

PINAL COUNTY, ARIZONA
POSITION DESCRIPTION QUESTIONNAIRE



This form is designed to assist you in describing your position. You are asked to fill this form out because you know the duties and responsibilities of your position better than anyone else. This form is used to request new positions, reclassification studies, and new classifications. **Note:** It is the position that is being evaluated, not the incumbent. Thank you for your cooperation.

GENERAL INSTRUCTIONS:

1. Before beginning, please look over the entire questionnaire. Each question should be answered completely and accurately. If a question does not apply to your position, please write "Not Applicable" or "N/A" for the item.
2. To complete the questionnaire, please write legibly in ink, or if you prefer, type your responses.
3. If you wish to make additional comments regarding your position, please use the space available in the "Additional Comments" section on page 5 of this questionnaire.

A. IDENTIFICATION INFORMATION:

Department:		Division:	
Contact for this Study	Name:	Email:	
	Title:	Phone:	
Immediate Supervisor	Name:	Email:	
	Title:	Phone:	
Approximate Length of Time in <u>Current Position</u> :			
Position Requesting Reclassification to:			

B. ABOUT THE POSITION:

Position Status:	<input type="checkbox"/> Regular Full-Time	<input type="checkbox"/> Regular Part-Time	<input type="checkbox"/> Temporary Full-Time	<input type="checkbox"/> Temporary Part Time
Shift:	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Other: _____
Position FTE:	<input type="checkbox"/> 40 Hours	<input type="checkbox"/> 37 Hours	<input type="checkbox"/> 35 Hours	<input type="checkbox"/> Other: _____

C. POSITION SUMMARY:

<p>POSITION PURPOSE: Briefly state, in several sentences, the principle purpose or function of your position. How would you describe your job to your neighbor or a new co-worker, a "long-lost" relative or someone else you have just met or not seen in some time? In effect, briefly describe What your job is, What is its major objective, and Why does the position exist.</p>

D. MAJOR JOB DUTIES:

WORK ACTIVITY LIST: Please describe the major elements of what you do on your job. List only the major functions (not to exceed the 8 most important), separately, in order of importance. Provide a one or two line description for each duty so that it can be understood by someone not familiar with this kind of work. Indicate the approximate percentage of total working time you spend on each major work activity. We do not need to know HOW you do the function, but rather, WHAT it is you do. You may use any time period that is convenient, such as daily, weekly, monthly, or yearly **but be consistent (all weekly, all monthly, etc).**

Percentages should add up to 100%

1.	% of Time:	Function:
	<i>Examples:</i>	
2.	% of Time:	Function::
	<i>Examples:</i>	
3.	% of Time:	Function:
	<i>Examples:</i>	
4.	% of Time:	Function:
	<i>Examples:</i>	
5.	% of Time:	Function:
	<i>Examples:</i>	
6.	% of Time:	Function:
	<i>Examples:</i>	
7.	% of Time:	Function:
	<i>Examples:</i>	
8.	% of Time:	Function:
	<i>Examples:</i>	

E. JUSTIFICATION FOR CLASSIFICATION STUDY

Complete this section for the classification for filled positions.	
1. How have the duties changed and why is the existing classification no longer appropriate?	<i>Please explain:</i>
2. List any special requirements of this position that are not required of other positions in the classification.	<i>Please explain:</i>
3. How long has the incumbent been performing higher level work described in this request?	<i>Please explain:</i>

F. INFORMATION SOURCE

What major sources of information or principle documents do you use/are available to you to assist/guide you doing your job?

G. INTERNAL AND EXTERNAL CONTACTS

Interpersonal Skills: Does this job require human relation skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the job requirements of personal interaction with others during a typical workday. (Example, do you provide information to customers, discuss how to solve problems, make recommendations, etc.)

Internal Contacts: 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 contacts title, frequency and purpose.

Department	Contact/Title	Frequency			Purpose of Contact
		Daily	Weekly	Monthly	
		<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"/>	

External Contacts: Please list the organizations and title of contacts 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. (Example: Other jurisdictions, Vendors, Public, Inmates, etc.)

Department	Contact/Title	Frequency			Purpose of Contact
		Daily	Weekly	Monthly	
		<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"/>	

H. EQUIPMENT, TOOLS & MATERIALS

Please list all equipment, tools or materials used to perform your job along with the frequency.	Frequency			Type of Equipment
	Daily	Weekly	Monthly	
1. Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you required to drive as part of your job? <input type="checkbox"/> Yes <input type="checkbox"/> No				

I. PROBLEM SOLVING, DISCRETION AND JUDGEMENT

Check off the percentage of time that best describes the nature of your job by each of the following statements.	Seldom (<25%)	Occasional (25% - 50%)	Majority of the time (50% - 75%)	Almost Always (>75%)
1. Do you receive clear instructions from your supervisor regarding what to do and how to do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you meet with your supervisor, and for what purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please explain:</i>				
3. What kind of significant decisions are you authorized to make without clearing them through your supervisor? Please describe the types of decisions made independently.	<i>Please explain:</i>			
4. What work decisions require clearance from your supervisor?	<i>Please explain:</i>			
5. What are the most difficult/important decisions you make? Describe their impact to your organizational unit, other employees, and members of the public and/or the community.	<i>Please explain:</i>			
6. How are priorities and/or deadlines decided for your position?	<i>Please explain:</i>			
7. At what stage and by who (job title) are your assignments normally reviewed?	<i>Please explain:</i>			

J. EDUCATION, EXPERIENCE AND LICENSURE

EDUCATION	
Please indicate the MINIMUM educational level required to do your job:	
<input type="checkbox"/> HS Diploma/GED	
<input type="checkbox"/> Associate's Degree	Area of specialization/major:
<input type="checkbox"/> Bachelor's Degree	Area of specialization/major:
<input type="checkbox"/> Graduate Degree	Area of specialization/major:
<input type="checkbox"/> Post Graduate Degree (PhD)	Area of specialization/major:
<input type="checkbox"/> Professional Degree (Law, Medicine, etc.)	Area of specialization/major:
<input type="checkbox"/> Other:	Please indicate:

WORK EXPERIENCE	
Please check the number of years of job related experience that you currently have along with a brief explanation.	
<input type="checkbox"/> No experience	<i>Please explain:</i>
<input type="checkbox"/> Less than one year	<i>Please explain:</i>
<input type="checkbox"/> One to three years	<i>Please explain:</i>
<input type="checkbox"/> Three to six years	<i>Please explain:</i>
<input type="checkbox"/> Six to ten years	<i>Please explain:</i>
<input type="checkbox"/> Ten or more years	<i>Please explain:</i>

LICENSURE/CERTIFICATION:

What license(s), certification, registration, or other regulatory requirements, if any, are necessary to have and maintain your job?

K. ADDITIONAL COMMENTS

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the position.

L. SIGNATURES:

EMPLOYEE: I certify that the statements made herein are accurate and complete.

Employee Signature:

Date:

IMMEDIATE SUPERVISOR'S REVIEW FOR ACCURACY: I have reviewed and discussed the contents of this position description with the employee. Except for items noted below, I find the PDQ accurate and complete.

Comments:

Immediate Supervisor Signature:

Date:

Department/Division Head Signature:

Date:

Received/Reviewed (if applicable) by Personnel Department Date: _____

Please have your *direct supervisor* return the completed form to: hrjobs@pinalcountyz.gov .