# **Job Analysis Questionnaire (JAQ)**

## Introduction & Purpose

The purpose of this questionnaire is to collect information on the duties you perform in your current position. It will also help the district understand the education, skills, and other requirements needed to perform your current duties. Job analysis is not a tool to assess individual, team, or department performance. Rather, it is an opportunity for current employees to share information about their daily work so job descriptions can be updated. As the local expert of your current work, we are asking for you complete the JAQ as completely and accurately as possible. Your responses should be based on what is normally required of you in your job, not extra, interim and/or temporary duties or assignments. There are nine sections in this questionnaire, and it will take approximately one hour to complete.

The person you report to will also be asked about your job, but the answers you provide us in this questionnaire will not be changed. Information provided by you and your manager will be used to update job descriptions.

Once you have completed your questionnaire, we ask that you save your document using the following format: “LastName-JobTitle” and send it to Kate Heynoski at kateh@exmi.org by **Friday,** **March 25, 2022.**

We appreciate your time and energy!

## **Section 1: Personal Information**

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| **Name:** |  |
| **Email address:** |  |
| **Phone number:** |  |
| **Department:** |  |
| **Job Title:** |  |
| **Supervisor/Manager:** (Name, Job title) |  |
| **Standard work hours:**(such as 8am-5pm)  |  |

Is your position full-time or part-time? (Select one)

[ ]  Full-time

[ ]  Part-time

## **Section 2: Job Summary**

Provide a two to four sentence overview of your job. Describe the general purpose of your job and summarize the responsibilities listed in the Section 3.

The following questions may help you write your job summary:

* *How does your position make a difference in the organization?*
* *What is the purpose of your position in your department?*
* *Who are your customers? Who do you work with?*
* *What is your position responsible or accountable for?*
* *How do you explain what you do to your family or friends?*

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## **Section 3: Essential Job Tasks**

List the major job tasks that are performed by an individual in your current position and estimate the average percentage of time spent on each task. The last column (Percent of Time Spent) should add to 100%. Essential job tasks are the **five to eight** major duties, work activities, responsibilities, processes, or projects you are involved with.

A list of *Action Verbs* is provided to assist you with describing the types of work performed. Feel free to use other verbs or sources of information as needed.

**Note:** While you many need to perform “other duties as assigned,” any task that takes at least 6% of your time (approximately 2-3 hours a week) should be included in the list below. This may require you to group some tasks together under a single task title.

| **Task Title** | **Description** | **Percent of Time Spent(Totaling 100%)** |
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## **Section 4: Education, Licensure, Certifications, Certificates, & Other Training**

When completing this section, consider only what is *required* to perform the Essentials Job Tasks, not what you have personally attained

### Education

Check the box that best describes the **minimum** formal education required to perform the Essential Job Tasks. (NOT level of education you have, but the requirements for the job.)

***Example:*** *You have a Bachelor’s Degree, but only an Associate Degree is required. Select Associate Degree.*

[ ]  High School Diploma or GED

[ ]  Career Technical/Vocational School

[ ]  Some College/Associate Degree

[ ]  Bachelor's Degree (B.A., B.S., B.S.N, etc.)

[ ]  Master's or Professional Degree (M.Ed., M.A.T, M.B.A, M.S.N., M.D., J.D., etc.)

[ ]  Doctorate Degree (Ph.D, Ed.D., DPT, etc.)

[ ]  Other (please specify below)

**Specify type of degree or educational training:**

***Example:*** *If your job requires a bachelor’s degree in business with a focus in finance or accounting, enter “finance or accounting degree required”*

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### Licensure

List any licenses required to perform the Essential Job Tasks that are part of your current position.

***Examples:*** *Teaching license, administrator license, registered nurse (RN), commercial driver license (CDL), journey license*

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### Certifications & Certificates

List any specific certifications or certificates required to perform the Essential Job Tasks that are part of your current position.

***Examples:*** *CPR certification, Forklift certification*

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### Other Training

List any other training required to perform the Essential Job Tasks if it has not been addressed in the education, licensure, or certifications/certificates sections above.

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## **Section 5: Experience**

Share information about the work experience needed to successfully perform the Essentials Job Tasks.

### Prior experience

Check the box that best describes the **minimum** amount time spent performing similar work to be able to perform the Essential Job Tasks that are required by your current position. (NOT your years of experience, but the requirements for the job.)

[ ]  No prior work experience is necessary

[ ]  1-3 years work-related experience is required

[ ]  4-6 years work-related experience is required

[ ]  7-9 years work-related experience is required

[ ]  10+ years work-related experience is required

## **Section 6: Knowledge & Skills**

Share information about the knowledge and skills needed to successfully perform the Essentials Job Tasks.

### Knowledge

List topics or areas in which a practical understanding is needed to perform the Essential Job Tasks.
***Examples:*** *Computer hardware and software, Tools and equipment, Customer service, Laws and regulations*

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### Skills

Select the option that best describes how frequently your Essential Job Tasks require each skill.

**Frequency Scale:**

* *Never*: Not a skill I regularly use as part of my job
* *Rarely*: I use this skill less than 1 hour per day (less than 12% of my day)
* *Occasionally*: I use this between 1 and 2.5 hours per day (12% to 32% of my day)
* *Frequently*: I use this skill between 2.6 hours and 5.5 hours per day (33% to 68% of my day)
* *Constantly:* I use this skill more than 5.6 hours per day (69% of my day)

| **Frequency** | **Skill** | **Definition of Skill** |
| --- | --- | --- |
| ***Basic Skills:*** *Developed capacities that facilitate learning or the more rapid acquisition of knowledge.* |
| Choose one. | Active Learning  | Understanding the implications of new information for both current and future problem-solving and decision-making. |
| Choose one. | Active Listening  | Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. |
| Choose one. | Critical Thinking  | Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems. |
| Choose one. | Learning Strategies  | Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things. |
| Choose one. | Mathematics  | Using mathematics to solve problems. |
| Choose one. | Monitoring  | Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action. |
| Choose one. | Reading Comprehension  | Understanding written sentences and paragraphs in work related documents. |
| Choose one. | Science  | Using scientific rules and methods to solve problems. |
| Choose one. | Speaking  | Talking to others to convey information effectively. |
| Choose one. | Writing  | Communicating effectively in writing as appropriate for the needs of the audience. |
| ***Complex Problem Solving:*** *Developed capacities used to solve novel, ill-defined problems in complex, real-world settings.* |
| Choose one. | Complex Problem Solving | Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions. |
| ***Resource Management Skills:*** *Developed capacities used to allocate resources efficiently.* |
| Choose one. | Management of Financial Resources  | Determining how money will be spent to get the work done, and accounting for these expenditures. |
| Choose one. | Management of Material Resources  | Obtaining and seeing to the appropriate use of equipment, facilities, and materials needed to do certain work. |
| Choose one. | Management of Personnel Resources  | Motivating, developing, and directing people as they work, identifying the best people for the job. |
| Choose one. | Time Management  | Managing one's own time and the time of others. |
| ***Social Skills:*** *Developed capacities used to work with people to achieve goals.* |
| Choose one. | Coordination  | Adjusting actions in relation to others' actions. |
| Choose one. | Instructing  | Teaching others how to do something. |
| Choose one. | Negotiation  | Bringing others together and trying to reconcile differences. |
| Choose one. | Persuasion  | Persuading others to change their minds or behavior. |
| Choose one. | Service Orientation  | Actively looking for ways to help people. |
| Choose one. | Social Perceptiveness  | Being aware of others' reactions and understanding why they react as they do. |
| ***System Skills:*** *Developed capacities to understand, monitor, and improve socio-technical systems.* |
| Choose one. | Judgment and Decision Making  | Considering the relative costs and benefits of potential actions to choose the most appropriate one. |
| Choose one. | Systems Analysis  | Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes. |
| Choose one. | Systems Evaluation  | Identifying measures or indicators of system performance and the actions needed to improve or correct performance, relative to the goals of the system. |
| ***Technical Skills:*** *Developed capacities used to design, set-up, operate, and correct malfunctions involving application of machines or technological systems.* |
| Choose one. | Equipment Maintenance  | Performing routine maintenance on equipment and determining when and what kind of maintenance is needed. |
| Choose one. | Equipment Selection  | Determining the kind of tools and equipment needed to do a job. |
| Choose one. | Installation  | Installing equipment, machines, wiring, or programs to meet specifications. |
| Choose one. | Operation and Control  | Controlling operations of equipment or systems. |
| Choose one. | Operation Monitoring  | Watching gauges, dials, or other indicators to make sure a machine is working properly. |
| Choose one. | Operations Analysis  | Analyzing needs and product requirements to create a design. |
| Choose one. | Programming  | Writing computer programs for various purposes. |
| Choose one. | Quality Control Analysis  | Conducting tests and inspections of products, services, or processes to evaluate quality or performance. |
| Choose one. | Repairing  | Repairing machines or systems using the needed tools. |
| Choose one. | Technology Design  | Generating or adapting equipment and technology to serve user needs. |
| Choose one. | Troubleshooting  | Determining causes of operating errors and deciding what to do about it. |

## **Section 7: Work Environment & Physical Demands**

Select the option that best describes how frequently your Essential Job Tasks require the following physical and psychomotor activities. According to the Occupational Information Network, physical abilities “influence strength, endurance, flexibility, balance and coordination” and psychomotor abilities “influence the capacity to manipulate and control objects.”

**Frequency Scale:**

* *Never*: Not a regular part of my job
* *Rarely*: Occurs less than 1 hour or 12% of my day
* *Occasionally*: Occurs between 1 hour and 2.5 hours per day (12% to 32% of my day)
* *Frequently*: Occurs between 2.6 hours and 5.5 hours per day (33% to 68% of my day)
* *Constantly:* Occurs more than 5.6 hours per day (69% of my day)

| **Frequency** | **Activity** | **Definition of Physical and/or Psychomotor Activity** |
| --- | --- | --- |
| Choose one. | Balancing | Maintaining body equilibrium to prevent falling and walking, standing, or crouching on narrow, slippery, or erratically moving surfaces. |
| Choose one. | Climbing | Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like, using feet and legs and/or hands and arms. Body agility is emphasized. |
| Choose one. | Crawling | Moving about on hands and knees or hands and feet. |
| Choose one. | Crouching | Bending the body downward and forward by bending leg and spine. |
| Choose one. | Finger & Hand Dexterity | Picking, pinching, typing, making precisely coordinated movements, or otherwise working, primarily with fingers rather than with the whole hand. |
| Choose one. | Hearing | Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound. |
| Choose one. | Kneeling | Bending legs at knee to come to a rest on knee or knees. |
| Choose one. | Lifting | Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. |
| Choose one. | Multi-limb Coordination | Coordinate two or more limbs (for example, two arms, two legs, or one leg and one arm) while sitting, standing, or lying down. It does not involve performing the activities while the whole body is in motion. |
| Choose one. | Pulling | Using upper extremities to exert force to draw, haul or tug objects in a sustained motion. |
| Choose one. | Pushing | Using upper extremities to press against something with steady force to thrust forward, downward or outward. |
| Choose one. | Reaching | Extending hand(s) and arm(s) in any direction. |
| Choose one. | Repetitive motion | Substantial movements (motions) of the wrists, hands, and/or fingers. |
| Choose one. | Sitting | Remain in a stationary position for sustained periods of time - in a chair or other position. |
| Choose one. | Standing | Remain in a stationary position for sustained periods of time. |
| Choose one. | Walking | Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another. |

### Work Type

What best matches your current work type?(Select one)

[ ]  **Sedentary work**: Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

[ ]  **Light work**: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for light work.

[ ]  **Medium work**: Exerting up to 50 pounds of force occasionally, and/or up to 30 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

[ ]  **Heavy work**: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.

[ ]  **Very heavy work**: Exerting more than 100 pounds of force occasionally, and/or more than 50 pounds of force frequently, and/or more than 20 pounds of force constantly to move objects.

### Work Environment and Hazards

What best matches your current work environment? (Select one)

[ ]  **Everyday risk and discomfort level:** The environment involves everyday risks or discomforts that require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, residences, or commercial vehicles, e.g., use of safe work practices with office equipment, avoidance of trips and falls, observance of fire regulations and traffic signals. The work area is adequately lighted, heated, and ventilated.

[ ]  **Moderate risk and discomfort level:** The work involves moderate risks or discomforts that require special safety precautions, e.g., working around moving parts, carts, or machines; exposure to contagious diseases or irritant chemicals. Employees may be required to use protective clothing or gear, such as masks, gowns, coats, boots, goggles, gloves, or shields.

[ ]  **High risk and discomfort level**: The work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress that require a range of safety and other precautions, e.g., working at great heights under extreme outdoor weather conditions, subject to possible physical attack or mob conditions, or similar situations where conditions cannot be controlled.

## **Section 8: Supervisory Responsibilities**

Share information about your supervisory responsibilities. If you are NOT an individual who hires, evaluates, or manages other people within the organization, you can skip to the next section of this questionnaire.

What is your current level of supervisory responsibility? (Select one)

[ ]  N/A, not responsible for supervising employees

[ ]  One or more employees

[ ]  Section of a department of group

[ ]  Single department

[ ]  Multiple departments

Please mark any of the following supervisory activities that apply to your current job:

|  |  |
| --- | --- |
|[ ]  Budgeting |[ ]  Orienting or Onboarding |
|[ ]  Buying |[ ]  Promoting |
|[ ]  Developing or Coaching |[ ]  Scheduling |
|[ ]  Directing |[ ]  Terminating |
|[ ]  Disciplining |[ ]  Training |
|[ ]  Evaluating Performance |[ ]  Approving timecards or time off requests |
|[ ]  Hiring |[ ]  Other: |
|[ ]  Investigating |[ ]  Other: |

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| --- | --- |
| How many staff *directly* report to you? |  |
|  |  |
| How many staff *indirectly* report to you? |  |

If you want to share additional information about your supervisory responsibilities, include that information below.

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## **Section 9: Interactions & Responsibilities**

Share information about job role interactions and responsibilities. Think about the type of decisions you *regularly* make in your job role and select the most appropriate choice.

### Decision Making Authority

What is your current level of decision-making responsibility? (Select one)

[ ]  N/A, not responsible for making decisions

[ ]  Decisions impact my individual work/job tasks

[ ]  Decisions impact a small team or program

[ ]  Decisions impact a functional area or department

[ ]  Decisions impact the entire district

### Customer Interactions

What is your current level of customer (internal or external) interaction? (Select one)

[ ]  Limited: interactions are primarily with immediate co-workers

[ ]  Some: interactions are focused on accomplishing shared projects or processes

[ ]  Moderate: interactions are focused on establishing customer relationships

[ ]  Significant: interactions are focused on sharing critical or sensitive information with customers

[ ]  High: interactions impact the entire district and/or act as an official representative of the district

### Budget Management

Do you order supplies, plan events, and/or book travel? [ ]  Yes [ ]  No

Do you create/develop a budget? [ ]  Yes [ ]  No

Do you manage or monitor a budget? [ ]  Yes [ ]  No

Do you have budgetary signing authority? [ ]  Yes [ ]  No

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 If yes, provide the amount of your budget signing authority ($ amount):

### Asset Management

Do you manage district assets? [ ]  Yes [ ]  No

 If yes, what type of assets do you manage?

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 If yes, what is the approximate number or value of the assets you manage?

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Are you responsible for the safety/security of district assets? [ ]  Yes [ ]  No

 If yes, what type of assets do you secure?

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 If yes, what is the approximate number or value of the assets you secure?

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## **Section 10: Final Comments and Information**

We appreciate the time you have taken to complete this questionnaire. If you feel there is additional information, we need to know concerning your job and/or requirements, please feel free to share that information below.

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Thank you for completing the Job Analysis Questionnaire. Please save your document using the following format: “LastName-JobTitle” and send it to Kate Heynoski (kateh@exmi.org).