**LOCAL GOVERNMENT PERSONNEL INSTITUTE**

**MAINTENANCE, SERVICE, AND TRADES**

**CLASSIFIED POSITION ANALYSIS QUESTIONNAIRE**

|  |  |
| --- | --- |
| Request for (check one):  **A NEW JOB**  **REVIEW OF AN EXISTING JOB** | Date: |

**IDENTIFICATION INFORMATION:**

|  |  |
| --- | --- |
| Classification Title | Organization  **LANE COMMUNITY COLLEGE** |
| Working Title | Department Name |
| Employee Name | Supervisor (Name & Title) |

**GENERAL INSTRUCTIONS:**

Please read each question carefully before answering it. Make all of your answers as complete, clear and concise as possible. Please complete electronically or print clearly. Please refer to the current Position Description for information.

**1. GENERAL SUMMARY**. In three or four sentences, please summarize the duties of the job. Think of answering the question "What is the primary purpose of this job?"

**2. TASKS PERFORMED**. Using complete sentences, please describe the various tasks performed on the job which are critical to the successful performance of the job or occupy more than 5 percent of your time. Think in terms of WHAT you do, NOT HOW you do it. Avoid describing procedures. Start each sentence with an action verb. Group tasks which require similar skills/knowledge together. Describe them in such a way as to be clear to someone who does not understand the work performed. Number each one in their order of importance and estimate the percentage of time that each one takes. These percentages should add up to 100. Attach additional sheets, if necessary.

|  |  |  |
| --- | --- | --- |
| **Task**  **No.** | **Description** | **Percent**  **of Time** |
|  |  |  |
|  |  |  |
|  | Total |  |

3. **KNOWLEDGE/SCHOOLING REQUIRED**

a) What is the minimum basic knowledge this position REQUIRES, whether acquired through formal education or equivalent? Answer the question in terms of someone who is applying for the position rather than what you may have. Do not address any experience requirements in this section.

b) What, if any, specific training or equivalent would be essential for someone to have upon entry to this position?

c) What additional training would be desirable (NOT REQUIRED) upon entry to this position?

d) What licenses or certifications are REQUIRED at the time of hire for this position?

e) What licenses or certifications are desirable at the time of hire for this position?

f) What licenses or certifications must the incumbent acquire after hire and how long does the newly hired individual have to acquire them?

4. **EXPERIENCE REQUIRED**

a) What specific previous positions, if any, either inside or outside the organization ARE REQUIRED to assume this position? Why? What is the minimum amount of experience required on each position? List all previous positions in terms of a general title. Please list them in the order someone would logically move through them, e.g. the first position listed should be the initial position the individual should have, the person would have the second position listed after the first and these years of experience are in addition to the first positon listed. Do not answer this question in terms of what positions you specifically may have held unless those positions would be REQUIRED in order to apply for this position.

|  |  |  |
| --- | --- | --- |
| **Previous Positions Required** | **Reason Required** | **Learning**  **Time** |
|  |  |  |

b) Considering an individual to have the basic knowledge listed in Question 3 and the previous experience listed in 4a, how long will it take an individual to learn how to adequately perform the duties of this position after beginning this position? Please explain. Do not add up the years of education and years of previous experience in answering this question. Consider only that time which would be required after assuming the duties of this position.

5. **INITIATIVE & INGENUITY**. Provide examples of the decision making, planning, creativity, and independent judgment required on this job.

6. **PHYSICAL DEMAND**. Consider only lifting or moving (equivalent exertion of lifting weigh) of material. How often and how much weight is typically involved? What is the maximum weight this position is REQUIRED to lift or move unassisted? The percent column will typically not add up to 100%. PERCENT OF

WEIGHT FREQUENCY TOTAL WORK TIME

Under 5 pounds \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

5 to 25 pounds \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

25 to 60 pounds \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Over 60 pounds \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Maximum pounds \_\_\_\_\_\_ pounds

7. **MENTAL/VISUAL DEMAND.** Check the appropriate box (only one) for attentiveness required:

Infrequent: Long periods of waiting between concentrated effort.

Frequent: Short periods of waiting between concentrated effort.

Continuous: Constant alertness or activity that requires hand/eye coordination.

Concentrated: High degree of hand/eye coordination required at all times.

Demanding: Additional rest periods are provided to minimize fatigue.

8. **EQUIPMENT AND TOOLS USED.** List below the most commonly used machines, equipment, or hand and power tools used in the performance of the job. Indicate average percent of total work time used.

% OF WORK % OF WORK

TYPE PERIOD TYPE PERIOD

9. Some damage to equipment or tools is expected in any job. Provide examples of the most common damage to equipment or tools that this position will cause. If known, indicate the typical dollar value of the damage or loss from any one incident.

10. **MATERIAL RESPONSIBILITIES.** Material is defined as those materials and physical facilities that are processed, installed, moved, maintained, inspected or tested. Some material is EXPECTED to be lost or wasted. Give some examples of the most common loss or waste of materials that this position will cause. If known, indicate the typical dollar value of loss before detection or correction in any one mishap. Do not use the worst possible case, but what you expect to happen. Do not use either maximum or minimum, but an average based on normal expectation.

11. **SAFETY ISSUES.**

a) What protective clothing/gear is necessary while performing this job to prevent injuries to self or others?

b) What PROBABLE injuries would this position cause to other people? Explain how the injury would likely occur.

c) What are the PROBABLE injuries this position would suffer in performing the normal duties of the position?

12. **RESPONSIBILITY FOR THE WORK OF OTHERS.**

1. Is this position responsible for instructing or directing the work of others?
2. Does this position conduct performance evaluations of others?

c) For how many FTE is this position responsible? Convert part-time employees to full-time equivalency by adding the total hours worked by others during a year and dividing by 2080. This is the FTE.

13. **WORKING CONDITIONS**. Describe the environment in which you work. List any unpleasant working conditions, such as dirt, weather, noise requiring hearing protection, fumes, chemicals, etc. What percent of the work time are you exposed to these conditions?

14. **HAZARDS**. Describe the hazards with which you work. Consider the material handled, tools and equipment used, and work location. Once all protective devises in proper use and installation, what is the probability of injury?

Choose one:

|  |  |
| --- | --- |
|  | Probability of injury is remote |
|  | Probable injuries include cuts, scrapes, bruises, or burns |
|  | Probable injuries would result in time loss including severe fractures, loss of fingers or toes, eye injuries, etc. |
|  | Probable injures would result in partial disability due to loss of arm, leg, or eye; or a severe health hazard with long-term debilitating effects |
|  | Probable injuries would result in total disability or death |

Comments:

14. **ADDITIONAL INFORMATION.** Please indicate anything else that may be important in describing or understanding this position.

15. **ORGANIZATION CHART**. Complete the following organization chart data indicating names and titles of the people/positions in the organization relative to this position.

|  |  |  |
| --- | --- | --- |
| **Position** | **Name(s)** | **Title(s)** |
| **Next Level Above Immediate Supervisor:** |  |  |
| **Immediate Supervisor:** |  |  |
| **Incumbent (you):** |  |  |
| **Peers (reporting to same supervisor):** |  |  |
| **Subordinates:** |  |  |

|  |  |
| --- | --- |
| Employee's Signature: | Date: |

**16.** **SUPERVISOR’S COMMENTS.** Please review this Position Analysis Questionnaire. If you feel any question has not been completely or accurately answered, use the space below to provide additional or clarifying information. Indicate the question # you are addressing to the left of your comment.

My signature below indicates I have reviewed this Position Analysis Questionnaire and agree with the information contained herein.

|  |  |
| --- | --- |
| Supervisor's Signature: | Date: |