

# Piedmont Triad Regional Council

## Position Description Questionnaire

### Prepared for Kernersville, NC



This form is designed to assist you in describing your position. We rely on you to complete this form because you know the duties and responsibilities of your position better than anyone else. If a question does not apply to your position, please write “Not Applicable” or “N/A” for that question. Please complete using word or print or write your answers very legibly. Thank you very much for your assistance.

NOTE: The information contained in this questionnaire is for the purpose of describing and analyzing the elements of the position being studied, not the employee.

	<u>(First)</u>	<u>(Initial)</u>	<u>(Last)</u>
<b>Employee Name</b>			
<b>Employee Job Title</b>			<b>Work Phone Number</b> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div>
<b>Department</b>			<b>Department Division</b>
<b>Supervisor Name</b>			<b>Supervisor Title</b>
<b>Dept. Director Name</b>			<b>Dept. Director Title</b>
<b>Schedule: Circle One</b>	<b>Full Time</b>	<b>Part Time</b>	<b>Work Schedule:</b>

- A. **Position’s Purpose:** Briefly in one or two sentences state the MAIN purpose of your position (why your job exists). If your position requires performing two or more entirely different occupations (for example, a Planner and Finance Analyst), enter a statement for each separate occupation. Add additional information at the end of the questionnaire if needed.

**B. Work Activities** :(*this section is very important for us to understand your job duties*). Please describe the “**major**” functional elements of your job (not the detailed procedures you use in accomplishing your work) and list them in order of importance with the most important listed first. Describe the “**duty**” required to accomplish the major element so others who are not familiar with your job can understand what you do. Begin each statement with action verbs such as *plans, prepares, repairs, calculates, operates*, or other actions words. Indicate the approximate percentage of total working time you spend on each major work activity on a daily, weekly, monthly basis but be consistent throughout. A couple of examples are shown below:

*Example 1: 40% - Operates various automotive and construction equipment (**major functional element**) to transport equipment and personnel to job sites, dig trenches, mow grass, and other equipment operation tasks (**duty**)*

*Example 2: 10% - Maintains department financial records (**major functional element**) by entering financial data into the accounting system (**duty**)*

Total of all time must add up to 100%. List your job functions in order of percent of time worked (most to least)

**Essential Functions:** Essential job functions are those activities which are crucial to the performance of a particular position or job. More specifically, the position exists to perform that particular function and only employees with the appropriate skills, both physically and mentally, can perform these job functions. Please respond Y= yes N= no

	<b>% of Time</b>	<b><u>Function/Duty/Task</u></b>
1		
2		
3		
4		
5		
6		
7		
8		
<b>Total</b>		

If additional pages are necessary, use supplemental sheets at the end of the questionnaire.

- C. **Knowledge, Skills and Abilities:** To better understand the minimum levels and type of knowledge, skills and abilities needed to perform your job functions, identify the required knowledge, skills, and/or abilities. *Examples: knowledge of computer technology, ability to use a computer, skill in varied computer applications. If needed, use additional sheets at the end of the questionnaire.*

<u>Knowledge</u>	<u>Abilities</u>	<u>Skills</u>

- D. **Information Sources:** What information sources are required for you to do your job? Examples: *internet, manufacturer equipment manuals, building codes, repair manuals, general statutes, medical codes, etc.*

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- E. **Education & Training and Experience:** Check **YOUR** educational level and the MINIMUM level **REQUIRED** for the job you perform.

<input checked="" type="checkbox"/>	<u>Education "You" Have</u>	<input checked="" type="checkbox"/>	<u>Minimum Education "The Job" Requires</u>
	High School Diploma or GED		High School Diploma or GED
	Post High School vocational training		Post High School vocational training
	Associate degree (AA/AS)		Associate degree (AA/AS)
	Bachelor's Degree (BS/BA)		Bachelor's Degree (BS/BA)
	Graduate Degree (MS/MA)		Graduate Degree (MS/MA)
	Postgraduate (PhD)		Postgraduate (PhD)
	Other (indicate below)		Other (indicate below)

If you checked an Associate Degree or higher in the above criteria, identify the field of study in the "You Have" section above. *Example: AA/AS in Accounting, BA/BS in Journalism, etc.*

<input checked="" type="checkbox"/>	<u>Field of Study You Have</u>	<input checked="" type="checkbox"/>	<u>Field of Study Required for Job</u>

Check the experience level you have, and the minimum experience required for the job:

<input checked="" type="checkbox"/>	<u>Experience You Have</u>	<input checked="" type="checkbox"/>	<u>Experience The Job Requires</u>
	No experience		No experience
	Some related experience (6 mos. - 1 yr.)		Some related experience (6 mos. - 1 yr.)
	1 - 4 years direct experience		1 - 4 years direct experience
	5 or more years direct experience		5 or more years direct experience
	Supervisory experience in this work		Supervisory experience in this work
	Management experience in this work		Management experience in this work

**Required Licenses and Certifications:** List any license, certification, or other requirement required for your job. If none, leave blank. *Examples: engineering certification or license, CDL, CPA, Building Inspector, etc.* If “yes” provide the license or certification name, type/class/level, and the issuing agency or authority.

<u>Name of License or Certification</u>	<u>Type, Class, or Level</u>	<u>Issued By</u>

Were they required at the time of employment? \_\_\_ Yes \_\_\_ No. If “No”, when were they required a) Within 6 months of employment \_\_\_ Yes \_\_\_ No or b) Within 2 or more years after employment? \_\_\_ Yes \_\_\_ No

**F. Equipment, Tools and Machinery:** What machinery, vehicles or motorized equipment do you use in your work, and how often do you use each (rarely, frequently, or constantly)?

Equipment, Tools and/or Machinery Used	Frequency of Use <input checked="" type="checkbox"/>		
	Rarely	Frequently	Constantly

**G. Physical Requirements:** Are there any special or unusual physical skills or efforts required on your job? *Examples: climbing ladders or trees, operating heavy equipment, digging, or working in trenches, handling extremely hot or cold materials, etc.*

Approximately what percent of time is spent in the following tasks? (These can add up to more than 100%)

Task	% of Time	Task	% of Time
Sitting		Listening	
Walking		Standing	
Driving		Talking	

How much weight (pounds) are you required to manually lift and/or carry at any one time: \_\_\_ Pounds?

Is the lifting/carrying done regularly? \_\_\_ Yes \_\_\_ No. If yes, how many hours per day? \_\_\_ Hours

**H. Extraordinary Working Conditions:** What unusual and/or special working conditions affect any part of your job? Answer all that apply and indicate whether the condition is Regular or Occasional and state what type for each:

Condition <input checked="" type="checkbox"/>	Regular <input checked="" type="checkbox"/>	Occasional <input checked="" type="checkbox"/>
Dangerous machinery		
Extreme weather		
Physical harm		
Hazardous chemicals		
Infectious diseases or body fluids		
Other		
Other		

- I. **Problem Solving Instructions:** How do you receive your instructions? Verbal from a supervisor? \_\_\_\_  
Yes \_\_\_\_ No, or Written \_\_\_\_ Yes \_\_\_\_ No

How specific or general are these instructions? Please explain.

How are priorities and/or deadlines determined for your position?

Describe the occasions when instructions would not be provided?

Who reviews your assignments (their Job Title) and when does this occur?

How do you and your supervisor determine the quality of your work?

How often do you meet with your supervisor and for what purposes?

**Authority and Accountability:** What kinds of actions, documents, plans, or functions require your authorization?

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What is the highest level of decision you can decide without clearing it through your supervisor?

What work decisions require clearance or approval from your supervisor?

What do you consider the most difficult aspect of your job and/or the most important aspect of your job, please give an example.

**J. Interaction with Others:** To do your job effectively, what people within your organization are you required to interact with, other than your immediate supervisor and department co-workers?

If you have direct contact and interaction with other people outside the organization such as the public, community groups, other governmental agencies, vendors, suppliers, contractors, etc., please indicate the nature and purpose of these contacts and interactions.

**Supplemental Questionnaire to Assist in Determining Compliance  
Under The Americans with Disabilities Act (ADA)**

**K. Physical Activities, Visual Acuity, and Working Conditions for this Position**

<b>Physical Activities of This Position (Check <input checked="" type="checkbox"/> ALL that apply):</b>		
	A.	<b>Climbing</b> - Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion
	B.	<b>Balancing</b> - Maintaining body equilibrium to prevent falling when walking, standing, or crouching on narrow, slippery, or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium
	C.	<b>Stooping</b> - Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles
	D.	<b>Kneeling</b> - Bending legs at knee to come to a rest on knee or knees
	E.	<b>Crouching</b> - Bending the body downward and forward by bending legs and spine
	F.	<b>Crawling</b> - Moving about on hands and knees or hands and feet
	G.	<b>Reaching</b> - Extending hand(s) and arm(s) in any direction
	H.	<b>Standing</b> - Remaining upright on the feet, particularly for sustained periods of time
	I.	<b>Walking</b> - Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another
	J.	<b>Pushing</b> - Using upper extremities to press against something with steady force to thrust forward, downward, or outward
	K.	<b>Pulling</b> - Using upper extremities to exert force to draw, drag, haul or tug objects in a sustained motion
	L.	<b>Lifting</b> - Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles
	M.	<b>Fingering</b> - Picking, pinching, typing or otherwise working, primarily with fingers rather than with whole hand or arm as in handling
	N.	<b>Grasping</b> - Applying pressure to an object with the fingers and palm
	O.	<b>Feeling</b> - Perceiving attributes of objects, such as size, shape, temperature, or texture by touching with skin, particularly that of fingertips
	P.	<b>Talking</b> - Expressing or exchanging ideas by means of the spoken word; those activities where detailed or important spoken instructions must be conveyed to other workers accurately, loudly, or quickly
	Q.	<b>Hearing</b> - Perceiving the nature of sounds at normal speaking levels with or without correction, and having the ability to receive detailed information through oral communications, and making fine discriminations in sound
	R.	<b>Repetitive Motions</b> - Making substantial movements (motions) of the wrists, hands and/or fingers

<b>Physical Requirements of This Position (Check <input checked="" type="checkbox"/> only ONE)</b>		
	A.	<b>Sedentary Work</b> - Exerting up to 10 pounds of force occasionally and/or a 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
	B.	<b>Light Work</b> - 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 of Sedentary Work and the worker sits most of the time, the job is rated for Light Work
	C.	<b>Medium Work</b> - Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects

**Physical Requirements of This Position (Check ☒ only ONE)**

D.	<b>Heavy Work-</b> 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
E.	<b>Very Heavy Work-</b> Exerting more than 100 pounds of force occasionally, and/or more than 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects

**Visual acuity requirements including color, depth perception and field of vision (Check ☒ only ONE)**

A.	Employee is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading; visual inspection involving small defects, small parts and/or operation of machines (including inspection); using measurement devices and/or assembly or fabrication of parts at distances close to the eyes
B.	Employee is required to have visual acuity to perform an activity such as: operating machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm's reach; performing mechanical or skilled trade tasks or a non-repetitive nature such as ones by carpenters, technicians, service people, plumbers, painters, mechanics, etc.
C.	Employee is required to have visual acuity to operate motor vehicles or heavy equipment
D.	Employee is required to have visual acuity to determine the accuracy, neatness and thoroughness of the work assigned (i.e., custodial, food services, general labor, etc.) or to make general observations of facilities or structures (i.e., security guard, inspection, etc.)

**The conditions the worker will be subject to in this position (Check ☒ ALL conditions that apply)**

A.	Employee is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes
B.	Employee is subject to outside environmental conditions: No effective protection from weather
C.	Employee is subject to both environmental conditions: Activities occur inside and outside
D.	Employee is subject to extreme cold: Temperatures typically below 32 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity
E.	Employee is subject to extreme heat: Temperatures above 100 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity
F.	Employee is subject to noise: There is sufficient noise to cause Employee to shout to be heard above the ambient noise level
G.	Employee is subject to vibration: Exposure to oscillating movements of the extremities or whole body
H.	Employee is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals
I.	Employee is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dust, mists, gases, or poor ventilation
J.	Employee is subject to oils: There is air and/or skin exposure to oils and other cutting fluids
K.	Employee is required to wear a respirator
L.	Employee frequently is in close quarters, crawl spaces, shafts, manholes, small, enclosed rooms, small sewage and water line pipes and other areas, which could cause claustrophobia
M.	Employee is required to function in narrow aisles or passageways
N.	Employee is exposed to infectious diseases
O.	Employee is required to function around prisoners or institutional patients
P.	None: Employee is not substantially exposed to adverse environmental conditions (typical office or administrative work)

<b>Employee Signature</b>		<b>Date</b>	
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After signing and dating this questionnaire please make a copy for yourself and give the completed form to your immediate supervisor.

**If you supervise others, please complete the following page.**

**If you have supervisory responsibilities, complete, and sign the following page or pages.**

### **Supervisory Position Supplemental Questionnaire**

(To be completed **only** by individuals who supervise other employees)

- L. Supervision/Span of Control:** Indicate the job titles and names of employees who report **directly** to you (if none, write none). In addition to Regular employees, include Temporary, Part-Time, Occasional, Community Service Workers, etc.

<b><u>Job Titles</u></b>	<b><u>Employee Name</u></b>	<b><u>Full Time</u></b> <input checked="" type="checkbox"/>	<b><u>Part Time</u></b> <input checked="" type="checkbox"/>	<b><u>Other</u></b>

- M. Supervisory Responsibilities:** Does your position have the authority to take any of the following actions? If not, does your supervisor rely mainly on your recommendation to make the decision?

<b><u>Responsibility</u></b>	<b><u>Yes</u></b> <input checked="" type="checkbox"/>	<b><u>No</u></b> <input checked="" type="checkbox"/>	<b><u>Recommend</u></b> <input checked="" type="checkbox"/>	<b><u>N/A</u></b> <input checked="" type="checkbox"/>
Hire Employees				
Promote Employees				
Transfer Employees				
Prepare Work Schedules				
Assign or review the work of others				
Train Employees				
Assign or approve overtime or comp. time				
Approve sick or vacation leave				
Recall employees to work in emergencies				
Award Merit Increases				
Discipline Employees				
Suspend Employees				
Terminate Employees				
Conduct Performance Appraisals				

<b>Employee Signature</b>		<b>Date</b>	
<b>Supervisor's Signature</b>		<b>Date</b>	

**Note to Supervisor:** Please review the employee's answers for completeness and accuracy. Please do not change any answers, if you do not agree with the response. Simply note the number of the question and write your correction on the last page of this document, titled "Supplemental Information Sheet".

**SECTION N. SUPERVISION RECEIVED**

(This section is to be answered by Supervisor of the employee whose name is on page 1 of this form).

Employee's Name: \_\_\_\_\_

*Note to the Supervisor:* Please review the employee's answers for completeness and accuracy. Please do not change any answers if you do not agree with the employee. Simply note the number of the question and write your disagreement on a separate sheet of paper. You may wish to discuss the matter with the employee first, allowing him to change an answer if he so chooses.

In answering the questions below, think of the job and related duties, not the employee in the position. Your response to this section is very important in the classification process and in the writing of job descriptions. Be sure to sign the form in the space indicated below.

Also, please review the next section (XII: Physical Requirements and Working Conditions) and sign in the space indicated.

1. What do you consider the most important duties of this position?

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2. Describe how is the work of the employee checked noting how it is in progress and how is it checked upon completion?

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3. List the knowledge, skills, and abilities needed to perform this job.

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4. What level of supervision do you exercise over this employee? Check One.

<input type="checkbox"/>	IMMEDIATE – Detailed instruction with close, frequent review of work
<input type="checkbox"/>	REGULAR – Employee performs routine assignments independently. Supervisor assists with unusual problems
<input type="checkbox"/>	GENERAL – Employee follows broad policies and general objectives; employee has direct responsibility for final results.

5. Under normal situations for this position, what level of work is performed by this employee?

<input type="checkbox"/>	ROUTINE – Most fundamental level; handles simple and basic assignments and problems.
<input type="checkbox"/>	RESPONSIBLE – Intermediate level; handles a variety of typical assignments and problems.
<input type="checkbox"/>	COMPLEX – Highest level of work; managerial in nature; directs all assignments and deals with all problems.

6. What level of **knowledge** of the basic job is required to perform this job satisfactorily? Check one.

<input type="checkbox"/>	SOME – Fundamental knowledge of principles and terminology that allow performance of the basic job.
<input type="checkbox"/>	GENERAL – Sufficient knowledge to perform a limited range of work effectively.
<input type="checkbox"/>	THOROUGH – Sufficient knowledge to solve unusual as well as commonplace problems.
<input type="checkbox"/>	COMPREHENSIVE – Complete mastery and understanding of the subject; most advanced degree of knowledge likely to be found.

7. **Education** required of a new employee to perform this job satisfactorily.

<input type="checkbox"/>	Less than high school but sufficient to perform the job tasks.
<input type="checkbox"/>	High School diploma or equivalent.
<input type="checkbox"/>	Some specialized technical training beyond the equivalent of the 12 <sup>th</sup> grade, typically vocational in nature or job-related college course work.
<input type="checkbox"/>	Formal specialized training as a supplement to a High School diploma, typically achieved through a two-year college program, a formal apprenticeship program (specify): _____
<input type="checkbox"/>	Associate Degree (Two-year program) Concentration: _____
<input type="checkbox"/>	Bachelor's Degree (Four-year program) Major: _____
<input type="checkbox"/>	Vocational/Technical Training (specify): _____
<input type="checkbox"/>	Graduate/Professional Degree (specify): _____

8. **Experience** required for this level of work

Type of experience: \_\_\_\_\_

Amount of experience:

<input type="checkbox"/>	No previous experience required.
<input type="checkbox"/>	Less than six months of experience.
<input type="checkbox"/>	One to two years of experience.
<input type="checkbox"/>	Two to five years of experience.
<input type="checkbox"/>	Five to seven years of experience.
<input type="checkbox"/>	Over seven years of experience.

9. What special **licenses or certificates** are required for this position?

<input type="checkbox"/>	North Carolina Driver's License
<input type="checkbox"/>	Commercial Driver's License; Class; List other level(s) or endorsement(s) _____

**Note to the Supervisor:** Please review the employee's answers for completeness and accuracy. Please do not change any answers if you do not agree with the employee. Simply note the number of the question and write your disagreement on a separate sheet of paper. You may wish to discuss the matter with the employee first, allowing him to change an answer if he so chooses. (Also see signature section on page 11)

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

☐ E-verification; the name entered above serves as my signature to authenticate this document.

**Supplemental Information Sheet**

To which section of the questionnaire (A through K) does the following additional apply?

**Section \_\_\_\_**

**Section \_\_\_\_**

**Section \_\_\_\_**

**Section \_\_\_\_**

**Section \_\_\_\_**

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