**Job Analysis Questionnaire**

**Instructions**: Please complete the following questionnaire, designed to help describe the job that is currently performed by an employee (“incumbent”).

**General Information**

Archdiocesan Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Position Title (leave blank if unsure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incumbent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time, Part-time or temp (circle one)

Work schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current pay: Salaried or Hourly (circle one)

FLSA status: (To be completed by HR office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I: Essential job functions**

Next to the numbers below, please list the major duties and responsibilities (these can include tasks) and the estimated percent of time devoted to each.

Essential duties meet the following standards:

1. the function must be done as part of the job;
2. taking the function from the job would fundamentally change it,
3. the job exists to perform this function, and
4. there would be significant consequences if the function is not done.

The most important item should be listed first.

* Include descriptive statements of typical or representative tasks (e.g., activities) associated with the major responsibilities/functions.
* Describe actions or outcome required.
* Use action verbs that tell what the position does. Examples include “supervises, “programs”, “directs”, analyzes”. Avoid ambiguous terms such as “oversees” or “manages”; instead, describe the activities involved in overseeing or managing.
* Include specific examples to illustrate job duties, complexity, type of decision-making, etc.
* Quantify activities when possible (how often performed, volume of work handled, deadlines).

**List of Essential Duties and Responsibilities**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

**Personal contacts**

List the working relationships with those persons other than supervisor or people supervised, with whom you interact on a continuing basis, and how often this interaction occurs.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

How does this position impact others?

**Complexity**

From among the principal duties listed, identify between two and four that are the most complex and describe them in detail. Include specific examples to illustrate the scope of the responsibility, the types of problems confronted, the decision-making, creativity, judgment and analysis performed.

1.

2.

3.

4.

**Supervision given**

Do you have responsibility for work direction of other employees? YES / NO (circle one)

If YES, Mark with an X next to any that apply:

\_\_\_ Hiring / firing

\_\_\_ Assigning / delegating work to others

\_\_\_ Reviewing others’ work

\_\_\_ Training? New employees / Current employees

\_\_\_ Coaching others

\_\_\_ Developing others

\_\_\_ Reviewing Progress

\_\_\_ Performance Reviews

**Equipment Used**

List machines, tools, equipment and motor vehicles used in the performance of the duties, and the percent of time spent operating the equipment.

1.

2.

3.

4.

**Environment**

Please mark with an X each of the following that is applicable:

\_\_\_ Works in an office environment

\_\_\_ Works in a noisy environment

\_\_\_ Exposed to machinery with moving parts

\_\_\_ Works outdoors

\_\_\_ Works in humid environment

\_\_\_ Requires use of protective clothing / equipment

\_\_\_ Travels at high speeds.

\_\_\_ Works in high places

\_\_\_ On call 24 hours a day

\_\_\_ Other (describe)

Date questionnaire completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review by Manager (manager signature required) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_