

PLUMAS COUNTY

JOB DESCRIPTION QUESTIONNAIRE

You are being asked to complete this questionnaire because you know your position better than anyone else. Your answers will be used to evaluate your job class only, NOT your performance. You are asked to describe the purpose of your position, its responsibilities, and other information that will assist us in our understanding of your job. Please type or neatly print your responses to each question. Be candid and answer each question as accurately as possible. If you need additional space in answering a question, you may attach a page(s) to the end of the questionnaire for your response. Please make sure you clearly note the Section Number and the Number of the question being answered when additional pages are used. **If a question does not apply to your position, please write "N/A" (Not Applicable).**

SECTION 1. ORGANIZATIONAL INFORMATION

YOUR NAME _____ EMPLOYEE NO: _____

YOUR CLASS TITLE: _____

DIVISION AND SECTION: _____

WORK ADDRESS: _____

WORK PHONE: _____

YOUR SUPERVISOR'S NAME: _____

YOUR SUPERVISOR'S CLASS TITLE: _____

PLEASE CHECK THE APPROPRIATE BOX FOR THE STATEMENTS BELOW AND PROVIDE THE REQUESTED INFORMATION:

Regular full-time employee	Temporary full-time employee
Regular part-time employee	Temporary part-time employee
The full-time standard work week for my position is:	
40 Hours	36 Hours
37-1/2 Hours	Other
My usual work hours are from _____ to _____	
Do you want to be considered for an interview regarding your classification?	Yes No
If yes, which is your preference?	Individual interview Group interview

SECTION 2. PRIMARY PURPOSE OF YOUR POSITION

Briefly describe the primary purpose of your position.

SECTION 3. TASK STATEMENTS

Although your current class description may not be up to date, you will find it to be a valuable resource as you complete this questionnaire. Your job will be evaluated based on your responses. Our ability to appropriately evaluate your position is dependent upon the accuracy and completeness of your responses.

SAMPLE LIST OF TASK STATEMENTS FOR EXPERIENCED LEVEL OFFICE ASSISTANT

Frequency: How often do you perform the task? Mark the column:

D =Daily W =Weekly M =Monthly

TASK NO.	DESCRIPTION	FREQUENCY		
		D	W	M
1	Prepares final documents for signature from rough draft.	✓		
2	Inventories office supplies.			✓
3	Processes client reimbursements and forwards to Treasurer		✓	

a. Listing of Essential Position Tasks:

In the space provided on the following pages, please list the ESSENTIAL tasks and duties you perform in your

SECTION 4. INFORMATION USED AND PROCESSED

- a. List below the important reports, charts, graphs, payments, etc., documents and related materials **required and/or reviewed** by you in the performance of your work.

Records, Charts, Graphs, etc	Why do You Review It	What do You do With it

- b. List below the important reports, charts, graphs, payments, etc., documents and related materials **prepared** by you in the performance of your work.

Records, Chart, Graph, etc	Why do You Prepare It	What do You do With it

SECTION 5. MACHINERY. EQUIPMENT. TOOLS USED

- a. List below the types of machinery and/or equipment used by you in the performance of your work.

Type of Machinery/Equipment	Purpose for Which You Use It	What You do With it

b. List below the computer software you use in your work.

Type of Computer Software	Purpose for Which You Use It

c. List below the types of tools that you use in the performance of your work.

Type of Tool	Purpose for Which You Use It

SECTION 6. MATHEMATICAL REQUIREMENTS

a. Check below those statements that most closely describe the level of math you must use in the performance of your work.

Add/Subtract

Multiply/Divide

Calculate decimals/Percentages

Statistical Analysis

Algebra/Geometry

b. Other mathematical requirements.

SECTION 7. DECISION MAKING

Briefly describe the nature and type of decisions you make when performing your assigned tasks. Please provide up to five examples of decisions that illustrate those which are typically made by you in your position.

SECTION 8. SUPERVISION RECEIVED

a. Who assigns and monitors your work?

Name: _____

Class Title: _____

b. How frequently is the majority of your work monitored? (i.e., daily, during each assignment, after each assignment, weekly, etc.)

c. How is your work checked in order to eliminate or reduce errors?

d. How are your work priorities set? (By you, by your supervisor, standard procedures, etc.).

e. What types of guidance are used to aid you in the performance of your duties? (Desk manuals, departmental procedures, established practices, regulations, etc.). Please explain.

f. How often do you meet with your supervisor? (daily, weekly, monthly, as needed, rarely). Please explain.

SECTION 9. LEAD AND SUPERVISORY RESPONSIBILITY

Please check the box that best describes your current position and provide the information requested in the space provided. Check (✓) only one box in this section.

Not applicable

I am designated as a lead worker. Assigning, reviewing and coordinating the work of others is a primary work assignment in your position.

Please list those jobs and number of positions for whom you are a designated lead worker.

Titles of Positions for Which You are the Lead Worker	Number of Positions

I am in a designated supervisory class. Supervision is the primary function of my job. Please list those job classes and number of employees in each class that you directly supervise.

Titles of Positions for Which You are the Supervisor	Number of Positions

I supervise subordinate supervisory staff. I am a second level supervisor or higher.. Please list the job classes and the number of employees in each class to whom direct supervision is provided.

Titles of Positions for Which You are the Supervisor	Number of Positions

SECTION 10. CONTACTS WITH OTHERS

List by category those persons with whom you typically have job related contact (i.e., co-workers, other department personnel, patients, clients, contractors, vendors, county staff, city staff, federal or State agencies, etc.) Briefly state the purpose of the contacts. For example, if you were an engineer, you might list “contractors” to monitor their work activities that are being performed for the Agency.

Person/Group	Contact Purpose

SECTION 11. FREQUENCY OF VERBAL CONTACT WITH OTHERS

a. Check (✓) which of the categories below best reflects the percentage of time that you spend in work-related contact with others. Contact refers only to that time when you are in **actual face-to-face or telephone** conversation with another person or group.

- Up to 25% or about 1/4 of your time
- 41% to 60% or about 1/2 of your time
- 76% plus, or a significant majority of your time.

- 26% to 40% or about ___ of your time
- 61% to 75% or about ___ of your time

SECTION 12. PHYSICAL EFFORT/ENVIRONMENTAL FACTORS

The most common physical and environmental factors encountered by employees are listed below. Please complete the listing using the following "Definitions" .

"G" great, strong, excessive "M" moderate, average, usual "S" slight, minimum, weak "N/A" not applicable

PHYSICAL FACTOR	RATING	ENVIRONMENTAL FACTOR	RATING
SITTING		WORKS INDOORS	
WALKING ON LEVEL SURFACE		WORKS OUTDOORS	
WALKING ON SLIPPERY SURFACE		EXTREME HEAT	
STAIR CLIMBING		EXTREME COLD	
REACHING		UNUSUAL HEIGHTS	
RUNNING		WORKS UNDERGROUND	
REPEATED BENDING		WET CONDITIONS	
USE OF BOTH LEGS		RADIATION EXPOSURE/MICROWAVE	
COLOR VISION		ABOVE AVERAGE NOISE	
NEAR VISION		AIR CONTAMINANTS	
FAR VISION		FUMES/DUST	
SENSE OF SMELL		SOLVENT	
NIGHT VISION		GREASE/OIL	
USE OF BOTH EYES		CHEMICAL EXPOSURE (SPECIFY)	
ACUTE HEARING			
HEARING AIDE PERMITTED-(YES/NO)		SKIN IRRITANTS (SPECIFY)	
FINITE COORDINATION			
GRASPING MOTION		HANDS IN WATER	
USE OF BOTH HANDS		HANDLES FIREARMS/EXPLOSIVES	
USE OF ALL FINGERS		DRIVES VEHICLES (SPECIFY)	
ABILITY TO WORK UNDER STRESS		County cars to training sessions	
GLASSES PERMITTED - (YES/NO)		WORKS WITH HEAVY MOTOR EQUIPMENT	
CONTACT LENS PERMITTED - (YES/NO)		WORKS WITH POWER TOOLS	
LIFTING OBJECTS		WORKS ON LADDERS/SCAFFOLDS, ETC.	
1 - 15 LBS.		WORKS ALONE	
16 - 25 LBS.		WORKS IN TEAMS	

26 - 40 LBS.		IRREGULAR WORKING HOURS (EXPLAIN)	
40 LBS. OR OVER		UNUSUAL FATIGUE (EXPLAIN)	

SECTION 13. VISUAL EFFORT

List job duties that require you to visually focus upon specific tasks for sustained periods of time. Indicate the approximate percentage of your work time devoted to each of these tasks.

Job Duty	% of Time

SECTION 14. EMPLOYMENT STANDARDS

Your class specification (job description) sets out the "*Experience, Education, Knowledge and Abilities*" required for appointment to your position. The specification also includes a class definition. Please review the standards contained in your class specification and provide additions/deletions and/or comments as directed below.

a. EXPERIENCE: Do you agree with the *Experience* requirements as stated in the your Class Specification?

Yes No If "No", please explain.

b. EDUCATION: Do you agree with the *Education* requirements as stated in the Class Specification?

Yes No If "No", please explain.

b.1 What do you believe is the minimum education level (high school, G.B.D., bachelor's degree, master's degree, etc.) that is necessary for successful performance in your job class? *We are not asking/or your personal qualifications.*

b.2 List below the educational degrees, diplomas, certificates, etc., that you currently hold and the issuing institution.

Educational Degrees - Diploma	Awarding Institution

b.3 List below any licenses, professional or technical certificates that you currently hold. Indicate whether it is required for your current position.

Certificate – Licenses	Required (Yes/No)

c. KNOWLEDGE: Do you agree with the required *Knowledge* as stated in the Class Specification?

Yes No If "No", please explain.

d. ABILITIES: Do you agree with the required *Abilities* as stated in the Class Specification?

Yes No If "No", please explain.

e. CLASS DEFINITION: Do you agree with the *Definition* provided for your classification?

Yes No If "No", what additions or deletions would you make, and why?

SECTION 15. ADDITIONAL COMMENTS/SIGNATURE

Please add any additional information that will assist us in understanding your job.

When you have completed the questionnaire, sign and date it and forward it to your supervisor.

SIGNATURE: _____

DATE: _____

SECTION 16. SUPERVISOR'S REVIEW AND COMMENTS

a. Please carefully review this questionnaire and indicate whether, in your opinion, the responses accurately describe the position. Please state any inaccuracies or omissions in the space below. DO NOT ALTER ANY OF THE EMPLOYEE'S RESPONSES. This is not a performance review of the respondent.

Your comments will be available for review by the employee.

Section Number	Comment

b. What do you feel is the most important function of this position?

I have reviewed the responses in this questionnaire and concur that they are typical of the duties and responsibilities of the class except as noted in my comments above.

Supervisor's Signature

Department Head Signature

Date

Date