

JOB ANALYSIS

General Information

Company Name: _____ Start Date: _____

Business Address and Location: _____

Telephone Number: _____ Fax: _____

Title of Job: _____ SOC Code: _____

Starting wage: _____ Time to raise: _____

Status: Part-Time Full-Time

Hours of work shift: _____ Hours per week: _____

Supervisor: _____

Essential Functions of the job

Please list the duties or responsibilities that are essential functions of this position. Essential job functions are defined as those fixed parts of defined job that cannot be reassigned easily to other workers:

- 1.
- 2.
- 3.
- 4.
- 5.

Unmet Needs of the job

What are some duties of the job that another person could do to free up time allowing the person to do the essential functions?

- 1.
- 2.
- 3.
- 4.

Job Duties and Tasks

Appearance Requirements:

Clothing: Uniform required Casual clothing Business Clothing

Appearance: Grooming of little importance Cleanliness not required
 Neat & Clean required Grooming very important

Comments:

Physical Demands:

Endurance (without breaks)
 Work required for <2 hours Work required for 2-3 hours
 Work required for 3-4 hours Work required >4 hours

Lifting

Weight	Often >70% of day	Sometimes 31% - 69%	Rarely <30% of day
Very Heavy (over 100 pounds)			
Heavy (up to 100 pounds)			
Medium (up to 50 pounds)			
Light (up to 20 pounds)			
No lifting (under 10 pounds)			

Physical Demands:

Work Pace:

- Slow pace
- Sometimes fast pace
- Average pace
- Continual fast pace

Task Perseverance:

- Frequent prompts available
- Intermittent prompts available (High supervision)
- Intermittent prompts available (little supervision)
- Infrequent prompts available

Orienting:

- Stay in one room
- Move throughout the building
- More than one building
- Building and grounds

Comments:

Mark by the frequency that each occurs. Check the appropriate box below.

- NA**= Not applicable.....0% of the time
- R**= Rarely..... <5% of the time
- O**= Occasional..... .5-25% of the time
- F**= Frequent..... 25-75% of the time
- C**= Constantly..... .75% or more of the time

Activity	N/A	R	O	F	C	Description
Balancing						
Carrying						
Climbing						
Crawling						
Crouching						
Diving						
Fingering						
Handling						
Hearing						
Kneeling						
Overhead Work						
Pulling						
Pushing						
Reaching						
Sitting						
Standing						
Stooping						
Talking						
Twisting						
Vision						
Walking						
Other						

Technical skills

- Mechanical ability
- Computer skills/ability
- Other
- Spatial ability
- Telephone skills

Additional comments: _____

Mark by the frequency that each occurs. Check the appropriate box below.

- NA**= Not applicable.....0% of the time
- R**= Rarely..... <5% of the time
- O**= Occasional..... .5-25% of the time
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Cognitive Requirements

Cognitive Requirements	N/A	R	O	F	C	Description
Analysis/synthesis						
Planning/Organization						
Define problems						

Cognitive Requirements	N/A	R	O	F	C	Description
Identify solutions/options						
Set goals						
Information gathering/observing						
Inferring/restructuring						
Comparing/classifying						
Evaluating						
Multi-tasking						
Memory and learning						
Listening comprehension						
Written comprehension						
Oral expression						
Written expression						
Learning and recall						
Rapid processing						
Monitoring						
Persistence and tenacity						

Additional comments: _____

Social Skills

Work setting:

- Work alone Work with others

Social Interactions

- Not required Required somewhat
 Required infrequently Required frequently

Types of Interactions

- None/minimal Telephone
 Face to face Oral Presentation
 Electronic Communications Group meetings
 Other

Contacts:

- Supervisors General Public
 Co-Workers Employees outside department
 Contractors/Suppliers Business representatives
 Customers Other

Social Skills Requires:

- Eye contact Coordination
 Persuasion Negotiation
 Compromising Instructing
 Following directions Initiating conversation
 Asking for help Giving/ receiving feedback
 Personable Confidence
 Listening Other: _____

Does position direct work of any other workers (not supervise but act as lead worker)?

- Yes No

If yes, describe: _____

Additional Comments: _____

Cultural Environment

Describe the personal characteristics of your ideas employee:

- 1.
- 2.
- 3.
- 4.

What are some of the hidden rules?	Description
What is being on time?	
Are breaks announced or does person need to be independent in taking breaks?	
Rules on cell phones?	

What are some of the hidden rules?	Description
Attendance- points or what does this look like?	
Is there a hidden hierarchy? (people who THINK they're in charge)	
Other	

Environmental Conditions

Primary Conditions

- Work inside
 Work outside

Describe the environments(s) with respect to accessibility: _____

Exposing Conditions

- Adequate work space
 Adequate ventilation and air quality
 Adequate lighting
 Air conditioning
 Comfortable temperatures
 Other: _____

Specifics/Comments: _____

Visual & Hearing Sources:

- Brailled signage
 TTY
 Written materials
 Visual displays
 Audible sounds/alarms
 Other: _____

Specifics/Comments: _____

Please list any equipment, tools, machinery that is used for this position:

Equipment or device _____ Details of task performed _____

Ergonomic Conditions

List & describe: _____

Supportive Accommodations

List and describe: _____

Educational Requirements of the Job

Schooling (check highest level required):

- Grade 8
 Grade 9
 Grade 10
 Grade 11
 Grade 12 or GED Equivalent
 High School plus specialized training
 Vocational/technical/business schooling
 Some college/ Associates degree
 Bachelor's degree
 Master's degree
 Doctoral Degree

License or certificate required (specify): _____

Years of related job experience required: _____

Would an OJT help qualify a person: _____

Are there any prerequisite training requirements for the position, if so, please elaborate on the nature and extent of training required:

Additional comments: _____

Additional Requirements

- Residency
 Drivers/CDL license
 Health Screenings
 Clearances
 Criminal back ground check
 Drug testing

Physical assessment

Other: _____

Qualifications and Training

Does the work require use of a computer?

Yes

No

If yes, what type of work is involved?	Software Used
Data entry	
Create and modify word processed documents	
Create and modify complex spreadsheets	
Desktop publishing	
Advanced bookkeeping, running an accounting program	
System support and programming: hardware installation and repair, software installation and troubleshooting	
Other- Specify:	

What computer programs and/or systems are required for use? _____

What additional training is required to perform the job? _____

What reading and understanding is required on a regular basis?

- Understand verbal work orders and instructions
- Read short notes, brief forms or instructions
- Read material such as detailed forms, standard memos, or letters
- Read and understand materials such as detailed operating procedure manuals, case histories, blueprints and diagrams?
- Read & understand material such as specialized and technical manuals
- Please give examples of the above: _____
- Write materials such as standard memos, letters or detailed forms Examples?
- Take minutes of meetings or dictation? Examples?
- Write straightforward material such as progress reports, procedures on non-standard letters? Examples?
- Write complex material such as specialized and technical reports? Examples?

What mathematical skills are required on the job?

- Little or no mathematical work
- Calculating percentages, ratios, averages
- Reading a tape measure
- Calculation using mathematical formulas or pre-established equations (i.e. calculus, standard deviations, coefficients of variation etc.)
- Identification and application of a wide range of mathematical or statistical concepts
- Adding, subtracting, multiplying, dividing
- Conversion of decimals to fractions

Post Hire Training

Is employee training provided post-hire?

Yes

No

If yes, name and job title of trainer: _____

If yes, describe the training: _____

Does employee watch videos?

Yes

No

Is employee required to read a manual or policies?

Yes

No

Is there staff available to help persons who may not understand?

Yes

No

Suggestions to assist in training process:

Supervisory Relationship

Job title of immediate Supervisor: _____

Name of Immediate Supervisor: _____

Does this position report to anyone else?

Yes

No

If yes, provide the name and title: _____

Degree of Autonomy:

Works under direct (close) supervision

Works under minimal supervision

Works independently

Other/Explain: _____

Supervisory support (check applicable):

Provides new hire orientation

Provides work direction

Assists with problem solving

Assigns work

Oversees work

Reviews work performances

Evaluates work performances

Provides disciplinary action if needed

Other/Describe: _____

Disagreeable Conditions

Is there some degree of unpleasantness in the day-to-day activities of your job? Write a brief description describing the condition and if it is not applicable, please write N/A:

Disagreeable Condition	Description
Body wastes/fluids	
Chemical/Cleaning Substances	
Dust/Dirt	
Extreme temperatures	
Grease/Oil	
Inclement weather	
Infectious disease	
Lack of privacy	
Lack of workspace	
Moisture/steam	
Noise	
Odor	
Smoke/fumes	
Travel	
Vibration	
Other- specify	

Safety Measures

What precautions of safety measures are required for the position? _____

Is safety training available or required? _____

I have reviewed and agree with the analysis of the job.

Business Representative Signature

Date

CRP Representative

Date

IVRS Representative

Date