**Piedmont Triad Regional Council**

**Position Description Questionnaire**

**Prepared Expressly For**

**Prepared Expressly For**



**Currituck County**

**153 Courthouse Road**

**Currituck, North Carolina**

This form is designed to assist you in describing your position. We rely on you to complete this form because you know the duties and responsibilities of your position better than anyone else. If a question does not apply to your position, please write “Not Applicable” or “N/A” for that question. Please print or write your answers very legibly. Thank you very much for your assistance.

NOTE: The information contained in this questionnaire is for the purpose of describing and analyzing the elements of the position being studied, not the employee.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | First | Initial | Last |
| **Employee Job Title** |       | **Work Phone Number** |     |     |      |
| **Department** | Department | **Department Division** | Division |
| **Supervisor Name** | Supv Name | **Supervisor Title** | Supv Title |
| **Dept Director Name** | Dept Dir Name | **Dept Director Title** | Dept Dir Title |

1. **POSITION’S PURPOSE:** Briefly **in one or two sentences** state the **MAIN** purpose of your position (why your job exists). If your position requires performing two or more entirely different occupations (for example, a Planner and also Finance Analyst), enter a statement for each separate occupation. Add additional information at the end of the questionnaire if needed.

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**WORK ACTIVITIES:** (*this section is very important for us to understand your job duties).* Please describe the “**major**” functional elements of your job (not the detailed procedures you use in accomplishing your work) and list them in order of importance with the most important listed first. Describe the “**duty**” required to accomplish the major element so others who are not familiar with your job can understand what you do. Begin each statement with action verbs such as *plans, prepares, repairs, calculates*, *operates*, or other actions words. Indicate the approximate percentage of total working time you spend on each major work activity either on a daily, weekly, monthly basis but be consistent throughout. A couple of examples are shown below:

*Example 1: 40% - Operates various automotive and construction equipment (****major*** *functional element) to transport equipment and personnel to job sites, dig trenches, mow grass, and other equipment operation tasks (****duty****)*

*Example 2: 10% - Maintains department financial records (****major*** *functional element) by entering financial data into the accounting system (****duty****)*

Highlighted fields will expand based on information entered. Total of all time must add up to 100%

|  | **% of****Time** | **Function/Duty/Task** |
| --- | --- | --- |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |
| 6 |       |       |
| 7 |       |       |
| 8 |       |       |

If additional pages are necessary, use supplemental sheets at the end of the questionnaire.

1. **KNOWLEDGE, SKILLS AND ABILITIES:** To better understand the minimum levels and type of knowledge, skills and abilities needed to perform your job functions, identify the required knowledge, skills, and/or abilities. *Examples: knowledge of computer technology, ability to use a computer, skill in varied computer applications. If needed, use additional sheets at the end of the questionnaire.*

|  |  |  |
| --- | --- | --- |
| **Knowledge** | **Abilities** | **Skills** |
|       |       |       |
|       |       |       |
|       |       |       |
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1. **INFORMATION SOURCES:** What information sources are required for you to do your job? Examples: *internet, manufacturer equipment manuals, building codes, repair manuals, general statutes, etc.*

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1. **EDUCATION & TRAINING AND EXPERIENCE:** Check **YOUR** educational level and the MINIMUM level **REQUIRED** for the job you perform.

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| --- | --- | --- | --- |
|  | **Education “You” Have** |  | **Minimum Education “The Job” Requires** |
| [ ]  | High School Diploma or GED | [ ]  | High School Diploma or GED |
| [ ]  | Post High School vocational training | [ ]  | Post High School vocational training |
| [ ]  | Associate’s Degree (AA/AS) | [ ]  | Associate’s Degree (AA/AS) |
| [ ]  | Bachelor’s Degree (BS/BA) | [ ]  | Bachelor’s Degree (BS/BA) |
| [ ]  | Graduate Degree (MS/MA) | [ ]  | Graduate Degree (MS/MA) |
| [ ]  | Post Graduate (PhD) | [ ]  | Post Graduate (PhD) |
| [ ]  | Other (indicate below) | [ ]  | Other (indicate below) |
| [ ]  |       | [ ]  |       |

If you checked an Associate’s Degree or higher in the above criteria, identify the field of study in the “You Have” section above. *Example: AA/AS in Accounting, BA/BS in Journalism, etc.*

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| --- | --- | --- | --- |
|  | **Field of Study You Have** |  | **Field of Study Required for Job** |
| [ ]  |       | [ ]  |       |

Check the experience level you have and the minimum experience required for the job:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Experience You Have** |  | **Experience The Job Requires** |
| [ ]  | No experience | [ ]  | No experience |
| [ ]  | Some related experience (6 mos - 1 yr) | [ ]  | Some related experience (6 mos - 1 yr) |
| [ ]  | 1 - 4 years direct experience | [ ]  | 1 - 4 years direct experience |
| [ ]  | 5 or more years direct experience | [ ]  | 5 or more years direct experience |
| [ ]  | Supervisory experience in this work | [ ]  | Supervisory experience in this work |
| [ ]  | Management experience in this work | [ ]  | Management experience in this work |

**REQUIRED LICENSES AND CERTIFICATIONS:** List any license, certification, or other requirement required for your job. If none, leave blank. *Examples: engineering certification or license, CDL, CPA, Building Inspector, etc.* If “yes” provide the license or certification name, type/class/level, and the issuing agency or authority.

|  |  |  |
| --- | --- | --- |
| **Name of License or Certification** | **Type, Class, or Level** | **Issued By** |
|       |       |       |
|       |       |       |
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Were they required at the time of employment? [ ]  Yes [ ]  No. If “No”, when were they required? [ ]  Within 6 months of employment? [ ]  Within 2 or more years after employment?

1. **EQUIPMENT, TOOLS AND MACHINERY:** What machinery, vehicles or motorized equipment do you use in your work, and how often do you use each (rarely, frequently, or constantly)?

|  |  |
| --- | --- |
| **Equipment, Tools and/or Machinery Used** | **Frequency of Use** |
| **Rarely** | **Frequently** | **Constantly** |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
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|       | [ ]  | [ ]  | [ ]  |

1. **PHYSICAL REQUIREMENTS:** Are there any special or unusual physical skills or efforts required on your job? *Examples: climbing ladders, digging or working in trenches, handling extremely hot or cold materials, etc.*

Approximately what percent of time is spent in the following tasks? (These can add up to more than 100%)

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **% of Time** | **Task** | **% of Time** |
| Sitting |       | Listening |       |
| Walking |       | Standing |       |
| Driving |       | Talking |       |

How much weight (pounds) are you required to manually lift and/or carry at any one time:       Pounds?

Is the lifting/carrying done regularly? [ ]  Yes [ ]  No. If Yes, how many hours per day?       Hours

**I. EXTRAORDINARY WORKING CONDITIONS:** What unusual and/or special working conditions affect any part of your job? Answer all that apply and indicate whether the condition is Regular or Occasional and state what type for each:

|  |  |  |
| --- | --- | --- |
| **Condition** | **Regular** | **Occasional** |
| [ ]  | **Dangerous machinery** | [ ]  | [ ]  |
| [ ]  | **Extreme weather** | [ ]  | [ ]  |
| [ ]  | **Physical harm** | [ ]  | [ ]  |
| [ ]  | **Hazardous chemicals** | [ ]  | [ ]  |
| [ ]  | **Infectious diseases or body fluids** | [ ]  | [ ]  |
| [ ]  | **Other** | [ ]  | [ ]  |

1. **PROBLEM SOLVING INSTRUCTIONS:** How do you receive your instructions? Verbal from a supervisor? [ ]  Yes [ ]  No, or Written [ ]  Yes [ ]  No

How specific or general are these instructions? Please explain.

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How are priorities and/or deadlines determined for your position?

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Describe the occasions when instructions would not be provided?

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| --- |
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Who reviews your assignments (their Job Title) and when does this occur?

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How do you and your supervisor determine the quality of your work?

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|       |

How often do you meet with your supervisor and for what purposes?

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**AUTHORITY AND ACCOUNTABILITY:** What kinds of actions, documents, plans, or functions require your authorization?

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| --- |
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What is the highest level of decision you can decide without clearing it through your supervisor?

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What work decisions require clearance or approval from your supervisor?

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What are the most difficult and/or important decisions you make? Describe the impact these decisions have on your immediate organizational unit, department, other employees, contractors, citizens, vendors and other members of the public and/or the community.

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1. **INTERACTION WITH OTHERS:** To do your job effectively, what people **within** your organization are you required to interact with, other than your immediate supervisor and department co-workers?

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If you have direct contact and interaction with other people **outside** the organization such as the public, community groups, other governmental agencies, vendors, suppliers, contractors, etc., please indicate the nature and purpose of these contacts and interactions.

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| --- | --- | --- | --- |
| **Employee Signature** |  | **Date** |  |

After signing and dating this questionnaire please make a copy for yourself and give the completed form to your immediate supervisor no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have supervisory responsibilities, complete and sign the follow sections.

**SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE**

(To be completed **only** by individuals who supervise other employees)

1. **SUPERVISION/SPAN OF CONTROL:** Indicate the job titles and names of employees who report **directly** to you (if none, write None). In addition to Regular employees, include Temporary, Part-Time, Occasional, Community Service Workers, etc. Attach your department’s organizational chart or sketch an organizational chart showing the reporting relationships in your department in the attached sheets at the end of the questionnaire.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Titles** | **Employee Name** | **Full Time** | **Part Time** | **Other** |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
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1. **SUPERVISORY RESPONSIBILITIES:** Does your position have the authority to take any of the following actions? If not, does your supervisor rely mainly on your recommendation to make the decision?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsibility** | **Yes** | **No** | **Recommend Only** | **N/A** |
| Hire Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Promote Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Transfer Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Prepare Work Schedules | [ ]  | [ ]  | [ ]  | [ ]  |
| Assign or review the work of others | [ ]  | [ ]  | [ ]  | [ ]  |
| Train Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Assign or approve overtime or comp. time | [ ]  | [ ]  | [ ]  | [ ]  |
| Approve sick or vacation leave | [ ]  | [ ]  | [ ]  | [ ]  |
| Recall employees to work in emergencies | [ ]  | [ ]  | [ ]  | [ ]  |
| Award Merit Increases | [ ]  | [ ]  | [ ]  | [ ]  |
| Discipline Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Suspend Employees | [ ]  | [ ]  | [ ]  | [ ]  |
| Terminate Employees | [ ]  | [ ]  | [ ]  | [ ]  |

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| --- | --- | --- | --- |
| **Employee Signature** |  | **Date** |  |

Please Note: All signatures verify the information is accurate and complete. Please return the completed and signed questionnaire to your supervisor no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**DEPARTMENT MANAGER’S REVIEW FOR ACCURACY:** I have reviewed and discussed the contents of this position description questionnaire with the employee. Except for the items noted below, I find the position description questionnaire accurate and complete. (Attach additional pages if necessary).

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| --- | --- | --- | --- |
| **Department Director’s Signature** |  | **Date** |  |

**Supplemental Questionnaire to Assist In Determining Compliance**

Under The Americans With Disabilities Act (ADA)

1. Physical Activities, Visual Acuity, and Working Conditions for Your Position

|  |
| --- |
| **Physical Activities of This Position (Check ALL that apply):** |
| [ ]  | A. | **Climbing** - Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion |
| [ ]  | B. | **Balancing** - Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium |
| [ ]  | C. | **Stooping** - Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles |
| [ ]  | D. | **Kneeling** - Bending legs at knee to come to a rest on knee or knees |
| [ ]  | E. | **Crouching** - Bending the body downward and forward by bending legs and spine |
| [ ]  | F. | **Crawling** - Moving about on hands and knees or hands and feet |
| [ ]  | G. | **Reaching** - Extending hand(s) and arm(s) in any direction |
| [ ]  | H. | **Standing** - Remaining upright on the feet, particularly for sustained periods of time |
| [ ]  | I. | **Walking** - Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another |
| [ ]  | J.  | **Pushing** - Using upper extremities to press against something with steady force in order to thrust forward, downward or outward |
| [ ]  | K. | **Pulling** - Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion |
| [ ]  | L. | **Lifting** - Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles |
| [ ]  | M. | **Fingering** - Picking, pinching, typing or otherwise working, primarily with fingers rather than with whole hand or arm as in handling |
| [ ]  | N. | **Grasping** - Applying pressure to an object with the fingers and palm |
| [ ]  | O. | **Feeling** - Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips |
| [ ]  | P. | **Talking** - Expressing or exchanging ideas by means of the spoken word; those activities where detailed or important spoken instructions must be conveyed to other workers accurately, loudly or quickly |
| [ ]  | Q. | **Hearing** - Perceiving the nature of sounds at normal speaking levels with or without correction, and having the ability to receive detailed information through oral communications, and making fine discriminations in sound |
| [ ]  | R. | **Repetitive Motions** - Making substantial movements (motions) of the wrists, hands and/or fingers |

| **Physical Requirements of This Position (Check only ONE)** |
| --- |
| [ ]  | A. | **Sedentary Work** - Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met |
| [ ]  | B. | **Light Work** - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that of Sedentary Work and the worker sits most of the time, the job is rated for Light Work |
| [ ]  | C. | **Medium Work** - Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects |
| [ ]  | D. | **Heavy Work** - Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects |
| [ ]  | E. | **Very Heavy Work** - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects |

| Visual acuity requirements including color, depth perception and field of vision (Check only ONE) |
| --- |
| [ ]  | A. | Employee is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts and/or operation of machines (including inspection); using measurement devices and/or assembly or fabrication of parts at distances close to the eyes |
| [ ]  | B. | Employee is required to have visual acuity to perform an activity such as: operating machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm’s reach; performing mechanical or skilled trade tasks or a non-repetitive nature such as ones by carpenters, technicians, service people, plumbers, painters, mechanics, etc |
| [ ]  | C. | Employee is required to have visual acuity to operate motor vehicles or heavy equipment |
| [ ]  | D. | Employee is required to have visual acuity to determine the accuracy, neatness and thoroughness of the work assigned (i.e., custodial, food services, general labor, etc.) or to make general observations of facilities or structures (i.e., security guard, inspection, etc.) |

| **The conditions the worker will be subject to in this position (Check ALL conditions that apply**) |
| --- |
| [ ]  | A. | Employee is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes |
| [ ]  | B. | Employee is subject to outside environmental conditions: No effective protection from weather |
| [ ]  | C. | Employee is subject to both environmental conditions: Activities occur inside and outside |
| [ ]  | D. | Employee is subject to extreme cold: Temperatures typically below 32 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity |
| [ ]  | E. | Employee is subject to extreme heat: Temperatures above 100 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity |
| [ ]  | F. | Employee is subject to noise: There is sufficient noise to cause Employee to shout in order to be heard above the ambient noise level |
| [ ]  | G. | Employee is subject to vibration: Exposure to oscillating movements of the extremities or whole body |
| [ ]  | H. | Employee is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals |
| [ ]  | I. | Employee is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dust, mists, gases or poor ventilation |
| [ ]  | J. | Employee is subject to oils: There is air and/or skin exposure to oils and other cutting fluids |
| [ ]  | K. | Employee is required to wear a respirator |
| [ ]  | L. | Employee frequently is in close quarters, crawl spaces, shafts, manholes, small enclosed rooms, small sewage and water line pipes and other areas, which could cause claustrophobia |
| [ ]  | M. | Employee is required to function in narrow aisles or passageways |
| [ ]  | N. | Employee is exposed to infectious diseases |
| [ ]  | O. | Employee is required to function around prisoners or institutional patients |
| [ ]  | P. | None: Employee is not substantially exposed to adverse environmental conditions (typical office or administrative work) |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Signature |  | Date |  |
| Supervisor’s Signature |  | Date |  |
| Department Manager’s Signature: |  | Date |  |

**Supplemental Information Sheet 1**

To which section of the questionnaire (A through P) does the following additional apply?

**Section**

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**Section**

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**Section**

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**Supplemental Information Sheet 2**

To which section of the questionnaire (A through P) does the following additional apply?

**Section**

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**Section**

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**Section**

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