**Job Description Questionnaire**

The purpose of the Job Description Questionnaire (JDQ) is to provide the information necessary to evaluate jobs for salary placement, classify jobs for various legal requirements, and to compile appropriate job descriptions.

Please read this JDQ carefully before answering any of the questions and then complete it as accurately, completely, and briefly as possible. While it is not necessary to describe each duty in great detail, it is important to provide sufficient information so the job can be accurately evaluated and classified. Keep in mind that *the purpose of the JDQ is to collect information about the job and is not designed to evaluate employee performance.*

Consider the typical responsibilities of the job; even those that might only occur cyclically (e.g. annually, quarterly, etc.). The responses should be based on duties and responsibilities that are part of the job under typical conditions, not special projects or temporary assignments. Further, unless specifically directed by management, describe the job as it is today, not as you believe it should be or what it might be in the future.

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| **Section 1** | | | **Demographic Information** | |
| **Employee Name** |  | **Employer Name** | |  |
| **Job Title** |  | **Work Location** | |  |
| **Department** |  | **Division** | |  |
| **Full-Time / Part-Time** |  | **Part-Time (Hrs per Wk)** | |  |
| **Supervisor Name** |  | **Supervisor Title** | |  |

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| **Section 2** |  | **Description of Essential Duties & Responsibilities** | | |
| Identify the essential duties / responsibilities of your job, which should be the most important aspects of the job. This section is focused on WHAT is done rather than HOW it is done. Use wording that will provide as clear an understanding as possible for someone not familiar with your work. Avoid terminology or acronyms that are not widely known outside of your line of work. Please list those duties that you feel are most important at the top of the list, and list the estimated percentage of the total annual time that each item takes. (*Remember, as a rule-of-thumb, that 10% equates to roughly 200 hours of a work year.*) To the extent possible, try to identify those duties and responsibilities that account for as close to 100% of your work time as possible. While catch-all categories are acceptable (e.g. misc. duties, other duties as assigned, etc.), those sections will likely NOT be evaluated.  **Frequency Codes:** Daily [**D**] / Weekly [**W**] / Bi-Weekly (**B**) / Monthly [**M**] / Quarterly [**Q**] / Annually [**A**] / As Needed [N] | | | | |
| **Primary Duties** | | | **Frequency** | **% of Annual Total Time** |
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| **Section 3** | **Tools and Technology** |
| Identify any software, technology, equipment or machinery utilized on a regular basis in order to perform the functions of the job: | |
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| **Section 4** | | **Judgments / Decision-Making** | | |
| Identify at least five of the most typical judgments/decisions that you make in performing your job as well as the solutions to these problems. Please also describe the resource, input or guidance others provide in arriving at your decision and who reviews, if anyone. | | | | |
| **Typical Problems/Challenges** | **Possible Solution(s) to Problem/Challenge** | | **Resources Available and/or Used** | **Job Title of Who Reviews** |
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| **Section 5** | | **Working Relationships / Interactions / Contacts** | |
| Please identify your typical work relationships with other persons inside or outside of your own organization. | | | |
| **Title of Individuals With Whom You Typically Interact** | **Describe the Interaction** | | **Why Was It Necessary?** |
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| **Section 6** | | **Supervision / Management** | | |
| Please indicate the type of responsibility you have as it pertains to leading others. | | | | |
| **Area of Action / Responsibility** | **Yes** | | **No** | **Provides Input** |
| **Screen / Interview Applicants** |  | |  |  |
| **Hire / Promote Employees** |  | |  |  |
| **Provide Written/Verbal Warnings** |  | |  |  |
| **Suspend Employees** |  | |  |  |
| **Terminate Employees** |  | |  |  |
| **Prepare Work Schedules For Others** |  | |  |  |
| **Project Management** |  | |  |  |
| **Provide Work Direction For Others** |  | |  |  |
| **Evaluate Performance Of Others** |  | |  |  |
| **Counsel Employees** |  | |  |  |
| **Train Employees (As Part Of The Normal Duties Of The Job)** |  | |  |  |
| **Approve Overtime** |  | |  |  |
| **Approve Time Off Request For Others** |  | |  |  |
| **Develop / Implement Policies** |  | |  |  |
| **Do you directly supervise any employees?**  *If yes, please list the number of FTEs and job titles of those employees below:* |  | |  | **n/a** |
| **Job Title** | **# of FTEs** | | | |
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| **Section 7** | **Work Environment / Physical Requirements** | | | | |
| Please indicate the amount of time typically spent in the following categories. | | | | | |
| **Physical Requirements** | | [Place an “X” in the appropriate cells] | | | |
| **N/A** | **Rarely** | **Occasionally** | **Frequently** |
| **Carrying/Lifting 10 - 40 Pounds** | |  |  |  |  |
| **Carrying/Lifting > 40 Pounds** | |  |  |  |  |
| **Sitting** | |  |  |  |  |
| **Standing / Walking / Climbing** | |  |  |  |  |
| **Squatting/Crouching/Kneeling/Bending** | |  |  |  |  |
| **Pushing / Pulling / Reaching Above Shoulder** | |  |  |  |  |
| **Work Environment** | | **N/A** | **Rarely** | **Occasionally** | **Frequently** |
| **Indoor/Office Work Environment** | |  |  |  |  |
| **Noise >85dB (e.g. mower, heavy traffic, milling machine, etc.)** | |  |  |  |  |
| **Extreme Hot/Cold Temperatures (>90 degrees / <40 degrees)** | |  |  |  |  |
| **Outdoor Weather Conditions** | |  |  |  |  |
| **Hazardous Fumes or Odors / Toxic Chemicals** | |  |  |  |  |
| **Confined Spaces (as identified by OSHA)** | |  |  |  |  |
| **Close Proximity to Moving Machinery / Equipment** | |  |  |  |  |
| **Bodily Fluids / Communicable Diseases** | |  |  |  |  |
| **Working Alongside Moving Traffic on Roads** | |  |  |  |  |
| **Electrical Hazards** | |  |  |  |  |

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| **Section 8** | **Additional Employee Comments** |
| Please identify any other information that would help someone else understand your job more clearly: | |
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**To Be Completed By The Employee’s Supervisor**

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| **Section 9** | | | **Supervisor Information** | |
| **Supervisor Name** |  | **Supervisor Title** | |  |

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| **Section 10** | | **Education REQUIRED For Hire** |
| **Level of Education**  (Select one with an “X”) | | **Field(s) of Study** |
|  | **Less than High School Education** | n/a |
|  | **High School Education (or Equivalent)** |  |
|  | **One Year Certificate (or Equivalent)** |  |
|  | **Associate’s Degree (or Equivalent)** |  |
|  | **Bachelor’s Degree** |  |
|  | **Master’s Degree** |  |
|  | **Professional Degree (Law, Medicine, etc.)** |  |
|  | **PhD w/ Dissertation** |  |
|  | **Other:** |  |
| Provide Any Additional Information Regarding the Required Education (e.g. preferred vs. required, specific coursework, etc.): | | |
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| **Section 11** | | | | **Total Experience REQUIRED Upon Hire** | | | |
| [Place an “X” in the appropriate cells] | | | | | | | |
| **No Experience** | **< 2 yr.** | **2 to 3 yrs.** | **4 to 5 yrs.** | **6 to 7 yrs.** | **8 to 9 yrs.** | **10 to 11 yrs.** | ≥ **12 yrs.** |
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| Describe Specific Experience Required for Hiring (e.g. 5 total years of customer service experience 2 of which were in a supervisory capacity): | | | | | | | |
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| **Section 12** | **Certification / Licensure / Training to Perform Job** | | |
| **List Required Certification/Licensure/Training** | **How Attained/Provided** | **Required Upon Hire?** | **May Obtain After Hire?** |
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| Describe any current practices as it relates to licensure or certification (e.g. extra pay for certification, employer payment for obtaining or renewing, etc.): | | | |
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| **Section 13** | | **Supervisor’s Comments / Corrections / Additions** |
| In lieu of altering an employee’s JDQ, please provide any corrections, clarifications, or additional information in the space provided below. | | |
| **JDQ Section** | **Comment / Clarification / Addition** | |
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**To Be Completed By Administrative Designee**

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| **Section 14** | | | **Supervisor Information** | |
| **Administrative Designee Name** |  | **Administrative Designee Title** | |  |

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| **Section 15** | | **Administrative Comments / Corrections / Additions** |
| In lieu of altering an employee’s JDQ, please provide any corrections, clarifications, or additional information in the space provided below. | | |
| **JDQ Section** | **Comment / Clarification / Addition** | |
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