

# Williamson County

## JOB ANALYSIS QUESTIONNAIRE

Date Submitted:	
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**NOTE TO PERSON COMPLETING THIS QUESTIONNAIRE: It is very important this form be completed accurately and thoroughly. It also must be reviewed with your direct supervisor and signed by the managers shown on page 9.**

The description will have a number of uses in the organization including salary administration and performance appraisal. **The job information you provide is important.** If you have any questions, please contact a member of the Human Resources staff.

Please read the entire questionnaire before answering any of the questions. Be as specific and descriptive as possible regarding the nature and scope of work performed in this position, referencing documented measures of work whenever possible. A clear and measurable understanding of the work content of positions can strengthen the efficiency and consistency of position placement and advancement decisions. Complete the form keeping in mind the questions are related to information about the position rather than the person(s) holding the position.

### SECTION 1. IDENTIFICATION

<b>Position Title</b>	
<b>Names of Current Incumbent(s)</b> (attach additional pages if necessary)	
<b>Employee Number (s)</b>	
<b>Department/Location</b>	
<b>Prepared By</b>	
<b>Supervisor's Name and Title</b>	

### SECTION 2. PURPOSE OF THE POSITION

Write three to four sentences as to why this position exists within the organization. The intent of this statement is to understand, at a highly summarized level, the primary purpose of this position. You should describe the major overall end results (what is done) and the key means by which you achieve these end results (why and how it is done).

**Example:** Payroll Clerk: Performs duties necessary for the calculation of accurate wages and salaries to employees.

### SECTION 3. MAJOR ACCOUNTABILITIES

Write one to two sentences describing: (1) the major accountabilities of your position; (2) the duties and activities required in fulfilling this accountability, and (3) how and how often are these measured.

**Sample Statement for Payroll Clerk:**

**Major Accountability:** “Ensure all employees are paid accurately and on time.”

**Duties & Activities Required:** “Processes and completes employee payroll, including making systems entries, calculating deductions, and obtaining necessary authorizations.”

**How is this measured:** “By number and dollar level of payroll errors by month?”

Do not list occasional responsibilities with individually consume less than 5 percent of your time. List accountabilities by descending order of importance if possible. The “% Time” column should total 100%.

% Time	Major Accountability	Duties & Activities Required	How is this measured?
1. ____%			
2. ____%			
3. ____%			
4. ____%			
5. ____%			
6. ____%			
7. ____%			
<b>Total = 100%</b>			

**SECTION 4. NATURE OF THE POSITION**

Please check the box which best describes this position’s role within the organization:

Note: FT = Full Time      PT = Part Time

<b>Individual Contributor</b> - Responsible for individual contributions to the final work product, with no leadership or management responsibilities.
<b>Work Leader</b> - Responsible for assigning work and overseeing the efforts of a small group of FT or PT employees or volunteers. Most of the time is spent performing work similar to work being supervised.
<b>Supervisor</b> - Determine subordinate duties and priority of work assignments; counsel subordinates regarding performance issues; provide on-the-job direction to subordinates and establish production and quality standards.
<b>Manager</b> - Manage the scheduling, coordinating, and supervision of FT or PT employees or volunteers. May assist in budget, payroll, hire and fire, and purchasing decisions.

Title of Positions Reporting directly to this position (please indicate if there are multiple geographic locations)	# of FT Emp	# of PT Emp	# of Vol	Title of Positions Reporting directly to this position (please indicate if there are multiple geographic locations)	# of FT Emp	# of PT Emp	# of Vol
Total				Total			

(Continue on separate page if necessary or attach a copy of your most recent organizational chart)

**SECTION 5. DECISION MAKING**

Please describe the types of decisions that you generally make and whether you are the final authority or participate in the decision with authority. Also comment on any functional advisory responsibilities you have. Explain the nature of your influence over staff members in other groups.

What is the most important decision you make in the performance of your position?	
Who else is involved in making or approving the decision?	
Comment on any functional advisory responsibilities you have.	
Explain the nature of your influence over staff in other groups.	
What is the most serious error you could make in the performance of your position?	
What would be the impact of such a mistake?	
Who would be most likely to catch the error?	You <input type="checkbox"/> Your Supervisor <input type="checkbox"/> Other: (Specify) <input type="checkbox"/>

**SECTION 6. BUDGET RESPONSIBILITY:** Please describe the major financial responsibilities in your job including the budget or expenditures you administer. Include the approximate dollars by category in thousands. (Example: \$150K – Staff Salaries)

Approx. Dollar Amount in Thousands	Description of Item

**SECTION 7. KNOWLEDGE, SKILLS, AND ABILITIES NEEDED FOR TARGET PERFORMANCE**

What is the minimum knowledge, experience, and skill required for target performance in the position (i.e., an applicant for the position must have these in order to be considered)? Please mark an “X” in the box which best describes the level that fits your position requirements. What are the technical skills commonly used in the position? Please mark an “X” in *each* box which applies. Use the box “Other Knowledge, Skills, and Abilities” to provide additional information.

**Education:**

Requires some high school education	Requires a vocational degree				
Requires a high school diploma or G.E.D.	Requires certifications				
Requires a formal training program	Requires a college degree: (specify)				
	<table border="1"> <tr> <td>Associate's Degree</td> <td>Bachelor's Degree</td> <td>Master's Degree</td> <td>Ph.D.</td> </tr> </table>	Associate's Degree	Bachelor's Degree	Master's Degree	Ph.D.
Associate's Degree	Bachelor's Degree	Master's Degree	Ph.D.		
If a degree or certification requirement is stated, indicate the appropriate certification, academic discipline and/or field of study:					

**Prior Experience:**

Requires no prior experience	Requires less than 5 years experience
Requires less than 1 year experience	Requires less than 10 years experience
Requires less than 3 years experience	Requires 10 or more years experience
Describe the previous experience, in addition to the preparation and training you indicated above; which you feel is necessary to perform the job competently.	

**Technical Skills (Check all which apply):**

Requires no office or computer experience	Requires intermediate to advanced word processing, spreadsheet, and/or other type of computer software experience. If “other” software experience is required, <u>Check and list type</u> :
Requires general knowledge of office related products, such as typewriter, calculator, copy machines, basic computer operations, etc.	Requires experience in computer programming and/or network operations. <u>Check and List type</u> :
Requires data entry and retrieval.	Requires basic level of machinery operation
Requires basic word processing and/or spreadsheet experience - ability to enter data and produce basic documents.	Requires intermediate or advanced level operation of multiple types of machinery and/or equipment:
List the type equipment, machinery or tools are used most frequently in this position?	

**Interpersonal Skills:**

Please indicate who your position interacts with on a regular basis in order to perform the essential duties of the position. Please follow these directions:

- 1) for each level of contact required, place an “X” in the column regarding the nature and purpose of contact,
- 2) indicate the frequency of contact with “S”, “F”, or “D”;
- 3) indicate the method of contact with “W”, “V”, “P” or “A”.

LEVEL OF CONTACTS (Who)	NATURE AND PURPOSE OF CONTACTS (Why)				FREQUENCY OF CONTACT	METHOD OF CONTACT
	May provide/collect Information for use by others. Limited persuasive ability required.	Help formulate recommendations. Must secure Cooperation and influence actions.	Formulate and Present recommendations, concepts and ideas; secure cooperation and influence action.	Deal with highly confidential, sensitive and/or controversial situations to obtain the best results.	Options: <ul style="list-style-type: none"> <li>• <b>Seldom</b> – average once a month</li> <li>• <b>Frequently</b> – average once a week</li> <li>• <b>Daily</b> – most of the time</li> </ul>	Options: <ul style="list-style-type: none"> <li>• <b>Written</b></li> <li>• <b>Verbal</b></li> <li>• <b>In Person</b></li> <li>• <b>All</b></li> </ul>
Co-workers within your department						
Other department employees						
General public (citizens)						
Elected officials						
Vendors/contractors						
Regulatory agencies						
Outside community organizations						
Other:						

Please indicate all other knowledge, skills, and abilities needed:

## SECTION 8. POSITION ENVIRONMENT INFORMATION

Please indicate the following: Level of physical effort, environment, hazards, sensory attention and job pressure/deadline orientation which best reflects your position.

**Physical Requirements:** Please indicate the percent (%) of time spent in the following activities.

% of Time	Activity
	Sitting
	Standing
	Walking
	Stooping
	Climbing
	Kneeling
	Reaching

% of Time	Activity	Max # Pounds
	Typing/Keyboarding	
	Lifting	
	Carrying	
	Pushing	
	Pulling	
	Using Machinery, Equipment, Tools	

Does the position require any of the following? (Check all which apply and Circle Intensity & Duration Level)

<input type="checkbox"/>	Finger dexterity	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Limited levels of sensory attention	<u>Intensity</u>	<u>Duration</u>
<input type="checkbox"/>	Good hearing	<input type="checkbox"/>	Good color vision	<input type="checkbox"/>	Intermittent use of 1 or more senses; how much intensity and for what duration level	Low or Medium	Short or Long
<input type="checkbox"/>		<input type="checkbox"/>	Good vision	<input type="checkbox"/>	Regular use of 1 or more senses; how much intensity and for what duration level	Low or Medium	Short or Long

**Mental Requirements:** Does the work require any of the following on a daily basis? (Check all which apply)

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Conducting research	<input type="checkbox"/>	Creating methodologies for accomplishing goals
<input type="checkbox"/>	Writing	<input type="checkbox"/>	Analyze data or reporting information	<input type="checkbox"/>	Drawing conclusions from written or computer generated materials
<input type="checkbox"/>	Simple Math (add, subtract, multiply, divide)	<input type="checkbox"/>	Developing plans, procedures, goals, strategies or process based on data analysis or experience	<input type="checkbox"/>	Directing activities of others to accomplish a goal
<input type="checkbox"/>	Weighing/ measuring	<input type="checkbox"/>	Mathematical formulas	<input type="checkbox"/>	Formally evaluating the performance of others

### Environment

<input type="checkbox"/>	Located in a comfortable indoor area or general office setting with normal office conditions.
<input type="checkbox"/>	Located in an area with occasional exposure to hazards or risk of injury which are generally protected or predictable.
<input type="checkbox"/>	Located in an area where there may be regular exposure to mild physical discomfort from factors such as dust, fumes or odors, temperature extremes, loud noise, strong drafts, or bright lights.
<input type="checkbox"/>	Usually in a comfortable environment but with regular exposure to factors causing moderate

physical discomfort from such things as dust, fumes, or odors.
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**Hazards**

Most of the time is spent in general office or equivalent conditions.
There is occasional exposure to hazards or risk of injury which are generally protected or predictable.
There is occasional exposure to hazards or risk of injury which are unpredictable or uncertain and which result in risk or personal injury.
There is regular exposure to conditions which are unpredictable or uncertain and which result in risk of personal injury.

**Job Pressure/Deadline Orientation**

Work is somewhat repetitive and there are few, if any, deadlines or other pressures.
There are some deadlines or productivity standards or the work is somewhat varied.
Must meet reasonable deadlines, quotas, or demands for accuracy and/or must frequently deal with unpleasant issues related to people or situations.
Under regular pressure to meet deadlines, quotas, and/or must frequently deal with unpleasant issues related to people or situations.
Must meet many, simultaneous demands for important decisions/actions and face some confrontations or other unpleasant situations and demands for results.

<b>Driving and Cell Phone Usage</b>	<b>No</b>	<b>Yes</b>	<b>If Yes, how often is it used (what % of your Time)</b>	<b>Mobile (M) or Stationary(S) (e.g. in truck)</b>
Does your job require you to drive a Williamson County Vehicle?			%	
Do you use a Williamson County radio in the performance of your official duties?			%	
Does your job require you to use a cell phone in the performance of your official duties; when away from the office or where radio frequencies are not accessible?			%	
Do you currently have a cell phone stipend? (If Yes, mark % of time and select plan below:			%	
a. \$30.00 Per Month - For 300 or less minutes per month (15.00 per pmt)				
b. \$50.00 Per Month – For 800 or less minutes per month (25.00 per pmt)				
c. \$80.00 Per Month – For 800 minutes and/or data and text (40.00 per pmt)				
Comments:				

**SECTION 9. PLEASE PROVIDE ANY OTHER IMPORTANT INFORMATION REGARDING YOUR POSITION:**

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Preparer's Signature

Date

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**Thank you for time! Please review with your supervisor.**

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**SECTION 10. SUPERVISOR'S COMMENTS**

Please review this position questionnaire for completeness and accuracy. Make any additions and/or corrections. Please also feel free to indicate in **RED** on the same pages the employee has provided his/her input your comments and/or agreement/disagreement with options selected by the employee.

After reading the preparer's responses to this questionnaire, answer the following questions.

What do you consider the most important duties of this position?	
What do you consider the most important qualifications of an employee in this position?	

Which of the following describes the level of supervision, guidance, or instruction this position requires? Do not evaluate the current employee, but rather the **position** itself. **(Check only one.)**

	Works from specific instructions for required position, work is reviewed during and/or after completion.
	Works under general instructions, following established standards. Results are reviewed at completion of assigned job or project.
	Works from specific instructions for required position, work is reviewed during and/or after completion
	Uses independent judgment within established guidelines; needs assistance only for unusual, non-routine situations.
	Works under broadly defined guidelines; uses independent judgment to determine standards to apply or adjust.
	Sets standards and establishes guidelines subject to organizational parameters.

**Please confirm your review of this Questionnaire and it accurately describes the position performed at a fully competent level. Return the questionnaire to Human Resources.**

Supervisor Signature

Title

Date

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Elected Official / Dept. Head

Signature

Title

Date

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Human Resources Signature

Title

Date

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