

HOLYOKE COMPENSATION STUDY - POSITION ANALYSIS QUESTIONNAIRE

1. General Information

Last Name:	First Name:
Official Job Title:	Usual Working Title
Department/Division:	Name & Title of your immediate supervisor

How many hours per week do you work (not including overtime)?	
What shift do you work (when do you begin and finish work)?	
How long have you held this position?	
How long have you worked for this municipality?	

2. Minimum Qualifications for Your Position

A. Education

What is the minimum level of education required for this position? (Check the level which applies.)

Elementary School Education	_____
High School Education (grades 9-12)	_____
Advanced Technical Education (which)	_____
College (indicate number of years)	_____
Bachelor's Degree required (which)	_____
Advanced Degree(s)	_____

B. Experience

Please describe the type of experience needed to perform this job. Also indicate the minimum number of years and what type of experience is needed to perform this job.

C. Licenses/Certificates

Are there any special licenses or certificates required to do this job?

D. Special Knowledge/Abilities

Please list any specialized knowledge or ability needed to perform this job.

3. Communication/Contact with Others

A. The Public

In a typical workday, how often do you deal with the public? (Check the one which applies.)

_____ Constantly (the position is primarily one of public contact)

_____ Frequently (more than half of the work is dealing with the public)

_____ Seldom (usually do not deal directly with the public)

B. Other Contacts

In a typical workday, do you have contact with other individuals or outside organizations? Please list:

C. Type of Contact

Describe the type of contact you have with the public or others (by phone, in person, by writing, etc.)

4. Supervision Received

A. What kind of supervision do you receive regarding daily responsibilities? (i.e. oral, written, general suggestions, specific assignments, etc.)

B. Describe the level of supervision. (Check the appropriate answer.)

- | | |
|--|---|
| <input type="checkbox"/> Hourly | <input type="checkbox"/> Once per week |
| <input type="checkbox"/> Twice per shift | <input type="checkbox"/> Other (Please explain) |
| <input type="checkbox"/> Once per shift | _____ |

5. Errors

If you make an error on the job, what are the *likely* consequences of that error? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Personal injury/loss | <input type="checkbox"/> Injuries to other employees |
| <input type="checkbox"/> Delays or loss of service | <input type="checkbox"/> Damages to buildings and/or equipment |
| <input type="checkbox"/> Monetary loss | <input type="checkbox"/> Legal ramifications |
| <input type="checkbox"/> If necessary, please explain other consequences. | |

6. Work Environment

A. How much work time must you spend exposed to the following environmental conditions? (Show the amount of time by checking the appropriate box.)

	None	Up to 1/3	Up to 2/3	More than 2/3
Outdoor weather conditions				
Work in high, precarious places				
Work with toxic or caustic chemicals				
Fumes or airborne particles				
Extremes of heat/cold (not related to weather)				
Work near moving mechanical parts				
Risk of electrical shock				
Work with explosives				
Risk of radiation				
Vibration				

B. Describe the noise level of your work environmental. (Check the appropriate space.)

- Very Quiet (i.e., forest trail, isolation booth)
- Quiet (i.e., library, private office)
- Moderate Noise (i.e., business office with computers, phone, light traffic)
- Loud Noise (i.e., large, heavy earth moving equipment)
- Very Loud (i.e., jack hammer work)

C. Please explain any other environmental conditions that affect your work.

7. Physical Demands

A. How much on-the-job time is spent in the following physical activities? (Show the amount of time by checking the appropriate box below.)

	None	Up to 1/3	Up to 2/3	More than 2/3
Stand				
Walk				
Sit				
Talk or hear				
Use hands to finger, handle or feel				
Climb or balance				
Stoop, kneel, crouch or crawl				
Reach with hands and arms				
Taste or smell				
Vibration				

B. Does this job require that weight be lifted or force be exerted? If so, how much and how often? (Show the amount of time by checking the appropriate box below.)

	Never	Seldom	Occasionally	Frequently
Up to 10 pounds				
Up to 30 pounds				
Up to 60 pounds				
Up to 100 pounds				
More than 100 pounds				

C. Does this job have any special vision requirements? (Please check all that apply.)

- Close Vision (i.e., clear vision at 20 inches or less)
- Distance Vision (i.e., clear vision at 20 feet or more)
- Color Vision (i.e., ability to identify and distinguish colors)
- Peripheral Vision (i.e., ability to observe an area that can be seen up and down or left and right while the eyes are fixed on a given point)
- Depth Perception (i.e., three dimension vision, ability to judge distances and spatial relationships)
- No Special Vision Requirements

8. Equipment Used

	<u>Equipment</u>	<u>*Hours per Shift</u>
<input type="checkbox"/>	Trucks in excess of 26,000 pounds	<input type="checkbox"/>
<input type="checkbox"/>	Light Trucks	<input type="checkbox"/>
<input type="checkbox"/>	Automobile	<input type="checkbox"/>
<input type="checkbox"/>	Heavy equipment	<input type="checkbox"/>
<input type="checkbox"/>	Computer Video Display Terminals	<input type="checkbox"/>
<input type="checkbox"/>	Telephones	<input type="checkbox"/>
<input type="checkbox"/>	Pneumatic Tools (e.g., jack hammer, power wrench)	<input type="checkbox"/>
<input type="checkbox"/>	Power Tools	<input type="checkbox"/>
<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>
<input type="checkbox"/>	Office Machines (e.g., copier, fax, adding machine)	<input type="checkbox"/>
<input type="checkbox"/>	Other (Please list) _____	<input type="checkbox"/>

Computer Skills: What types of computer applications are used in your position (data entry, word processing, graphics, report generation, spreadsheet formatting and design, database sorting and design, internet, financial, statistical, etc.) Please describe the level of skill required for each application.

9. Essential Functions

List the most frequently performed and/or most important functions of your job which, if they were not performed, would mean that part of the purpose of your position would remain incomplete. Use as much space as needed. Add pages or write on the back.

List of Key Essential Functions (In Order of Importance)	Duties		*Percent of Time Applied Over a Year
	New	Existing	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<i>(continued on next page)</i>			

List of Key Essential Functions (In Order of Importance)	Duties		*Percent of Time Applied Over a Year
	New	Existing	
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
Other Functions:			
	Total		100%

10. Supervisory Responsibilities

A. Do you supervise other employees? Yes No
If yes, please give the names, titles, and hours worked by the people you supervise.

<u>Name</u>	<u>Title</u>	<u>Hrs. per week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Do you hire / fire / discipline employees? (Circle all that apply.) Yes No

* If you have a job description, please attach it to this questionnaire.

11. Conclusion

I certify that the above answers are my own and are complete and accurate.

Employee Signature

Date:

Comments of the Department Head(s) / Supervisor(s)

Please indicate any exceptions or additions to the information provided by the employee.

Please list any additional job functions not listed by the employee. Differentiate between essential and other job functions by placing an "E" or an "O" next to the job function.

Department Head's Signature

Date