## 

ACPS Job Information Questionnaire

Job Information Questionnaire

## Employee Section

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| Items 1 through 14 are to be completed by the employee or by a group of employees holding the same job. |

## Identifying Information

| Name: |  |
| --- | --- |
| Official Title: |  |
| Working Title if Different: |  |
| How long have you held this position? |  |
| Department: |  |
| Division/Section/Unit: |  |
| Work Address: |  |
| Work Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you regularly work: | | Regular work hours: | |
| Full Time  Part Time | | From: To: | |
| Days? Evening Shift?  Night Shift? | Yes  Yes  Yes | Official Length of meal period: | |
| Name of Immediate Supervisor: | | | |
| Title: | | | |
| Others to whom you report or from whom you receive assignments: | | | |
| Name | | | Title |
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## Job Summary Describe the main purpose of your job in one or two sentences.

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## Job Duties List and number your duties in the space below. Group related duties into a single sentence or paragraph.

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| Attach additional sheets if needed. Indicate the amount of time you spend on each duty as a percent of your normal work schedule. When added together, the percentages for **REGULAR** and **OCCASIONAL** should add up to 100%. |

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| **REGULAR DUTIES:** List duties you perform daily, weekly or monthly. |

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| --- | --- | --- |
| Duty Number | % of Time |  |
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| **OCCASIONAL DUTIES**: List duties you perform occasionally such as special projects or work performed at certain times of the year (e.g., seasonally, quarterly or annually.) |
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| --- | --- | --- |
| Duty Number | % of Time |  |
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| Total | 100% |  | |

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| List any EQUIPMENT, SOFTWARE, INSTRUMENTS, TOOLS, VEHICLES that you use in your work and give the hours per day, week or month that each is used. |

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment, Software, Etc. | Amt of Time Per  Day/Wk/Mo | Equipment, Software, Etc. | Amt of Time Per  Day/Wk/Mo |
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| Which of the above requires the **MOST SKILL?** |
| **HOW LONG** does it take to become proficient in the equipment, software, etc. that takes the **MOST SKILL?** |

## What kind of EDUCATION (e.g., degree), TRAINING (e.g., certifications), EXPERIENCE (e.g., types and years to proficiency) is needed to do your job?

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## List persons inside and outside of the organization that you regularly CONTACT in your work. Include contact in person, by phone, radio or TV.

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| --- | --- | --- |
| Persons Contacted | Purpose | How Often? |
|  |  |  |
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Are the people you contact generally?

|  |  |  |  |
| --- | --- | --- | --- |
| Friendly and cooperative?  Emotionally upset?  Hostile or threatening? |  | Unfriendly and uncooperative?  Physically ill or injured?  Representatives of the media? |  |

Please explain:

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## RESOURCES: Describe your responsibility for the efficient and economical use of

financial, informational, or physical resources:

**Financial** (E.g., do you recommend or approve expenditures, prepare and administer budgets, collect or safeguard cash?)  No  Yes If yes, please explain:

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**Informational** (E.g., do you process, ensure the accuracy of, control the use of, or safeguard, data or information?)  No  Yes If yes, please explain:

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**Physical** (E.g., do you clean, operate, maintain, repair, construct, store, or safeguard equipment, facilities or supplies?)  No  Yes If yes, please explain:

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## DECISIONS YOU MAKE & ACTIONS YOU TAKE Give examples of the kind of decisions you make and the actions you take in your job.

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## WORK ENVIRONMENT Where is most of your work performed? (E.g., office, shop,

## field, driving a vehicle.)

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What are the unpleasant or disagreeable aspects of your work environment? Please indicate how often you are exposed to them.

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| --- | --- |
| Unpleasant or Disagreeable Aspects of Work Environment | How often Exposed? |
|  |  |

## HAZARDS

## List the hazards on your job and indicate how often you are exposed to them?

## No significant hazards

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| --- | --- |
| Hazards | How often Exposed? |
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## PHYSICAL EFFORT Is your job mostly sedentary (i.e., mostly sitting with some walking,

## standing, bending or stooping and carrying of light objects?) Yes No

## If no, describe the type of physical activities required in your job and indicate how often you are required to perform them.

## 

## Check if you use a keyboard in your work and indicate the amount of time per day or week that you use a keyboard:

## Keyboard used Amount of time per day or week\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Type of Physical Effort Required | How often Performed? |
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## UNUSUAL DEMANDS Describe any unusual demands in your job such as frequent

## interruptions, pressure of deadlines, requirement to attend evening or weekend

## events, extensive overnight travel, subject to call back in emergencies.

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| --- | --- |
| Describe Unusual Demand | How often? |
|  |  |
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### 13. Do you SUPERVISE other employees? No Yes

If yes, list the names and titles of persons who report directly to you. Then list the

titles and numbers of positions that report to you through a subordinate supervisor

(**i.e., indirectly**.)

|  |  |  |  |
| --- | --- | --- | --- |
| Supervise Directly | | Supervise Indirectly | |
| Name of Employee | Title | Title of Other Employees | Number of Supervised Indirectly |
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**Total number** of employees supervised directly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indirectly: \_\_\_\_\_\_\_\_\_\_\_\_

What percent of your time is spent supervising employees? \_\_\_\_\_\_\_\_\_\_\_\_

### 13 a. Do you serve as a TEAM LEADER? No Yes

If yes, please explain:

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### 13 b. Do you TRAIN other employees in their duties? No Yes

If yes, please explain:

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## SIGNATURE AND ADDITIONAL COMMENTS

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| --- | --- | --- |
| **Additional Comments:**   |  | | --- | |  | |  | |

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| --- |
| **I certify that the information submitted on this form is accurate and complete to the best of my knowledge.** |

| Employee Signature: |  | Date: |  | / |  | / |  |
| --- | --- | --- | --- | --- | --- | --- | --- |

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| **AFTER YOU HAVE COMPLETED ITEMS 1 THROUGH 14, GIVE THIS QUESTIONNAIRE TO YOUR IMMEDIATE SUPERVISOR. YOUR IMMEDIATE SUPERVISOR MAY NOT CHANGE OR ALTER ANY OF YOUR ANSWERS** |
| **SUPERVISOR’S SECTION: The following items (15 through 23) are to be completed by the immediate supervisor.** You may not change or alter any of the employee’s responses, but you are asked in item 23 to note any discrepancies or disagreements you might have. If you supervise more than one employee in the same title doing identical work, you may photocopy your responses and attach it to the other questionnaires. |

## ESSENTIAL JOB FUNCTIONS Refer to the duties reported in ITEM 3 and list IN ORDER

**OF IMPORTANCE** those that you consider to be **ESSENTIAL FUNCTIONS** of the position.

**ESSENTIAL FUNCTIONS** cannot reasonably be assigned to another position, put off or

left undone. You may explain your decisions in the space below:

|  |  |  |
| --- | --- | --- |
|  | Order of Importance | Duty Number |
|  | 1 |  |
|  | 2 |  |
|  | 3 |  |
|  | 4 |  |
|  | 5 |  |

## What is the most important PRODUCT, OUTPUT OR SERVICE of this position? Please Explain?

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## What are the most important DECISIONS OR ACTIONS that this employee makes? Are those DECISIONS OR ACTIONS made INDEPENDENTLY or SHARED WITH OTHERS?

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## Does this position have AUTHORITY to commit the organization or any unit thereof to a course of action? Please explain.

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## What matters does this position normally REFER TO YOU to handle or to approve before acting?

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## Complete this item ONLY IF THE POSITION SUPERVISES OR LEADS other workers.

*Does this position have authority to?*

|  |  |  |
| --- | --- | --- |
| No | Yes Recommends | Yes  Decides |
| 1 | Assign work to others? |  |  |  |
| 2 | Approve work for others? |  |  |  |
| 3 | Hire employees? |  |  |  |
| 4 | Transfer or reassign employees? |  |  |  |
| 5 | Appraise employee performance? |  |  |  |
| 6 | Resolve grievances? |  |  |  |
| 7 | Discipline employees? |  |  |  |

## State below your best judgment of the kind and amount of EDUCATION, TRAINING AND EXPERIENCE a new employee should have upon entering into this position.

**Education and Training:**

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| --- |
|  |
|  |

**Experience:**

|  |
| --- |
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**Licenses, Certificates or Registration:**

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|  |

**Other:**

|  |
| --- |
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How long does it take a new employee with the above education, training and experience to become proficient in the duties of the position?

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|  |

## What other employees under your supervision work at the SAME LEVEL OF RESPONSIBILITY as this position?

|  |  |
| --- | --- |
| Name | Title |
|  |  |
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## SUPERVISOR’S COMMENTS AND CERTIFICATION

Note any disagreement with or discrepancies in the employee’s responses below:

|  |  |
| --- | --- |
| Item Number | Comment |
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| --- | --- | --- | --- |
| **Additional Comments:**   |  | | --- | |  | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I CERTIFY** that the responses to this questionnaire as qualified above are accurate and complete to the best of my knowledge. | | | | | | | | |
| **Signature:** |  | **Date:** |  | / |  | / |  |

## ADMINISTRATIVE REVIEW AND COMMENTS

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This questionnaire has been reviewed for accuracy and completeness**.** | | | | | | | | | |
| **Signature:** |  | **Date:** |  | / |  | / |  |