1. Please check the statement that most closely describes your job.

- Work is strictly repetitive and uses established processes, directions or a sequence of steps coupled with immediate supervision.
- Activities and duties are repetitive and use a pre-determined set of processes or directions coupled with nearby supervision. Decisions are simple or patterned.
- Work is moderately repetitive. Activities with slight variation using a definite set of processes or directions with some degree of supervision. Choice of learned things in situations which conform to clearly established patterns.
- Work is moderately structured. Fairly broad activities using moderately structured procedures with only generally guided supervision. Applies learned things in somewhat varied situations.
- Activities and duties are directed. Supervisory and/or professional skills using structured practices and policies and directed as to the execution and review. Applies learned things in moderately varied situations where reasoning and decision-making are essential.
- Activities are moderately directed and covered by wide-ranging policies and courses of action and generally directed as to execution and review. High level of analytical, interpretive, and/or constructive thinking in varied situations.
- Activities are covered by expansive policies and objectives, and oversight as to execution and review. High level of analytical, interpretive, and/or constructive thinking in varied situations covering multiple areas of the County.
- General Oversight. Activities are covered by general organizational philosophy and objectives. Solves problems in novel, non-recurring or swiftly changing situations in which the approach is not fully defined. Receives guidance from top executive officer.
- Minimal Oversight. Activities are covered by general organizational philosophy and objectives. Solves problems in novel, non-recurring or swiftly changing situations in which the approach is not fully defined. Receives guidance from Elected Official or County Judge.

2. Give an example of the activities you perform that support your choice above – please be specific.

VII. DECISION MAKING

1. Please check the statement that most closely describes your job.

- Performs work operations which permit infrequent opportunity for decision-making of minor importance which would only affect the individual to a slight degree.
- Performs work operations which permit frequent opportunity for decision-making of minor importance which would affect the individual involved and other employees or citizens to a slight degree.
- Performs work operations which permit frequent opportunity for decision-making of minor importance AND major importance which would affect the work operations of a small organizational component and other employees or citizens to a moderate degree.
- Performs work operations which permit frequent opportunity for decision-making of minor importance AND major importance either of which would affect the work operations of a small organizational component and the organization's clientele.
- Performs work operations which permit frequent opportunity for decision-making of minor importance AND major importance either of which would affect the work operations of a medium organizational component and the organization's clientele.
- Performs work operations which permit frequent opportunity for decision-making of major importance either of which would have considerable effect on the final attainment of multiple major activities and the organization's projects of a large organizational component and its clientele.
- Performs work operations which permit frequent opportunity for decision-making of the organization's final decision maker and authority which would have considerable effect on the final attainment of multiple major activities and projects of a large organizational component and its clientele.

2. Please provide specific examples of the types of problems you must solve on a continuing basis, and check the category that describes the degree of decision-making responsibility you have in solving these problems.

Decision Making Responsibility (Check appropriate column)

Type of Problem (Be Specific)	A	B	C	D	E	F

A = LITTLE OR NO RESPONSIBILITY
 B = PROVIDE INFORMATION
 C = MAKES RECOMMENDATIONS

IX. SUPERVISION RECEIVED

1. Please check the statement that most closely describes the kind of supervision you receive.
 - Decisions and actions regularly reviewed by supervisor or manager
 - Decisions and actions periodically reviewed by supervisor or manager
 - Receives general supervision enabling employee to proceed alone on routine work, referring questionable cases to supervisor.
 - Receives general direction enabling employee to plan and arrange their own work, referring only unusual cases to supervisor.
 - Under general direction working from policies and general directives. Rarely refers specific cases to supervisor unless clarification or interpretation of the organization's policy is required.
 - Under administrative direction, establishes own standard of performance. Virtually self-supervising. Reports to senior management.
 - Self-directed to achieve organization goals. Reports to Elected Official.

2. Please provide an example of the type of decision or action referred to in #1 above.

X. ENVIRONMENTAL/PHYSICAL ACTIVITY

1. Where is **most** of your work performed? (circle one)
 - 100% Indoors – Office Setting
 - 100% Indoors – Non-office setting
 - 100% Outdoors
 - Combined indoors and outdoors setting

(Indicate % of time spent indoors and outdoors) _____ % In _____ % Out

Please describe work performed outdoors:

2. What level of physical activity is **required** to complete your job? (Indicate percentage of time spent in each level of physical activity).

- Requires little physical (desk job)
 - Requires some physical activity
 - Requires significant amount of physical activity
- Please specify type of physical activity
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3. Which of the following is a **regular** part of your job (circle all that apply)?
Note: Be sure to include tasks that you are required to perform, even if you perform them infrequently.

A. Lifting – without mechanical aids

What? _____
Generally what range of weight in pounds? _____
What % of the day? _____

B. Bending or kneeling

What? _____
What % of the day? _____

C. Climbing

Average # feet climbing? _____
What % of day climbing? _____
Ladder used % of time? _____
Frequently over and around equipment? _____
Sometimes over and around equipment? _____

D. Carrying

What? _____
What range in weight, generally? _____
What % of the day? _____

E. Crawling

What purpose? _____
How far, generally? _____
What % of the day? _____

F. Pushing

What? _____
What % of the day? _____
What range of weight, generally? _____

G. Pulling

What? _____
What % of the day? _____
What range of weight, generally? _____

H. Standing

What % of day? _____

What type of floors, generally? _____
 At equipment? _____

I. Sitting

How long a period of time? _____
 What % of the day? _____

J. Walking

How long a period of time? _____
 What % of the day? _____

K. Traveling

Why? _____
 How long a period of time? _____

L. Manual Dexterity Used

- Average
- Frequent and difficult, precise – (describe) _____

M. Talking – Conveying detailed or important instructions or responses to other employees accurately.

- Little or no communication required
- Must be alert to sounds of equipment or fellow workers
- Frequent communication required

Why? _____
 How often? _____

Is there any aspect of your job that makes this more difficult? If yes, explain

N. Hearing – My Job Requires:

- Receiving detailed information through oral communication;
- Making fine distinctions in sounds

Why? _____
 How Often? _____

O. Vision – My Job Requires

- Far vision acuity – clarity of vision at 20 feet or more

Why? _____
 How Often? _____

- Near vision acuity – clarity of vision at 20 feet or less

Why? _____
 How Often? _____

- Depth perception – three dimensional vision.

Ability to judge distance and space relationship so as to see objects where and as they actually are.

Why? _____

How often? _____

- Field vision – area that can be seen up and down or to right or left while eyes are fixed on a given point.

Why? _____

How often? _____

- Color vision – ability to identify and distinguish colors

Why? _____

How often? _____

P. Turning

- Torso

Why? _____

How often? _____

- Head & Neck

Why? _____

How often? _____

XI. WORKING CONDITIONS/HAZARDS

1. On your job, do you have exposure to loud or long noises and/or vibrations?

- Yes No

If yes, from what? _____

How long a period of time? _____

If yes, are ear plugs used or required on the job?

- Yes No

What % of the day? _____

2. Please check the statement that most closely describes your job.

- I have mostly comfortable working conditions. I only need to take a few precautions to make sure myself and others stay healthy and safe.
- I am often surrounded by dust, noise, fumes, very cold or very hot weather, poor lighting, etc. Keeping safe and healthy takes extra care.
- I am usually surrounded by dust, noise, fumes, very cold or very hot weather, etc. for long periods of time. I must take many precautions to keep myself and others healthy and safe.

3. My working conditions are (check one):

- Are not very hazardous or dangerous
- Are sometimes hazardous or dangerous
- Are hazardous or dangerous much of the time and the chance of injury is often present.

Employee Signature

Date

PART 2 – STATEMENT OF THE IMMEDIATE SUPERVISOR

1. Comment on statements of employee. Indicate any exceptions or additions.

2. Indicate the qualifications which you think should be required at entry in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

Minimum Qualifications:

General Education:

Special or Professional Education:

Experience: (Length in Years & Kind)

Licenses, Certificates, or Registrations:

Special Knowledge: (Abilities and skills)

3. What is the minimum level of reading, etc., needed to perform this job satisfactorily?
- No reading required
 - Must be able to read and understand labels
 - Must be able to comprehend moderately detailed operating instructions and safety procedures with limited explanation from supervisors or lead positions.
 - Must be able to comprehend fairly intricate operating manuals, instructions, and safety procedures with limited explanation from supervisor
 - Must be able to read and write proficiently.

SUPERVISOR'S SIGNATURE

DATE

PART 3 – STATEMENT OF ELECTED OFFICIAL/DEPARTMENT HEAD

1. Comment on the above statements of the employee and supervisor. Indicate any inaccuracies or statement with which you disagree.

2. Have any significant facts been omitted? If so, please explain.

SIGNATURE OF ELECTED OFFICIAL/DEPT. HEAD

DATE