

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.

For further information, please contact one of the following Joint Job Evaluation Committee members:

Name:

Tel.:

Name: John Martin

Tel.: 250-949-6618

Feel free to keep a copy of the questionnaire once you and your supervisor have completed and signed it.

Completed forms are to be returned to John Martin, no later than _____, 20__.

Thank you for your assistance

Job Analysis Questionnaire

IDENTIFICATION:

1. Employee Name:
2. Title of Job:
3. Department/Division:
4. Location of Work:
5. Employee Status:
6. Length of time in this Position:
7. Hours of Work/Shift /Week:
8. Business Telephone Number:
9. Name and Title of your Immediate (Supervisor - non-union):
10. Do you report to anyone else? (<i>Name and Title</i>)

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PART "A" – JOB ANALYSIS

QUESTION NO 1 - KNOWLEDGE

In the corresponding columns:

- A) 1 -- Check the education level **required by your employer** for your job.
 2 -- Check the education level **you consider** is required to do your job.

EDUCATION LEVEL	1	2
Grade 10 or less	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10 plus a special program – Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Grade 11	<input type="checkbox"/>	<input type="checkbox"/>
Grade 11 plus a special program – Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12 plus a special program – Specify:	<input type="checkbox"/>	<input type="checkbox"/>
College – Specify: 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University – Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>

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- B) Do you require a license, formal or professional designation or diploma/certificate for your job?

Please specify.

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

Yes No

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?	

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

<input type="checkbox"/>	Blueprint reading	<input type="checkbox"/>	Electronics
<input type="checkbox"/>	Welding	<input type="checkbox"/>	Hydraulics
<input type="checkbox"/>	Diesel mechanics	<input type="checkbox"/>	Instruction in a second language
<input type="checkbox"/>	Drafting	<input type="checkbox"/>	Mechanics
<input type="checkbox"/>	Driver-operator	<input type="checkbox"/>	Policy interpretation
<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	Braille
Other – Specify:			

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

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

Job Analysis Questionnaire

F) What writing is required on a regular basis?

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

G) What mathematical skills are required on the job?

<input type="checkbox"/>	Little or no mathematical work.
<input type="checkbox"/>	Adding, subtracting, multiplying, dividing.
<input type="checkbox"/>	Calculation of percentages, ratios or averages.
<input type="checkbox"/>	Calculation using mathematical formulas or pre-established equations (i.e. calculus, standard deviations, coefficients of variation, etc.)
<input type="checkbox"/>	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:

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QUESTION NO 2 - EXPERIENCE AND TRAINING

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
<input type="checkbox"/>	up to one month	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 1 up to 3 months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 3 up to 6 months	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 6 months up to 1 year	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 1 up to 2 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 2 up to 3 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 3 up to 4 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 4 up to 5 years	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	over 5 years – specify:	<input type="checkbox"/>	<input type="checkbox"/>

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:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Supervisor's Initials:		

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QUESTION NO 3 - INITIATIVE, JUDGEMENT AND CHOICE OF ACTION

- A) Describe some typical problems that you generally solve on your own, using your experience and expertise.

- B) Describe some typical problems that you would usually pass on to your supervisor or a colleague.

- C) Describe some typical problems that you would solve by referring to manuals, policy books or industry codes.

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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?

Yes No

Please explain:

SUPERVISOR'S COMMENTS ON QUESTION # 3		
Are the responses to this question:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Supervisor's Initials:		

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QUESTION NO 4 - MENTAL EFFORT

- A) Please describe those duties of your job which require periods of mental, aural (listening) and visual concentration such as operating a switchboard, reading, driving, inputting data, or a combination of the five senses, sight, taste, smell, touch and hearing that are required in the course of doing the job that result in mental/sensory fatigue.

	Duration	Frequency		
	Approx. hrs/day	Once in a while	Several times daily	Most working hours
Give examples of mental effort:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes No

If yes, please give examples:

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QUESTION NO 5 - PHYSICAL EFFORT

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

Examples of physical activities:	Up to and including 1 hr/day	Over 1hr up to 2 hrs/day	More than 2 hrs/day
Work in a seated position; driving a car; observation; Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of manual tools such as a saw, pliers, hammer, etc.; lifting of light materials (less than 5 kg.); driving of a truck, tractor; operation of the controls of a machine; sweeping, cleaning, shovelling. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as an asphalt rake, etc.; lifting of materials of moderate weight (over 5 kg up to 10 kg); climbing a ladder; pushing or pulling of carts; moving of equipment or patients in a wheelchair. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as a sledge hammer; lifting of heavy materials (over 10 kg); operation of pneumatic tools; pushing or holding large equipment; working in a difficult position (leaning, crouching, etc.). Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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QUESTION NO 6 - DEXTERITY

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

OR

coarse movement such as using long/handled tools such as mops and shovels, floor polishers, lawn mowers, stocking shelves, folding laundry, sorting mail.

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

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

Yes No

If yes, explain giving examples:

Job Analysis Questionnaire

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

Please specify:

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

Please give details:

SUPERVISOR'S COMMENTS ON QUESTION # 6		
<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:		

QUESTION NO 7 - ACCOUNTABILITY

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.

- A) 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.

<input type="checkbox"/>	An error would have little or no direct consequence on others, I could correct it myself. Explain:
<input type="checkbox"/>	An activity involving others could be delayed or an error would result in minor loss of resource. Explain:
<input type="checkbox"/>	Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource. Explain:
<input type="checkbox"/>	Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization. Explain:
<input type="checkbox"/>	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:

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QUESTION NO 8 - SAFETY OF OTHERS

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

A) Do you work:

<input type="checkbox"/>	Alone
<input type="checkbox"/>	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?

SUPERVISOR'S COMMENTS ON QUESTION # 8

Are the responses to this question: Complete Incomplete
 Do you agree with the responses? Yes No

Comments:

<i>Supervisor's Initials:</i>

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QUESTION NO 9 - INTERPERSONAL SKILLS

From the list below, identify the usual contacts you are required to make in your job. Communication skills include oral presentations, writing, listening and/or observation skills. Choose the words that best describe the **nature or purpose of your contact** from the following list:

1	Obtain or hand out information	4	Problem solving for others	7	Counsel
2	Explain and exchange information	5	Interpret/resolve conflicts	8	Mediate/negotiate
3	Handle complaints	6	Teach/train	9	No contact
Contacts		#	Explain the purpose or nature of contact		
Business representatives					
Clients					
Contractors/Suppliers					
Employees in the same department as yours					
Employees in another department					
Family					
General public					
Heads of departments (other than yours)					
Patients					
Professional residents and interns					
Representatives of professional agencies/governments					
Salespersons					
Students					
Teachers					
Volunteers					
Other: Specify:					

SUPERVISOR'S COMMENTS ON QUESTION # 10		
Are the responses to this question:	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Supervisor's Initials:		

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QUESTION NO 10 - DISAGREEABLE CONDITIONS

- 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 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
Almost continuous	Almost all working hours for at least an average of four days per week

Element	Example or N/A	Little	Occasional	Frequent	Almost Continuous
Body wastes and fluids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical/Cleaning substances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/Dirt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease/Oil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclement weather		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interruptions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of privacy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of work space		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture/Steam		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fumes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-Rays		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify					

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B) Do you work:

	Year round	Spring	Summer	Fall	Winter
Equally indoors and outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Explain:

A) Are you exposed to any of the following work pressures and stresses in your job?

<input type="checkbox"/>	Foul language/Verbal abuse Explain:
<input type="checkbox"/>	Physical abuse Explain:
<input type="checkbox"/>	Threats Explain:
<input type="checkbox"/>	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:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Do you agree with the responses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Supervisor's Initials:	

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2. List the duties you regularly perform **EACH WEEK**, indicating for each the number of hours.

Approx. hr/day	DUTY

3. List the duties you regularly perform **EACH MONTH**, indicating for each the number of hours.

Approx. hr/day	DUTY

4. List the duties you regularly perform **ONCE A YEAR** or **OCCASIONALLY** indicating for each the number of hours.

Approx. hr/day	DUTY

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5. JOB SUMMARY

In a few words, provide a general description of your job. In other words, what do you do?

EMPLOYEE'S SUMMARY

(Please add any additional information or comments)

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: _____

(FORWARD TO YOUR SUPERVISOR FOR REVIEW AND COMMENTS)

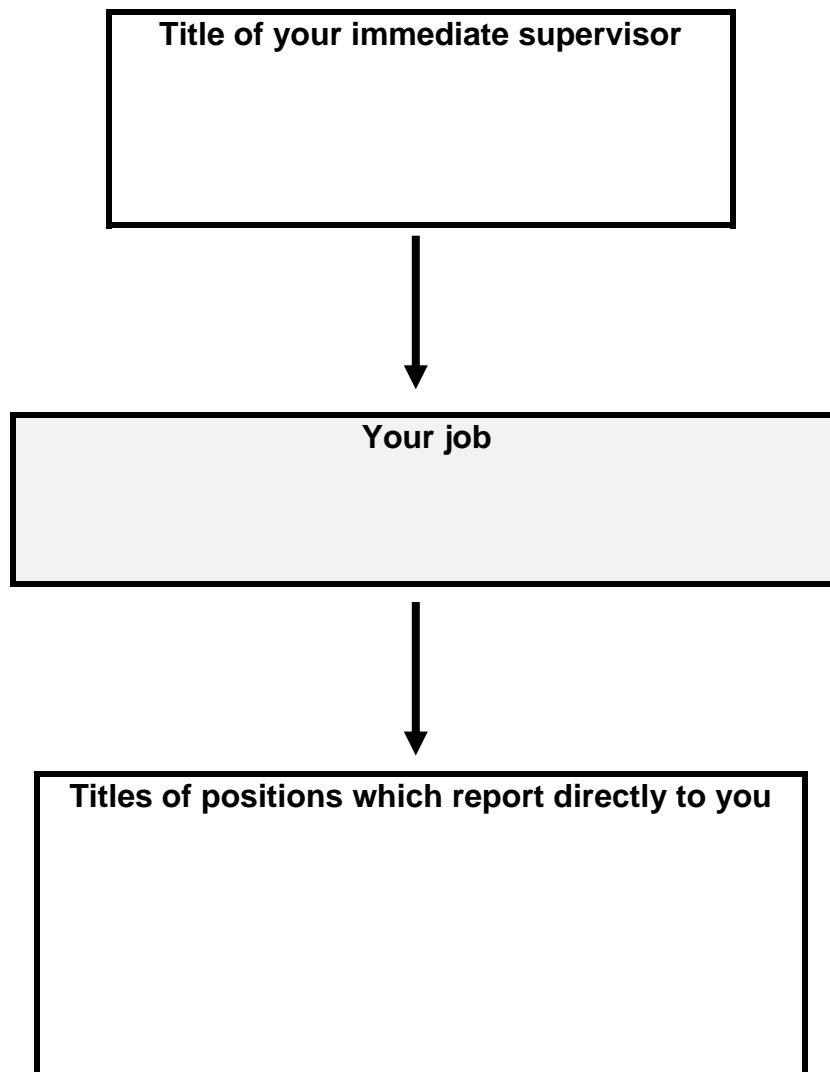
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ORGANIZATIONAL WORK CHART

In the box **above your job** fill in the title of your immediate supervisor. This will be the position to which you directly report.

In the box **below your job** fill in the title of positions which directly report to you.

Be sure to write in the title of the position, **not** the name of the person currently in the job.



PART "C" - 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.)

SUPERVISOR'S SUMMARY

(Please add any additional information or comments)

Signature of Immediate Supervisor

Date

Telephone #

**Please forward the completed questionnaire to the
JOINT JOB EVALUATION MAINTENANCE COMMITTEE**