

Job Evaluation Questionnaire
Ector County, Texas May – 2007

Title:	
Job Number:	

General Instructions:

Please complete this form to the best of your ability. Use blue or black ink only. Make sure to ask your supervisor for any assistance that you need in completing this form. Please return your completed form to your supervisor for submission to Human Resources Department no later than Friday, May 11, 2007.

A. Identification / General Information

Employee Name:	
If more than one Employee participated in completing this questionnaire, put "Multiple Employees" and attach a list of all participants to this form.	
Current Job Title:	
Department Name:	
Immediate Supervisor's Name:	
Immediate Supervisor's Title:	

Length of Service with Organization: ___ Years ___ Months

Length of Service in Current Position: ___ Years ___ Months

Describe your normal work schedule (Example: Monday – Friday 8:00 a.m. to 5:00 p.m.)

B. Brief Description of the Job

(Use two or three brief specific statements to summarize the general purpose of the job.)

C. Essential Functions

Description of Essential Function: Describe in detail the primary or most important functions that you perform. In addition to each function, list the tasks performed that enable you to accomplish each function. Use clear, concise sentences.

Percentage of Time Code: Estimate the percentage of total working time per year that is taken up with that duty. These estimates should be made after all essential functions have been listed. The percentages in this column must not total over 100%. Duties that require less than 5% of your time should not be listed.

Strength Column Code: Write ONE letter that best describes the strength demands of the essential function during a typical 8-hour workday.

Use the abbreviations provided:

S = Sedentary	L = Light	M = Medium	H = Heavy	VH = Very Heavy
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	Exerting 50-100 lbs. occasionally, 25-50 lbs. frequently, or up to 10-20 lbs. constantly.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

EXAMPLE ↓

Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function: Maintains exterior of facilities	30%	M
Tasks performed to accomplish this function:		
by picking up and removing litter and debris from grounds, sweeping and edging sidewalks, mowing lawns, trimming shrubs and raking leaves.		

1. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		

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2. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		
3. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		
4. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		
5. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		
6. Description of Essential Functions of the Job	Percentage of Time	Physical Strength Code
Function:		
Tasks performed to accomplish this function:		

D. Physical Demands

Overall Strength Demands: Select one word below that best describes the overall strength demands of the job.

<input type="radio"/> Sedentary	<input type="radio"/> Light	<input type="radio"/> Medium	<input type="radio"/> Heavy	<input type="radio"/> Very Heavy
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	Exerting 50-100 lbs. occasionally, 25-50 lbs. frequently, or up to 10-20 lbs. constantly.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

Physical Demand Codes: Consider the overall job and use the following frequency code scale to indicate how often you perform the physical demands listed below. Place only one letter in the column provided:

C = Constantly	F = Frequently	O = Occasionally	R = Rarely	N = Never
2/3 or more of the time.	From 1/3 to 2/3 of the time.	Up to 1/3 of the time.	Less than 1 hour per week.	Never occurs.

For each physical demand that you assigned a letter, write a brief description of the tasks requiring that physical activity during a typical workday. If you marked “never”, you do not have to supply a description.

Physical Demands	Frequency Code	Description
<i>Standing</i>	<i>F</i>	<i>(Example. Standing on ladder to paint building)</i>
Standing		
Sitting		
Walking		
Lifting		
Carrying		
Pushing/Pulling		
Reaching		
Handling		
Fine Dexterity		
Kneeling		
Crouching		
Crawling		
Bending		
Twisting		
Climbing		
Balancing		
Vision		
Hearing		
Talking		
Foot Controls		
Other (State)		

D. Physical Demands (continued)

Machines, Tools, Equipment and Work Aids: List machines, tools and/or equipment that are required for this job. (Not including computer equipment and software – use the next section for this.)

Computer Equipment and Software: List all computer equipment and software that is required for this job.

Environmental Factors: Select any noted conditions found on the job and note how often each is encountered. If the condition never occurs, then skip the item.

Environmental Conditions	Daily	Several Times Per Week	Several Times Per Month	Seasonally
<input type="radio"/> Extreme temperature (Heat, cold, extreme temp. changes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Wetness and/or humidity (Bodily discomfort from moisture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Respiratory hazards (Fumes, gases, chemicals, dust and dirt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Noise and vibration (Sufficient to cause hearing loss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Physical hazards (High voltage, dangerous machinery, aggressive prisoners or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health and Safety Conditions	Daily	Several Times Per Week	Several Times Per Month	Seasonally
<input type="radio"/> Mechanical hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Chemical hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Electrical hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Fire hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Explosives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Communicable diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Physical danger or abuse (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Primary Work Location: Check the type of location where most of the job duties are performed.

- Office Environment
- Warehouse
- Shop
- Vehicle
- Recreation Centers/Neighborhood Centers
- Outdoors (Specify) _____
- Other (Specify) _____

Protective Equipment Required: List any protective equipment that is required for this job.

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E. Non-Physical Demands

Non-physical Demands: If applicable for your job, list one Frequency Code for each non-physical demand listed.

Frequency Codes:	F = Frequently	O = Occasionally	R = Rarely	N = Never
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	Time Pressures		Emergency Situations
	Frequent Change of Tasks		Irregular Schedule/Overtime
	Performing Multiple Tasks Simultaneously		Working Closely with Others As Part of a Team
	Tedious or Exacting Work		Other (Describe below):
	Noisy/Distracting Environment		

F. Job Requirements

Formal Education: Record the minimum educational requirements for the job.

Minimum Requirements	Description of Education
<input type="radio"/>	Less than high school education
<input type="radio"/>	High school diploma or equivalent
<input type="radio"/>	Additional training beyond high school (Area of Training):
<input type="radio"/>	Two-year Associate's degree or equivalent (Degree Area):
<input type="radio"/>	Four-year Bachelor's degree or equivalent (Degree Area):
<input type="radio"/>	Graduate or professional work or advanced degree (specify):

F. Job Requirements (continued)

Experience: Record the minimum experience requirements for your job.

Minimum Requirements	Description of Experience
<input type="radio"/>	No previous experience required
<input type="radio"/>	Six months to one year experience in/as:
<input type="radio"/>	Over one year experience in/as:
<input type="radio"/>	Over two years experience in/as:
<input type="radio"/>	Over three years experience in/as:
<input type="radio"/>	Over four years experience in/as:
<input type="radio"/>	Over five years experience in/as:
<input type="radio"/>	Over six years experience in/as:
<input type="radio"/>	Over seven years experience in/as:
<input type="radio"/>	Over eight years experience in/as:
<input type="radio"/>	Over nine years experience in/as:
<input type="radio"/>	Over ten years experience in/as:

Certification and Other Requirements: (List any licenses, certifications, statutory requirements, or registrations required for this position. This does not necessarily mean the license you have, but what is required to hire or promote someone into this position, either internally or from the outside. Use exact name of license, certification, etc.)

1.
2.
3.
4.
5. Valid Drivers License Required? <input type="radio"/> Yes <input type="radio"/> No If Yes, what type?
6. What other certifications and licenses are required? (include professional licenses)

F. Job Requirements (continued)

Reading: What is the minimum reading requirements for this position?
Describe the materials that must be read.

Math: What is the minimum mathematical requirements for this position?
Describe the mathematical calculations required by the job.

Writing: What is the minimum writing requirements for this position?
Describe the required writing assignments.

Problem Solving and Analytical Skills: What is the minimum problem solving abilities and/or analytical skills required for this position? Describe the situations that require the use of problem solving and/or analytical skills.

G. Planning and Management Requirements

Planning: Does this job involve planning responsibilities dealing with work activities or projects? Yes
No

If yes, describe the planning or project management activities associated with this job.

Budgetary Responsibility: Does this job involve preparing, monitoring or administering the annual budget?
Yes No If yes, please indicate the types of budgetary activities required. Select only one.

- 1. Prepares documents and does research to justify language used in documents for a department. May recommend budget allocations.
- 2. Does research for documents, compiles data for computer entry, and/or enters or oversees data entry. Has responsibility for monitoring budget expenditures (typically non-discretionary expenditures) for a work unit of less than department size.
- 3. Oversees budget preparation of department budget. Reviews and approves expenditures of significant budgeted funds for the department or does research and prepares recommendations for County-wide budget expenditures.
- 4. Has responsibility for the final approval of at least one departmental budget and presents the budget(s) to senior management. Is authorized to approve budgeted expenditures up to the amount that requires the approval of senior management.
- 5. Has responsibility for final approval of budgetary recommendations to County Council. Monitor progress toward fiscal objectives and adjusts plans as necessary to reach them.

Scope of Budgetary Responsibility: Please provide the total amount of the budget in dollars for which you are responsible. This amount should include project management or organizational budget responsibility.

Total amount of budget that I am responsible for is \$
Additional Comments:

G. Planning and Management Requirements (continued)

Supervisory Responsibility: Does this job involve directing the work of others? Yes No
 If yes, please list the job titles and number of employees you supervise.

Job Title(s)	Number of Employees
_____	_____
_____	_____
_____	_____
_____	_____

Nature of Work Direction: Starting with the left column, please indicate the nature of work direction provided by the position, then select one of the three degrees to further explain the Degree of Complexity of Work performed by those being directed.

Nature of Work Direction	Degree of Complexity of Work Performed by those being directed		
	Routine/ regulated¹	Semi- complex²	Complex³
<input type="radio"/> Work requires the occasional direction of helpers, assistants, seasonal employees, interns, volunteers or temporary employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Work requires functioning as a lead worker performing essentially the same work as those directed and includes overseeing work quality, training, instructing, and scheduling work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Work requires supervising and monitoring performance for a regular group of employees or a work unit including providing input on hiring/disciplinary actions and work objectives/effectiveness and realigning work as needed. A first line supervisor typically performs these functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Work requires managing and monitoring work performance by directing subordinate supervisors or administrators including making final decisions on hiring and disciplinary actions, evaluating program/work objectives and effectiveness, and realigning work and staffing assignments, as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Work requires managing and monitoring work performance of senior department managers including evaluating program/work objectives and effectiveness, establishing broad organizational goals and realigning work and staffing for the department.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ The jobs or tasks of the group have largely standardized and well-established methods.

² The jobs or tasks of the group are in a somewhat technical or advanced activity where work methods are fairly well established.

³ The jobs or tasks of the group are typically in an advanced field of activity where work methods follow only generally standardized processes.

G. Planning and Management Requirements (continued)

Freedom to Act:

This is a two dimensional factor table that will assist in determining the job’s level of freedom to act as well as the likely impact of those actions. It assesses the degree to which achieving or mishandling a situation by the job incumbent could affect financial, public or employee relations of the County. Limitations of freedom to act or job independence may include: supervisory control, the nature of the work, established policies and procedures, and/or legal constraints. Please indicate the extent to which you are free to act in the absence of supervision and/or policies and procedures (Choose only one total level.)

	Select One Likely Impact of Action:		
	A Limited: Slight benefit or cost in time, money or public/employee relations	B Moderate: Moderate benefit or cost in time, money or public/employee relations	C Significant: Considerable benefit or cost in time, money or public/employee relations
<input type="radio"/> Receives Immediate Direction: Within this job, the employee normally performs the duty assignment after receiving detailed instructions as to methods, procedures, and desired end results. These detailed instructions normally allow little room for deviation. The immediate supervisor may, at times, provide close and constant review while work is under way and when the assignment is completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Receives Direction: Within this job, the employee normally performs the duty assignment after receiving general instructions as to methods, procedures, and desired end results. The employee has some opportunity for discretion when making selections among a few, easily identifiable choices. The assignment is usually reviewed upon completion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Receives General Direction: Within this job, the employee normally performs the job by following established standard operating procedures and/or policies. The employee may choose the appropriate procedure or policy to apply to duties. Performance is reviewed periodically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Receives Limited Direction: Within this job, the employee normally performs the duty assignment according to his or her own judgment, requesting supervisory assistance only when necessary. The assignment may be reviewed upon completion. Performance is reviewed periodically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Receives Administrative Direction: Within this job, the employee normally performs the duty assignment within broad parameters defined by general organizational requirements and accepted practices. Total end results determine effectiveness of job performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. Human Relations

Interpersonal Skills: Does this job require communication or human relations skills? Yes No
If yes, please describe the job requirements of personal interaction with others during a typical workday. (For example, do you provide information to customers, discuss how to solve a problem, make recommendations, persuade others, or negotiate a compromise with other people?)

Contacts within the Organization: When completing this section, please list the departments within the County, other than the immediate work unit, with which the Employee(s) would have regular and frequent contact along with the contact title, frequency and purpose.

Department	Contact/Title	Frequency			Purpose of Contact
		Daily	Weekly	Monthly	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Contacts outside Organization List the organizations and title of contact outside the County, with which the Employee(s) would have regular and frequent contact. Describe the purpose of the contact and select the frequency of contact.

Organization	Contact/Title	Frequency			Purpose of Contact
		Daily	Weekly	Monthly	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Contacts with Vendors/Suppliers & General Public List the vendors/suppliers and general public outside the Organization, with which the Employee(s) would have regular and frequent contact. Describe the purpose of the contact and select the frequency of contact.

Organization	Contact/Title	Frequency			Purpose of Contact
		Daily	Weekly	Monthly	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

I. Career Path Definition

Please indicate other Ector County positions that are related to this position as part of a career family.

Other positions in Ector County to which those that hold my current position might be promoted. →	1.
	2.
	3.
←My Current Position →	
Other positions in Ector County that would prepare applicants for my current position. →	1.
	2.
	3.

J. Signature/Approval

To the best of my ability, I have filled out this questionnaire, and believe it to be an accurate description of my job.

x	
Employee Signature	Date

x	
Supervisor 1 Signature	Date
Comments:	

x	
Supervisor 2 Signature (if applicable)	Date
Comments:	

x	
Supervisor 3 Signature (if applicable)	Date
Comments:	

x	
Supervisor 4 Signature (if applicable)	Date
Comments:	

x	
Department Director Signature	Date
Comments:	