

Piedmont Triad Regional Council Position Description Questionnaire

Prepared Expressly For



**Currituck County
153 Courthouse Road
Currituck, North Carolina**

This form is designed to be used with a computer in describing your position since an employee and their supervisor knows the duties and responsibilities better than anyone else. If a question does not apply to your position, please write “Not Applicable” or “N/A” for that question. Enter the information in the cells shown, then using the tab key go to the next field. Once completed, save the file as a regular Word document but name it by your last name, first name, job title, and department. Example would be Smith, John - Accountant - Finance

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

	<u>First Name</u>	<u>Initial</u>	<u>Last Name</u>
Employee			
Job Title		Posn #	Work #
Department		Division	
Supervisor		Supervisor Title	
Director		Director Title	

- A. Purpose of Position:** 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 on the supplemental information sheets if needed.

B. Work Activities: (*very important for us to fully understand your job duties*). 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 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 general percent 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		

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

C. 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

D. Information Resources: What information sources do you use to do your job effectively? Examples: *internet, manufacturer manuals, building codes, repair manuals, general statutes, etc.*

E. Education, Training, and Experience: Check the educational level you have and the minimum education level required for the job you perform.

	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		Other

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

	Field of Study You Have		Field of Study Required for Job

Check the level of 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		Supervisory experience
	Management experience		Management experience

Required Licenses and Certifications: List licenses, certifications, or other requirements required for your job. If none, leave blank. If required, enter license or certification name, type/class/level, and issuing agency or authority. Examples: licensed civil engineer, CDL operator, CPA, Building Inspector, etc. Also, were they required at the time of employment? ___ Yes ___ No

License/Certification	Type or Level	Issued By

F. Equipment, Tools, & 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	Rarely	Frequently	Constantly

G. Physical Requirements: Are there 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	Task	% of Time
Sitting		Talking		Walking	
Standing		Listening		Driving	

If you are required to lift 50 pounds or more on certain job duties, is this work activity done regularly throughout the work day, or periodically? ___ Yes ___ No

H. Extraordinary Working Conditions: What unusual and/or special working conditions affect your job? Indicate if the conditions are Regular or Occasional and state what type for each:

Condition	Regular	Occasional	Example
Dangerous machinery			
Extreme weather			
Physical harm			
Hazardous chemicals			
Infectious diseases or body fluids			
Other			

I. Problem Solving Instructions:

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

Are instructions from your supervisor specific or general based on the work assignment?

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

Describe the occasions when instructions would not be provided?

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

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

J. Authority and Accountability:

What actions, documents, plans, or functions require your authorization?

What work decisions require clearance or approval from your supervisor?

What are the most difficult and/or important decisions you make as a regular part of your job? 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.

K. Interaction with Others:

To do your job effectively, identify other employees within your organization in which you interact on a regular basis other than your immediate supervisor and department co-workers?

If you have direct contact with individuals or companies outside your employer (e.g., public, community groups, other governmental agencies, vendors, suppliers, contractors, etc.), indicate the nature and purpose of these contacts and interactions.

SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE

(To be completed **only** by employees who assign and review the work of other employees)

- L. Supervision/Span of Control:** Indicate the job titles and names of employees who report **directly** to you (if none, skip to Section **O**, page 8). Check box if they are full or part time. If you supervise temporary or community service workers, just enter the title without names. Attach a copy of your department’s organizational chart showing your position and those who work under your direction.

Job Titles	Employee Name	Full Time	Part Time	Other

- M. 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
Assign or review the work of others				
Prepare work schedules				
Train employees				
Approve sick or vacation leave				
Assign or approve overtime or comp time				
Recall employees to work in emergencies				
Hire employees				
Promote employees				
Transfer employees				
Award merit increases				
Discipline employees				
Suspend employees				
Terminate employees				

N. **Supervisor and/or Department Director 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 to be an accurate and complete representation of the position's responsibilities and duties as defined. (Attach additional pages if necessary).

Supervisor Notes

Department Director Notes

**Supplemental Questionnaire to Assist in Determining Compliance
Under The Americans With Disabilities Act (ADA)**

O. Physical Activities, Visual Acuity, and Working Conditions

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 the spine downward and forward 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)

P. Signatures on this page are to ensure each employee, supervisor, and/or director has provided or reviewed the information requested. It is suggested each employee make a paper or digital copy of this questionnaire for later reference.

Employee	Date

Supervisor	Date

Department Director	Date

Supplemental Information Sheet 1

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

Section ____

Section ____

Section ____

Supplemental Information Sheet 2

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

Section ____

Section ____

Section ____