
(COMPANY NAME)

JOB QUESTIONNAIRE

Please review all of the items on this questionnaire before answering. Make all of your answers as complete and clear as possible. If you run out of space, you may attach additional pages. After you have finished the questionnaire, return it to your supervisor.

Please Print

Name: _____ Date: _____

Department: _____

Immediate Supervisor: _____

Location/Project: _____

Length of Service: _____ Length of Service (at current position): _____

Check Appropriate: Full-Time Part-Time Temporary

The following two questions (General Summary and Typical Duties) are the most important questions on the form. Use your own words and with enough detail so that persons unfamiliar with your position can understand exactly what the job entails, how it is done, and why it is done.

1. **GENERAL SUMMARY.** In three or four sentences, please summarize what you do on your job – a brief statement on the overall purpose/function of the job:

2. **ESSENTIAL FUNCTIONS.** Using the form below, describe the 5-8 major functions that are performed during a regular workweek. Combine related activities when possible (*i.e.*, “Compile reports including labor hours, time-off, work-in-progress,” etc.). Exclude extraordinary or occasional assignments. If a function involves physical strength demands, describe how much strength (in pounds) must be exerted and how often. Use back of this form or an extra sheet if necessary.

Task Number	Description of Task	% of Time
EXAMPLE	“EXAMPLE” *** Compile reports including labor hours, time-off, work-in-progress, etc.	25%
EXAMPLE	“EXAMPLE” *** Install assemblies in supportive framework according to blueprints, using hand tools, power tools, and lifting and handling devices. Requires lifting 50-100 pounds	25%
#1		
#2		
#3		
#4		
#5		
#6		
#7		
#8		
Total		100%

3. **PHYSICAL DEMANDS.** Describe the physical demands of the position. List typical conditions, but also describe extremes that may be part of the position from time to time. (E.g., Stand or walk for long periods of time during a regular work day; lift and carry materials weighing 50 to 100 pounds; climb up and down ladders, scaffolds and other climbing devices.)

4. **SCHOOLING REQUIRED.** What is the minimum amount of schooling that a person would need to do this job? Also, what is it that they need to know that they would normally learn in the classroom – for example: basic math, reading blueprints, scheduling process, fluid mechanics, water quality, etc.?

- Less than High School
- High School or equivalent
- Junior College or Vocational
- Bachelor's Degree – Discipline: _____
- Advanced Degree – Masters Doctorate Discipline: _____

Are any special courses or degrees required other than what is shown?

5. **PRACTICAL EXPERIENCE.** If someone had the schooling or training stated in answer to the last question, how much experience on the job (or a related job) would it take before he/she would be able to perform the job adequately?

- One week or less
- 1 to 3 months
- 6 to 12 months
- 2 to 3 years
- 3 to 5 years
- More than 5 years – How much more? _____

What are some of the important things that they would learn during this period of gaining practical experience?

6. **SUPERVISION RECEIVED.** How frequently and closely is work monitored by a supervisor or other employees?

Constant Moderate Occasional Seldom

Does anyone check or review the work? Y / N

If so, who does it and what kind of review is made? Is it a mathematical check, accuracy check, quality check, judgment check, etc.? _____

7. **RESPONSIBILITY FOR THE WORK OF OTHERS** (if applicable). Check below any responsibilities that are part of this position:

- | | | |
|--|--|--|
| <input type="checkbox"/> Instructing Others | <input type="checkbox"/> Assigning New Work | <input type="checkbox"/> Selecting New Employees |
| <input type="checkbox"/> Review Work of Others | <input type="checkbox"/> Planning Work of Others | <input type="checkbox"/> Allocating Personnel |
| <input type="checkbox"/> Maintaining Standards | <input type="checkbox"/> Coordinating Activities | <input type="checkbox"/> Discipline Others |
| <input type="checkbox"/> Recommend Salary Increase | <input type="checkbox"/> Acting on Employee Problems | <input type="checkbox"/> Determine Hours of Work |

Other items or comments: _____

If you supervise other employees, give their names and titles:

8. **WORKING CONDITIONS.** Describe your working conditions. (e.g., noise, outside weather, office, hazardous materials, etc.) _____

9. **JOB TITLES.** Please suggest several job titles that you think might best describe the function of this position.

10. **ADDITIONAL INFO.** Please list any additional information that you believe would be useful in describing your position.

CERTIFICATION

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

Employee Signature

Date

Please forward this completed form & the following two pages to your immediate supervisor.

DUE BY (DATE)

STATEMENT OF IMMEDIATE SUPERVISOR

Supervisor: _____

Employee: _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR

Please check to ensure that the employee's section is accurate and completely filled out. If the questionnaire is inaccurate or incomplete, bring it to the employee's attention so it may be corrected. PLEASE DO NOT CHANGE AN EMPLOYEE'S ANSWER OR FILL OUT INCOMPLETE ANSWERS.

1. Did employee describe duties correctly and fully? Has the employee emphasized the right points? Yes. If not, explain fully: _____

2. **ESSENTIAL NATURE OF THE WORK AND MAIN RESPONSIBILITIES OF THE POSITION.**

Sum up what you consider the distinguishing factors of the employee's job. What do you expect of it? What supervision and direction does it get? What check and review does it get? Is it a beginning or advanced job? Answer fully: _____

3. **MINIMUM QUALIFICATIONS OF THE JOB.** In other words, what must this person have in order to be hired into this position?

a. Education and special training (years and kind): _____

b. Practical Experience (years and kind): _____

c. Licenses, certificates, or registration: _____

d. Special knowledge, abilities, and skills: _____

4. **NORMAL QUALIFICATIONS OF THE JOB.** What does it take to perform the job satisfactorily?

a. Education and special training (years and type): _____

b. Practical Experience (years and type): _____

c. Licenses, certificates, or registration: _____

d. Special knowledge, abilities, and skills: _____

5. In addition to the qualifications listed above, what other additional qualifications would be desirable for an employee in this position to possess: _____

6. The following persons under my supervision perform the same duties at the same level of difficulty or skill: _____

SIGNATURES

Immediate Supervisor: _____

Date: _____

Department Manager: _____

Date: _____

and/or

Project Manager: _____

Date: _____

JOB QUESTIONNAIRE & SUPERVISOR STATEMENT

DUE BY (Date)