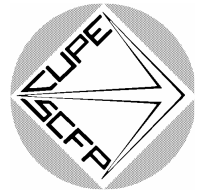




CITY OF WELLAND & CUPE LOCAL 1115



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 job descriptions 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 and are encouraged to make comments. Supervisors are asked not to change an employee's response but to comment in the space provided for each question.

POSITION IDENTIFICATION

Department _____

Name _____

Position Title _____

Title of Immediate Supervisor _____

Do you report to anyone else _____

Section _____ Location _____

REFERENCE: _____
(Position Control I.D.)

THANK YOU FOR YOUR ASSISTANCE

February 2000

JOB ANALYSIS QUESTIONNAIRE

POSITION SUMMARY

Describe briefly the overall purpose of your position. In other words, what do you do?

POSITION RESPONSIBILITIES

Job descriptions exist for the majority of jobs within our organization, some of which are up to date and some are not. Although a description may exist for your job, it is important for you to describe your current responsibilities in your own words.

Please list and clearly describe all duties of your job in order of importance with duty #1 being the most important. These should be ongoing and measurable which any person in the job would be expected to accomplish.

Avoid using the phrase "responsible for" unless referring to activities and objectives of subordinate staff. Use action verbs to describe your responsibilities (e.g., arranges, analyses, co-ordinates, operates, distributes, etc.)

POSITION RESPONSIBILITIES (Continued)

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Activity 7:

Activity 8:

Activity 9:

Activity 10:

JOB ANALYSIS QUESTIONNAIRE

KNOWLEDGE

QUESTION NO 1

In the corresponding columns:

- A) 1 -- Check the education level **required by your employer** for your job.
2 -- Check the formal education **you consider** is required to do your job.
3 -- Check the educational level(s) **you have completed**.

EDUCATIONAL LEVEL	1	2	3
Grade 10 or less			
Grade 10 plus a special programme - Specify Courses			
Grade 11			
Grade 11 plus a special programme - Specify Courses:			
Grade 12			
Grade 12 plus a special programme - Specify Courses:			
College - Or Polytechnical Institute 1 year: Specify Major			
College - Or Polytechnical Institute 2 year: Specify Major			
College - Or Polytechnical Institute 3 year: Specify Major			
University - Specify Major:			
Other - Specify:			

JOB ANALYSIS QUESTIONNAIRE

KNOWLEDGE (Continued)

B) Do you require a licence, formal or professional designation or degree/diploma/certificate/course for your job?

Please specify.

C) Does your work require the use of computers or word processors?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If Yes, what type of work is involved?

<input type="checkbox"/>	Data search and entry
<input type="checkbox"/>	Create and modify word-processed documents
<input type="checkbox"/>	Create and modify complex spreadsheets
<input type="checkbox"/>	Desktop publishing
<input type="checkbox"/>	Advanced bookkeeping, running an accounting program
<input type="checkbox"/>	System support and programming: hardware installation and repair, software installation and troubleshooting
Other - Specify:	
What programs and/or systems are you required to use?	

JOB ANALYSIS QUESTIONNAIRE

KNOWLEDGE (Continued)

D) What additional training is **required** to do your job?

	Blueprint reading		Confined Space Entry
	Cardiopulmonary resuscitation		Instruction in a second language
	Diesel mechanics		Policy interpretation
	Drafting		Enforcement Procedures
	Driver-operator		Government Regulations
Other - Specify:			

E) What reading and understanding is required on a regular basis?

	Understand verbal work orders and instructions.
	Read short notes, brief forms or instructions.
	Read material such as detailed forms, standard memos or letters.
	Read and understand material such as detailed operating and procedure manuals, case histories, blueprints and diagrams, etc.
	Read and understand material such as very specialized and technical manuals.
Please give examples of the above:	

JOB ANALYSIS QUESTIONNAIRE

KNOWLEDGE (Continued)

F) What writing is required on a regular basis?

	Write short notes, brief forms, instructions, or records.
	Write material such as standard memos, letters, or detailed forms.
	Take minutes of meetings or dictation.
	Write straightforward material such as progress reports, procedures, or non-standard letters
	Write complex material such as specialized and technical reports.
Please give examples of the above:	

G) What mathematical skills are required on the job?

	Little or no mathematical work.
	Adding, subtracting, multiplying, dividing.
	Calculation of percentages, ratios or averages.
	Calculation using mathematical formulas or pre-established equations (i.e. calculus, standard deviations, coefficients of variation, etc.
	Identification and application of a wide range of mathematical or statistical concepts.
Please give examples of the above.	

SUPERVISOR'S COMMENTS ON QUESTION # 1

Are the responses to this question: Complete Incomplete
Do you agree with the responses? yes no

Comments:

Supervisor's Initials:

JOB ANALYSIS QUESTIONNAIRE

EXPERIENCE AND TRAINING

QUESTION NO 2

How many months and/or years of experience (acquired either on the job or elsewhere) are needed to acquire the skills necessary to do your job satisfactorily? (i.e. the time required to learn internal and external procedures, resources, as well as specialized skills).

PERIOD OF TIME	PREVIOUS RELATED EXPERIENCE	ON THE JOB EXPERIENCE
up to one month		
over 1 up to 3 months		
over 3 up to 6 months		
over 6 months up to 1 year		
over 1 up to 2 years		
over 2 up to 3 years		
over 3 up to 4 years		
over 4 up to 5 years		
over 5 years - specify:		

Please give examples of the job duties you were considering in making your determination(s):

SUPERVISOR'S COMMENTS ON QUESTION # 2

Are the responses to this question: Complete Incomplete
 Do you agree with the responses? yes no

Comments:

Supervisor's Initials:

JOB ANALYSIS QUESTIONNAIRE

INITIATIVE, JUDGEMENT AND CHOICE OF ACTION

QUESTION NO 3

A) When there is a situation I have not come across before:

- 1 = Almost never*
- 2 = Once in a while*
- 3 = Often*
- 4 = Most of the time*

I immediately ask my supervisor what to do	
I ask co-worker for help in deciding what to do	
I read manuals and figure out what to do	
My supervisor and I together decide what to do	
I decide what to do based on my previous experience as well as checking guidelines and precedent	
I get advice with problems from senior management, and other sources, i.e., Council	
Ministry	
Other (specify):	
Provide examples:	

JOB ANALYSIS QUESTIONNAIRE

B) In your job, do you:

	Follow specific instruction/procedures exactly
	Use well-defined methods and procedures as guidelines for assignments
	Use established guidelines to achieve desired end results
	Modify or change established methods and procedures, but stay within program or legislative boundaries
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.
	Other (specify)
	Please provide examples:

JOB ANALYSIS QUESTIONNAIRE

INITIATIVE, JUDGEMENT AND CHOICE OF ACTION (Continued)

C) Before making a **major** decision, whom would you consult?

	Immediate supervisor
	Peers in own department
	Peers in other department
	Senior management
	Department Head
	Council
Other (Please specify): Please provide examples:	

D) What guidelines, procedures and/or manuals assist you in carrying out your job duties?

E) Does your job require you to develop new work methods, procedures or manuals?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please explain by providing a specific example:

JOB ANALYSIS QUESTIONNAIRE

MENTAL EFFORT (Continued)

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please give examples:

C) Are there interruptions or distracting influences?

Please explain:

SUPERVISOR'S COMMENTS ON QUESTION # 4

Are the responses to this question:

Complete Incomplete

Do you agree with the responses?

yes no

Comments:

Supervisor's Initials:

JOB ANALYSIS QUESTIONNAIRE

PHYSICAL EFFORT

QUESTION NO 5

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

EXAMPLES OF PHYSICAL ACTIVITIES:	Up to and including 1 hr/day	Over 1 hr up to 2 hrs/day	More than 2 hrs/day
Work in a seated position; driving of a car; observation; Specify:			
Use of manual tools: List: Lifting of light materials (less than 5 kg.): List: Operation of the controls of a machine: List: Specify:			
Use of tools: List: Such as lifting of materials of moderate weight (over 5 kg up to 10 kg): List: Climbing a ladder: List: Pushing or pulling of carts: List: Moving of equipment or patients in a wheelchair: List: Specify:			
Use of tools such as a: List: Lifting of heavy materials (over 10 kg): List: Working in a difficult position (leaning, crouching, stooping): List: Specify:			
Lifting, pushing or pulling with extreme effort, the holding or lifting of patients/handicapped students; the pushing or holding of heavy equipment or material. Specify:			
Other: Specify:			

JOB ANALYSIS QUESTIONNAIRE

PHYSICAL EFFORT (Continued)

B) During the course of a working day or shift, what period of time are you **required** to:

ACTIVITY		APPROXIMATE HRS/DAY
	Sit at a desk or machine, etc.	
	Walk	
	Stand at a counter, or machine, etc.	
	Stoop/crouch/kneel	
	Climb up and down stairs	
Please explain:		

SUPERVISOR'S COMMENTS ON QUESTION # 5

***Are the responses to this question:
Do you agree with the responses?***

Complete Incomplete
 yes no

Comments:

Supervisor's Initials:

JOB ANALYSIS QUESTIONNAIRE

DEXTERITY

QUESTION NO 6

- C) Does your work require accurate hand/eye or hand/foot coordination? This can be a **fine movement** such as keyboard skills, welding, drafting, repairing fine instruments/equipment, dispensing oral medications

OR

coarse movement such as using long-handled tools such as mops and shovels, stocking shelves, folding laundry, sorting mail.

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

- D) Is speed an additional requirement for the accurate co-ordination of your work?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, explain giving examples:

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

JOB ANALYSIS QUESTIONNAIRE

DEXTERITY (Continued)

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

Please give details:

G) Hand movements

Hand movement: Use one hand for most tasks <input type="checkbox"/> Use both hands for most tasks <input type="checkbox"/>		
Activity	Number of Hours you Perform each Activity	% of Time you Perform each Activity
Writing		
Keyboarding		
Forceful Gripping		
Testing and Other Equipment		
Do you wear gloves: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of hours per day: _____	
Equipment/tools used most frequently:		

SUPERVISOR'S COMMENTS ON QUESTION # 6

Are the responses to this question: Complete Incomplete
Do you agree with the responses? yes no

Comments:

Supervisor's Initials:

JOB ANALYSIS QUESTIONNAIRE

ACCOUNTABILITY

QUESTION NO 7

It is recognized that innocent **errors** can happen when carrying out job duties, such **errors** are not classed as careless mistakes and are not punishable;

H) Which statement best describes the likely consequences of an **error** in doing your work? Please give examples of significant **errors** which could be made in your job and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.

	An error would have little or no direct consequences on others, I could correct it myself. Explain:
	An activity involving others could be delayed or an error would result in minor loss of resource. Explain:
	Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource. Explain:
	Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization. Explain:
	Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the organization. Explain:
	Death

JOB ANALYSIS QUESTIONNAIRE

ACCOUNTABILITY (Continued)

- I) 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:

- J) If you made an error or an incorrect recommendation, who would normally become involved in correcting it?

	I could correct it myself
	My supervisor would become involved and would tell me how to correct it
	My supervisor or manager would become involved and would provide instructions on how the problem should be corrected
	The Department Head would become involved in developing a solution to the problem
	Council would become involved in developing a solution to the problem
	Other: (Please Specify)
	Example:

- K) Financial processing and commitment. Please check the most appropriate to your position:

	Very little/no responsibility for handling or processing cash, purchase orders, cheques, bonds.
	Some responsibility for handling or processing cash, purchase orders, cheques, bonds, contracts.
	Example:

SUPERVISOR'S COMMENTS ON QUESTION # 7

***Are the responses to this question:
Do you agree with the responses?***

Complete Incomplete
 yes no

Comments:

Supervisor's Initials:

SAFETY OF OTHERS

JOB ANALYSIS QUESTIONNAIRE

QUESTION NO 8

The workplace, machines, tools and equipment must be safe and employees must observe safety rules.

A) Do you work:

	Alone
	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 potential physical injury or harm could you cause to co-workers and/or others?

Please explain by describing the nature and seriousness of the injury that may occur.

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

Please give examples:

SUPERVISOR'S COMMENTS ON QUESTION # 8

***Are the responses to this question:
Do you agree with the responses?***

Complete ***Incomplete***
 yes ***no***

Comments:

Supervisor's Initials:

SUPERVISION OF OTHERS

QUESTION NO 9

A) Does your job require you to perform any of the following:

Please include staff, students, volunteers, contractors, etc. when answering the questions.

JOB ANALYSIS QUESTIONNAIRE

	FREQUENCY			TO WHOM? (JOB TITLE)
	RARELY	OCCASIONALLY	REGULARLY	
Provide guidance, instruction and direction to others				
Schedule and/or co-ordinate work of others				
Assign work and/or personnel				
Maintain quality, accuracy, quantity of work of others				
Develop work procedures and training for others				
Other - Specify:				

B) Which statement best describes your responsibility for supervision of the work of others?

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

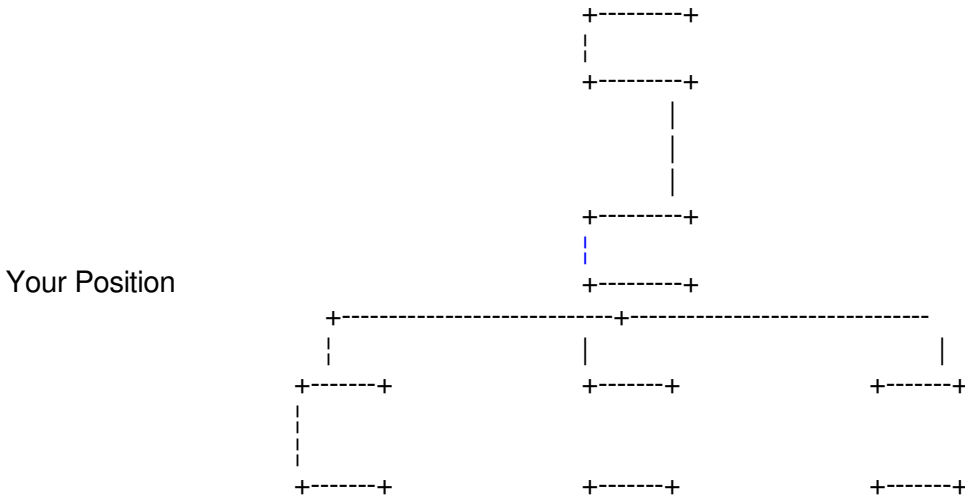
C) How many people do you supervise?

JOB ANALYSIS QUESTIONNAIRE

<p>SUPERVISION OF OTHERS (Continued)</p>

D) Please complete the following chart and fill in the titles and numbers of employees reporting to you. Indicate part-time employees where applicable.

Your supervisor (Title)



Position reporting to your direct sub-ordinates

If this cannot accommodate the reporting structure of your sub-ordinates, please draw your organizational chart on back of the form or attach an existing organizational chart.

SUPERVISOR'S COMMENTS ON QUESTION # 9	
<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
Comments:	
Supervisor's Initials:	

JOB ANALYSIS QUESTIONNAIRE

DISAGREEABLE CONDITIONS

QUESTION NO 11

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 only one frequency level.

Little	Once in a while
Occasional	Once in a while, most days
Frequent	Several times a day on a daily basis, or at least four days per week
Very Frequent	Almost all working hours for at least an average of four days per week

Element	Example or N/A	Little	Occasional	Frequent	Very Frequent
Body wastes and fluids					
Chemical/cleaning substances					
Dust/Dirt					
Extreme temperatures					
Grease/Oil					
Inadequate ventilation					
Inadequate lighting					
Inclement weather					
Infectious disease					
Infectious animals					
Interruptions					
Lack of privacy					
Lack of work space					

DISAGREEABLE CONDITIONS (Continued)

Element	Example or N/A	Little	Occasional	Frequent	Very Frequent
Moisture/Steam					
Noise					
Odour					
Smoke/Fumes					
Driving					
Vibration					
Exposure to Sunlight					
Other – Specify:					

JOB ANALYSIS QUESTIONNAIRE

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

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

Explain:

JOB ANALYSIS QUESTIONNAIRE

DISAGREEABLE CONDITIONS
(Continued)

D) Are you exposed to any of the following conditions?

	Foul language/Verbal abuse Explain:
	Physical abuse Explain:
	Threats Explain:
	Clients, patients, students, taxpayers, general public, etc. who are difficult to deal with Explain:

SUPERVISOR'S COMMENTS ON QUESTION # 11

Are the responses to this question: Complete Incomplete
Do you agree with the responses? yes no

Comments:

Supervisor's Initials:

EMPLOYEE'S SUMMARY

(Please add any additional information or comments)

JOB ANALYSIS QUESTIONNAIRE

EMPLOYEE'S SUMMARY (Continued)

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.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

(FORWARD TO YOUR SUPERVISOR FOR REVIEW AND COMMENTS)

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 by the Joint Job Evaluation Committee to write job descriptions and 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)

JOB ANALYSIS QUESTIONNAIRE

SUPERVISOR'S SUMMARY

(Please add any additional information or comments)

Signature of Immediate Supervisor

Date

Telephone No.

*Please forward the completed questionnaire
to the Human Resources Department.*