



# JOB ANALYSIS QUESTIONNAIRE

## INTRODUCTION

The purpose of this questionnaire is to help you describe your job and tell us the conditions under which you carry it out so we may analyze it. Please read this questionnaire carefully and write your response legibly in pen. Provide as much detail as possible and attach additional pages if necessary. You may find that some questions do not relate to your job. If this is the case, please write N/A (not applicable) in the space provided.

All answers will be treated confidentially and will be used solely to develop classification summaries and carry out an evaluation of the job. This questionnaire is not about your job performance, and your job performance will have no impact on the evaluation of the position. Employees doing the same job are encouraged to discuss their duties with each other. Group submissions are preferred if each person is in agreement with the response and signs the back page.

It is important that supervisors read the employees' submissions. Supervisors are asked not to change an employee's response but are encouraged to comment in the space provided for each question.

For further information, please contact one of the following individuals:

Name :	_____	Tel. :	_____
Name :	_____	Tel. :	_____
Name :	_____	Tel. :	_____

Feel free to keep a copy of the questionnaire once you and your supervisor have completed and signed it.

**Completed forms are to be returned to \_\_\_\_\_, no later than \_\_\_\_\_.**

***Thank you for your assistance.***



**IDENTIFICATION:**

1. Employee Name:
2. Title of Job:
3. Department/Division:
4. Location of Work:
5. Employee Status: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief <input type="checkbox"/>
6. Length of time in <u>this</u> Position:
7. Hours of Work/Shift /Week:
8. Business Telephone Number:
9. Name and Title of your Immediate Supervisor ( <i>non-union</i> ):
10. Do you report to anyone else? ( <i>Please give name and title</i> )



2. List the duties you regularly perform **EACH WEEK**, indicating for each the number of hours.

Approx. hrs/day	DUTY

3. List the duties you regularly perform **EACH MONTH**, indicating for each the number of hours.

Approx. hrs/day	DUTY

4. List the duties you regularly perform **ONCE A YEAR** or **OCCASIONALLY** indicating for each the number of hours.

Approx. hrs/day	DUTY

**5. JOB SUMMARY**

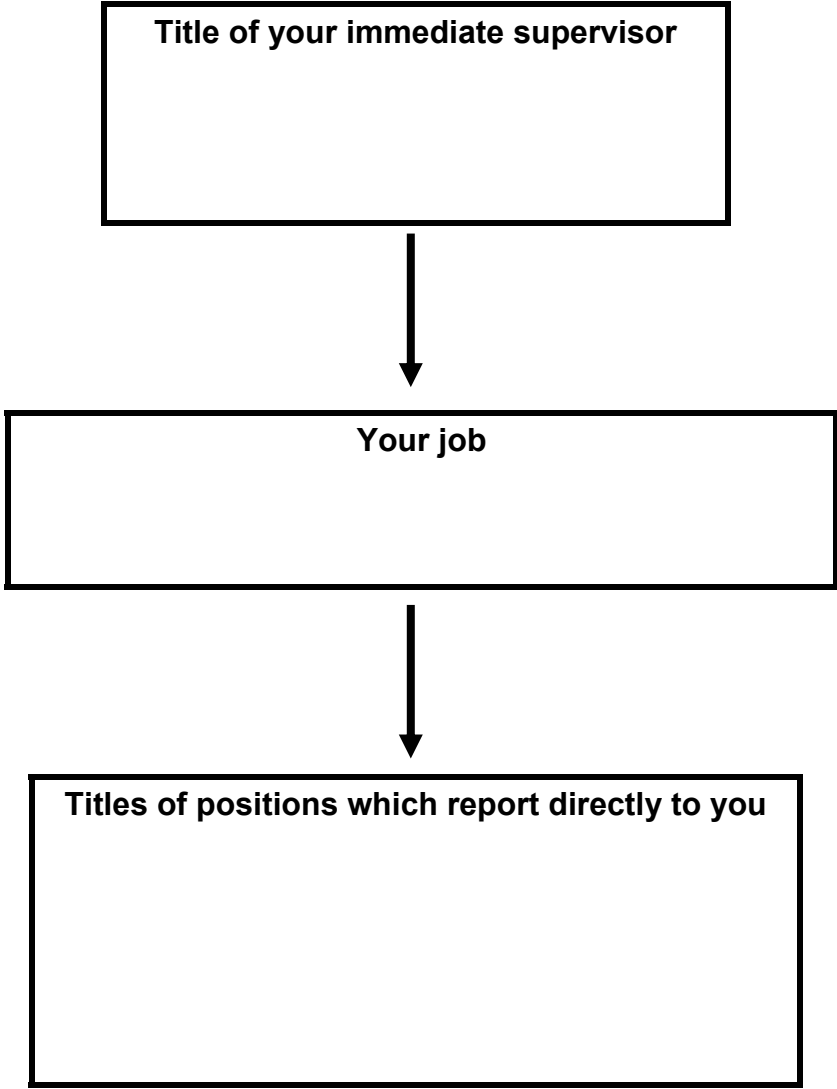
In a few words, provide a general description of your job. In other words, what do you do?

### ORGANIZATIONAL WORK CHART

In the box **above your job** fill in the title of your immediate supervisor. This will be the position to which you directly report.

In the box **below your job** fill in the title of positions which directly report to you.

Be sure to write in the title of the position, **not** the name of the person currently in the job.



**Job Analysis Questionnaire**

**PART "B" – JOB ANALYSIS**

**QUESTION NO 1 - KNOWLEDGE**

In the corresponding columns:

A) Check the education level required by the **City of Kelowna** for your job.

<b>EDUCATION LEVEL</b>	
High school graduation	<input type="checkbox"/>
High school graduation plus courses or program – Specify:	<input type="checkbox"/>
College – Specify the number of years and name of program: 1 year <input type="checkbox"/> _____ 2 year <input type="checkbox"/> _____ 3 year <input type="checkbox"/> _____	<input type="checkbox"/>
University – Specify the number of years and name of program:	<input type="checkbox"/>
Other – Specify:	<input type="checkbox"/>

B) Do you require a license, formal or professional designation or certification for your job?

Please specify. (i.e. Class 3 drivers licence, air brake endorsement, CGA Level 3, EOCP Level II, etc)



C) What additional training is required to do your job?

<input type="checkbox"/>	Blueprint reading	<input type="checkbox"/>	Community recreation
<input type="checkbox"/>	Drafting	<input type="checkbox"/>	Instrumentation
<input type="checkbox"/>	Mechanics	<input type="checkbox"/>	Computer software applications
<input type="checkbox"/>	Driver-operator	<input type="checkbox"/>	Policy interpretation
<input type="checkbox"/>	Computer programming	<input type="checkbox"/>	Welding
<input type="checkbox"/>	Other		

Please give specific examples, including name of course where possible:


<b>SUPERVISOR'S COMMENTS ON QUESTION # 1</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<b>Comments:</b>		
<i>Supervisor's Initials:</i>		

**Job Analysis Questionnaire**

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**QUESTION NO 2 - EXPERIENCE**

How many months and/or years of experience are needed to acquire the skills necessary to do your job satisfactorily?

PERIOD OF TIME	RELATED EXPERIENCE
up to 6 months	<input type="checkbox"/>
over 6 months up to 1 year	<input type="checkbox"/>
over 1 up to 2 years	<input type="checkbox"/>
over 2 up to 3 years	<input type="checkbox"/>
over 3 up to 4 years	<input type="checkbox"/>
over 4 up to 5 years	<input type="checkbox"/>
over 5 years – specify:	<input type="checkbox"/>

Please give examples of the job duties you considered to require the amount of experience noted above:

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SUPERVISOR'S COMMENTS ON QUESTION # 2	
Are the responses to this question:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>	
<b>Supervisor's Initials:</b>	

**QUESTION NO 3 – PROBLEM SOLVING**

A) Describe some typical problems that you generally solve on your own.

<b>Example 1:</b>
<b>Example 2:</b>
<b>Example 3:</b>

B) How do you deal with decision-making or problem-solving?

<input type="checkbox"/>	By using own experience/expertise. Provide an example:
<input type="checkbox"/>	By choosing between two or more alternatives. Provide an example:

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<input type="checkbox"/>	By referring to the supervisor/manager. Provide an example:
<input type="checkbox"/>	By referring to a manual/policy book. Provide an example:
<input type="checkbox"/>	By referring to industry code. Provide an example:
<input type="checkbox"/>	By consulting legislation. Provide an example:

C) What guidelines, procedures and/or manuals do you refer to when solving problems?

<input type="checkbox"/>	Using established guidelines or methods. Provide an example:
<input type="checkbox"/>	Using some analysis/reasoning to select from a limited range of possible solutions and precedents. Provide an example:

<input type="checkbox"/>	Using considerable analysis/reasoning to select from a wide range of possible solutions and precedents. Provide an example:
<input type="checkbox"/>	By recommending new procedures or solutions. Provide an example:
<input type="checkbox"/>	By developing new procedures or solutions. Provide an example:

<b>SUPERVISOR'S COMMENTS ON QUESTION # 3</b>	
<i>Are the responses to this question:</i>	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<i>Do you agree with the responses?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Comments:</i>	
<i>Supervisor's Initials:</i>	

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**QUESTION NO 4 – CONCENTRATION**

A) Please describe those duties of your job which require periods of mental, aural (listening) and visual concentration such as reading, driving, instructing, analyzing, inputting data, operating equipment or a combination of the five senses, sight, taste, smell, touch and hearing required in the course of doing the job that result in mental/sensory fatigue.

Give examples of concentration:	Duration	Frequency		
	Approx. hrs/day	Once in a while	Several times daily	Most working hours
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Must attention be shifted frequently from one job detail to another?

Yes

No

If yes, please give examples:



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**QUESTION NO 5 - PHYSICAL EFFORT**

A) Not taking into account exceptional circumstances, does your job require?

<b>Examples of physical activities:</b>	<b>Up to and including 1 hr/day</b>	<b>Over 1hr up to 2 hrs/day</b>	<b>More than 2 hrs/day</b>
Work in a seated position; driving a car; observation;  Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of manual tools such as a saw, pliers, hammer, etc.; lifting of light materials (less than 5 kg.); driving of a truck, tractor; operation of the controls of a machine; sweeping, cleaning, shovelling.  Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as an asphalt rake, etc.; lifting of materials of moderate weight (over 5 kg up to 10 kg); climbing a ladder; pushing or pulling of carts; moving of equipment.  Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as a sledge hammer; lifting of heavy materials (over 10 kg); operation of pneumatic tools; pushing or holding large equipment; working in a difficult position (leaning, crouching, etc.).  Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting, pushing or pulling with extreme effort; the pushing or holding of heavy equipment or material.  Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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**QUESTION NO 6 – DEXTERITY**

A) Does your work require hand/eye or hand/foot co-ordination? This can be a **fine movement** such as keyboard skills, arc welding, drafting, repairing fine instruments/equipment.

**OR**

**coarse movement** such as using long/handled tools such as mops and shovels, floor polishers, lawn mowers, stocking shelves, filing, sorting mail.

**OR**

**coarse and fine movements** which are not primary, but a combination of the two.

Please give examples of movements in your job requiring co-ordination:

B) Is **speed** an additional requirement for the co-ordination of your work?

Yes

No

If yes, explain giving examples:

C) Please indicate the type of tools, equipment, machines, etc., you are required to use or operate in carrying out your job duties.

Please specify:

D) Are you required to clean, maintain, adjust, service or repair any of the tools, equipment or machines you have listed above?

Please give details:

<b>SUPERVISOR'S COMMENTS ON QUESTION # 6</b>	
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i> <input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Comments:</i>	
<i>Supervisor's Initials:</i>	

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**QUESTION NO 7 – ACCOUNTABILITY**

A) Which statement best describes the level of accountability and likely consequences of an **error** in doing your work? Please give examples and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.

<input type="checkbox"/>	My work is routinely checked; errors are easily detected and cause little difficulty or time to correct. Explain:
<input type="checkbox"/>	An activity involving others could be delayed or an error would result in minor loss of time or resource. Explain:
<input type="checkbox"/>	Decisions would result in positive or adverse impact in terms of limited improvement or disruption in workflow, efficiency or waste of resources, usually within my department. Explain:
<input type="checkbox"/>	Decisions would result in positive or adverse impact in terms of moderate improvement or disruption in workflow, efficiency or waste of resources, which may affect the work of and relationships with other departments. Explain:

<input type="checkbox"/>	Decisions would result in positive or adverse impact in terms of significant improvement or disruption in workflow, efficiency or waste of resources, which may affect other departments, external relationships, and may have some continuing influence on operations. Explain:
<input type="checkbox"/>	Decisions have a substantial impact on workflow, efficiency or waste of resources, and have a continuing influence on relationships and operational effectiveness. Explain:

B) What would be the effect of errors on others in terms of the loss of time, the effect on the work or the impact on the public image of the most serious errors that could be committed in the carrying out of your job duties?

Give precise examples of errors and explain their impact:



**QUESTION NO 8 - SAFETY OF OTHERS**

A) Do you work:

<input type="checkbox"/>	Alone
<input type="checkbox"/>	As part of a work team or group (with other employees, whether or not they belong to your organization). How many people are in your team/group? _____

B) What work do you perform that has the potential to cause physical injury or harm to others?

Please explain:

C) What **precautions** need to be taken to prevent injury to others?


<b>SUPERVISOR'S COMMENTS ON QUESTION # 8</b>		
Are the responses to this question:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
<i>Supervisor's Initials:</i>		

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**QUESTION NO 9 – COORDINATION OF WORK**

A) Does your job require you to perform any of the following?  
**Please include staff, students, volunteers, contractors, etc. when answering the questions.**

	Frequency			To whom? (Job Title)
	Rarely	Occasionally	Regularly	
Provide guidance, instruction and direction to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule and/or coordinate work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign work and/or personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain quality, accuracy, quantity of work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop work procedures and training for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B) Which statement best describes your responsibility for coordination of work?

<input type="checkbox"/>	No responsibility for coordination of others
<input type="checkbox"/>	Coordinate others who do essentially the same work
<input type="checkbox"/>	Coordinate others who hold different positions within the same area of activity
<input type="checkbox"/>	Coordinate others who hold different positions within different areas of activity
<input type="checkbox"/>	Other – Specify:

C) I am responsible for coordinating the work of \_\_\_\_\_ people.  
 (#)

<b>SUPERVISOR'S COMMENTS ON QUESTION # 9</b>	
Are the responses to this question:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<i>Supervisor's Initials:</i>	



**QUESTION NO 10 - CONTACTS**

From the list below, identify the usual contacts you are required to make in your job. Communication skills include oral presentations, writing, listening and/or observation skills. Choose the words that best describe the **nature or purpose of your contact** from the options below and write the corresponding number in the space provided:

1	Obtain or hand out information	4	Problem solving for others	7	Counsel
2	Explain and exchange information	5	Interpret/resolve conflicts	8	Mediate/negotiate
3	Handle complaints	6	Teach/train	9	No contact

<b>Contacts</b>	<b>#</b>	<b>Explain the purpose or nature of contact</b>
Business representatives		
Clients		
Contractors/Suppliers		
Employees in the same department as yours		
Employees in another department		
General public		
Heads of departments (other than yours)		
Representatives of professional agencies/governments		
Salespersons		
Volunteers		
Other: Specify:		

<b>SUPERVISOR'S COMMENTS ON QUESTION # 10</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
<i>Do you agree with the responses?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Comments:</i>		
<i>Supervisor's Initials:</i>		

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### QUESTION NO 11 - WORKING CONDITIONS

- A) Is there some degree of unpleasantness in the day-to-day activities of your job?  
 For each condition which is applicable, give an example or indicate not applicable (N/A). Check one frequency level.

<b>Little</b>	Condition/hazard seldom occurs
<b>Occasional</b>	Condition/hazard occurs once in a while (i.e. once in a while on a daily basis or several times daily, but not every day)
<b>Regular</b>	Condition/hazard occurs often (i.e. several times daily, not constantly exposed)
<b>Frequent</b>	Condition/hazard occurs almost every day (consistently exposed, almost all of the time)

Element	Example or N/A	Little	Occasional	Regular	Frequent
Body wastes and fluids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical/Cleaning substances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/Dirt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease/Oil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclement weather		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interruptions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of privacy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of work space		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture/Steam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fumes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Do you work:	<b>Year round</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>	<b>Winter</b>
Equally indoors and outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) What precautions or safety measures do you need to take to avoid a work injury to yourself?

Explain:

Are you exposed to any of the following work pressures and stresses in your job?

<input type="checkbox"/>	Foul language/Verbal abuse. Explain:
<input type="checkbox"/>	Clients, taxpayers, general public, etc. who are difficult to deal with. Explain
<input type="checkbox"/>	Other? Explain:

<b>SUPERVISOR'S COMMENTS ON QUESTION # 11</b>	
Are the responses to this question:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Supervisor's Initials:	

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**PART "C" - IMMEDIATE SUPERVISOR (NON-UNION)**

Supervisors must review and sign off this questionnaire as their understanding of the position may differ from that of the employee. **Do not change the employee's description of his/her position.** Remember that the sole purpose of the questionnaire is to provide information to be used to write classification summaries and by the Joint Job Evaluation Committee to rate the job. The information provided in the previous pages must not be used to evaluate the employee's performance, and your comments must not concern performance.

**YOUR COMMENTS MUST BE CONCERNED SOLELY WITH JOB CONTENT.**

*(Please use an additional sheet of paper, if required.)*

**SUPERVISOR'S SUMMARY**

*(Please add any additional information or comments)*


\_\_\_\_\_  
*Signature of Immediate Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone #*

***Please forward the completed questionnaire to the  
JOINT JOB EVALUATION COMMITTEE***

**SIGNATURE PAGE**

**EMPLOYEE'S COMMENTS**

*(Please add any additional information or comments)*


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

*If this questionnaire is being submitted on behalf of a group of employees doing the same job, then each employee must sign to indicate that he/she agrees with the responses. Please use an additional sheet of paper if necessary.*

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

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

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

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

**PLEASE FORWARD TO YOUR SUPERVISOR FOR THEIR REVIEW AND COMMENTS**

