

Job/Position Questionnaire

Name

Job Title

Department

Reports To (Name & Title)

1. Please give a general description of the major purpose of your job.
2. In order of importance, list the primary responsibilities of your job.
3. What types of decisions can you make on your own?
4. What types of decisions require approval of a higher authority?
5. How would you describe your workload?
6. Briefly list the basic activities you perform on a daily basis.
7. Briefly list the basic activities you perform on a weekly basis.
8. Briefly list the basic activities you perform on a monthly, quarterly &/or annual basis.
9. List the names and titles of others within the organization with which you interact to perform the duties of your job
10. List the people and/or organizations outside of your government (e.g. banks, suppliers, contractors, attorneys, engineers, state officials, etc.) with whom you are required to interact to perform the duties of your job.

11. Do you have any supervisory responsibilities? Yes No

a. If yes, do you have the authority to hire &/or fire employees?

Yes No

b. Do you have the authority to discipline employees?

Yes No

c. Do you have the authority to recommend salary &/or wage adjustments?

Yes No

d. Please list the titles of employees you supervise directly and/or indirectly.

e. Do you have any responsibility to develop and monitor a budget?

Yes No

f. Do you have any purchasing responsibilities?

Yes No

g. Do you have any authority to schedule employees?

Yes No

h. Please list any other supervisory responsibilities you might have.

12. What skills are necessary to perform your job? (E.g. computer skills, knowledge of general office equipment, ability to deal with people, ability to run heavy equipment, etc.)

13. What would be the minimum educational requirement to perform your job and what would be the desirable educational requirement to perform your job? (e.g. formal education not required, H.S. diploma or equivalent, 2 or 4 year college degree, graduate degree, special training certification or professional license/certification)

_____ Minimum
_____ Desirable

14. What is your current level of education? (e.g. H.S. Diploma, 2 or 4 year college degree, graduate degree, special training certification or professional license/certification)

15. How much experience would someone need to perform your job? (e.g. none, 1 year, 5 years, 10+ years)

16. How many years have you been employed in your current job position at your town?

17. What type of work experience would be helpful for someone performing your job?

18. Does your job require any physical skills such as lifting, pushing, pulling, or repetitive motions?

Yes_____ No_____

19. Work Conditions:

General office environment_____

Outdoor environment_____

Garage or shop type environment_____

Other (please describe)_____

Is there any special condition in your work environment (e.g. noise levels, odor problems, crowded environment, etc.) that is atypical of a comparable workplace? Please describe:

20. Other- Is there anything about your job, its requirements, or your working environment that was not covered in this questionnaire that you would like to explain or describe?

21. What is your current rate of pay?