

CITY OF OMAHA

***POSITION ANALYSIS QUESTIONNAIRE***

The following is a questionnaire for collecting information for developing accurate class specifications and performing job analyses. In completing this form, please do not leave any section blank. If a question does not apply, indicate with "N/A." If you need additional space to answer any question, please include the remainder of the answer on a blank sheet at the end of the questionnaire. Some of the questions may be repetitive, however, please answer each question completely, even if you have previously provided the information. Thank you for taking the time to complete the questionnaire. If you have any questions, please call Paul Murphy in Human Resources at extension 5306.

Employee Name: \_\_\_\_\_

Classification/Rank: \_\_\_\_\_

Years: \_\_\_\_\_ Months: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Supervisors Name/Title: \_\_\_\_\_

**1. PRIMARY PURPOSE OF JOB.** Briefly describe your job's primary purpose and contribution to the department, division, bureau, unit, and/or the City.

**2. DUTIES AND RESPONSIBILITIES.** Please identify your duties and responsibilities below. Make sure to list the job's essential or most important functions and responsibilities but include all aspects of the job -- whether performed daily, weekly, monthly or annually -- and any responsibilities that occur at irregular intervals. **PLEASE BE SPECIFIC.** Do not concern yourself with whether the totals add up to an even day or more. Also include the level of difficulty as: **Very easy = 1; Easy = 2; Moderate** (can rely on own knowledge with occasional questions of supervisor) = **3; Difficult = 4; Very difficult = 5.**

<b>Function</b>	<b>Frequency</b> (daily, weekly, etc.)	<b>No. Hours</b> (daily, weekly, monthly)	<b>Level Difficulty</b> (1-5)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**3. SUPERVISION RECEIVED.** With respect to the tasks delineated above, please describe to what extent you are supervised in carrying them out ( for example, general assigned tasks daily and closely supervised, plans own work daily/weekly with general supervision, works independently with little supervision). If there are certain tasks that require more oversight than others, please explain.

**4. RESULTS OF DECISIONS.** Identify the consequences of your decisions. This would include operational, financial, personnel, public relations, or others consequences. Identify the type of errors that could occur as the results of decisions you make. Also identify the probability of those errors given the established policies and procedures or the degree to which your decisions are reviewed.

**5. MANAGEMENT RESPONSIBILITIES.** If you supervise others, give the name of divisions(s) or unit(s) managed and the number of full- and part-time employees supervised, including their job titles. If certain subordinates are supervisors, note that fact.

Division/Unit	Title	# Full-Time	#Part-Time

**6. MANAGEMENT AUTHORITY.** As to each position listed above, do you have full discretionary authority to:

	Yes	No
a. assign and direct work	<input type="checkbox"/>	<input type="checkbox"/>
b. correct and discipline	<input type="checkbox"/>	<input type="checkbox"/>
c. recommend salary increase	<input type="checkbox"/>	<input type="checkbox"/>
d. formally review performance	<input type="checkbox"/>	<input type="checkbox"/>
e. recommend discharge	<input type="checkbox"/>	<input type="checkbox"/>
f. interview and select employees	<input type="checkbox"/>	<input type="checkbox"/>
g. train employees	<input type="checkbox"/>	<input type="checkbox"/>
h. determine the means, methods and materials for performing work	<input type="checkbox"/>	<input type="checkbox"/>
i. plan the work operation	<input type="checkbox"/>	<input type="checkbox"/>

Are you in charge of a division, department or organizational unit? If yes, please identify.

How much of your time, approximately, is spent performing the above management tasks in any given week (i.e., 20%, 50%, 80%)?

How much of your time is spent on your other tasks and responsibilities? Would you say that managing or your other work is your primary duty? Please explain.

**7. CONTACTS WITH OTHERS.** Please describe the contact you have with people inside the City and outside the City. Please identify the person/department and what type (oral and/or written) and frequency (daily, weekly, monthly) of contact you have. Also describe the type of contact (for example, exchange of factual information, problem solving on controversial issues, policy and procedure interpretation, or influencing others.)

## 8. PHYSICAL DEMANDS.

a. How much time is spent in the following physical activities? Show the amount of time by checking the applicable percentage below. For each type of physical activity, indicate only one answer.

	None	Percent of Time as much as 25%	25 to 50%	50 to 75%
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using hands to grasp, handle or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping or crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling or pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Is it necessary to lift or exert force? If so, for each level of weight or exertion, check only one answer.

	None	Percent of Time as much as 25%	25 to 50%	50 to 75%
Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 40 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 60 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 80 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Are there any special vision requirements? Check as many categories listed below as apply.

- Close vision (clear vision at 20 inches or less)
- Distance vision (clear vision at 20 feet or more)
- Color vision (ability to identify and distinguish colors)
- Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)
- Ability to correct focus (ability to adjust the eye to bring an object into sharp focus)
- No specific vision requirements.

d. List the specific job duties that require the physical demands selected from a, b, and c, above.

**9. WORK ENVIRONMENT.**

a. Is there exposure or risk of exposure to the following environmental conditions? If yes, indicate the extent by checking only one answer for each risk below.

	None	Percent of Time as much as 25%	25 to 50%	50 to 75%
Moving mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High, precarious places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold or heat (indoors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold or heat (outdoors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme humidity (indoors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme humidity (outdoors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. What level of sound is usual in your work environment? Check the appropriate level.

- Very quiet
- Quiet
- Moderate sound
- Loud sound
- Very loud sound

c. List the specific job duties that are affected by the environmental conditions selected in a and b.

**10. MENTAL REQUIREMENTS.** In your opinion, what level of mental ability is required for the full performance of this job? (This includes such competencies as math, motor skills, hand-eye coordination, verbal aptitude, judgment, decision-making abilities, etc.)

**11. EDUCATION REQUIRED.** In your opinion, what level of education is required for the full performance of this job? Choose the most appropriate level of education necessary for full performance, not necessarily your own level of education or performance.

Check your choice below. If you choose b, c, or d, indicate the preferred major field(s) of study. Also, if you believe that an equivalent amount of experience and/or education is not sufficient, state why.

a. High school or equivalent	
b. Associate certificate (2 yrs. college)	
c. Bachelor's degree or equivalent	
d. Master's degree or equivalent	
e. Certificate (please give full name)	
f. License (please give full name)	

**12. EDUCATION OF INCUMBENT.** What level of education do you have? Check the appropriate level below. If you choose b, c or d, indicate your major field(s) of study.

a. High school or equivalent	
b. Associate certificate (2 yrs. college)	
c. Bachelor's degree or equivalent	
d. Master's degree or equivalent	
e. Certificate (please give full name)	
f. License (please give full name)	

**13. SKILLS/KNOWLEDGE/ABILITY REQUIRED.** What level of skills and/or knowledge is required to be considered for hire/transfer/promotion into this job? Include such skills and knowledge as typing, math, a certain level of computer knowledge and ability, verbal and written English (or other language), communications with employees/customers, etc. Please be specific.

Skill	Level of Knowledge/Ability

**14. WORK EXPERIENCE REQUIRED.** In your opinion, how many years of what kind(s) of experience should be required for consideration for hire, transfer or promotion into this job? (Not necessarily your job experience.)

Job Experience	No. of Years

**15. COMMENTS.** Include any other information that will aid in the preparation of an accurate description of this job.

**16. QUESTIONNAIRE PREPARED BY.**

Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Basis for knowledge of the job:

- Hold job now
- Supervise job
- Previously held job
- Other, explain:

**17. SUPERVISOR'S COMMENTS.**

Supervisor's Signature: \_\_\_\_\_

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*For Human Resources Use Only*

Interviewer's Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Interview Location: \_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_