

# ***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 print 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 Steering Committee members:

Janice Folk-Dawson      Tel: 836-5470 or extension 58857

Bill Boudreau      Tel: 836-5470 or Pager 51000-241

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

**Contact Angie McLaughlin, Human Resources, (ext. 56703), should you have any questions.**

**PLEASE PRINT****Employee First Name:****Last Name:****Date Completed:****Department Number:****Position Number:****Title of Job:****Department/Division:****Location of Work:****Employee Status: (X) Regular full time: Probationary: Temporary full time:****Length of Time in This Current Job:****Hours of Work/Shift Work:****Business Telephone Number:****Name and Title of your Immediate Supervisor (non-union):****Do you report to anyone else? Name and Title:****OFFICE USE ONLY:****Date received in Human Resources:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

## PART "A" – JOB ANALYSIS

### QUESTION NO 1 - KNOWLEDGE

- A) In the corresponding column check the education level **you consider** is required to do your job.

EDUCATION LEVEL	
Grade 10 or less	
Grade 10 plus a special program – Specify:	
Grade 11 plus a special program – Specify:	
Grade 12	
Grade 12 plus a special program – Specify:	
College – Specify: 1 year 2 year 3 year	
University – Specify:	

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

Please specify:



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

☐ Yes ☐ No

If Yes, what type of work is involved?

	Data search and entry
	Create and modify word-processed documents
	Create and modify complex spreadsheets
	Desktop publishing
	Advanced bookkeeping, running an accounting program
	Systems support and programming: hardware installation and repair, software installation and troubleshooting
Other – Specify:	
What programs and/or systems are you required to use?	

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

	Blueprint reading		Electronics
	Cardiopulmonary resuscitation		Hydraulics
	Diesel mechanics		Instruction in a second language
	Drafting		Mechanics
	Driver-operator		Policy interpretation
	ECG		Radiology
	EEG		Welding
Other – Specify:			

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**E)** What reading and understanding are 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 material such as detailed operating and procedure manuals, case histories, blueprints and diagrams, etc.
	Read and understand material such as very specialized and technical manuals.
Please give examples of the above:	

**F)** What writing is required on a regular basis?

	Write short notes, brief forms, instructions, or records.
	Write material such as standard memos, letters, or detailed forms.
	Take minutes of meetings or dictation.
	Write straightforward material such as progress reports, procedures, or nonstandard letters
	Write complex material such as specialized and technical reports.
Please give examples of the above:	

**G)** What mathematical skills are required on the job?

	Little or no mathematical work.
	Adding, subtracting, multiplying, dividing.
	Calculation of percentages, ratios or averages.
	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.
Please give examples of the above:	

<b>SUPERVISOR'S COMMENTS ON QUESTION # 1</b>		
<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
<b>Comments:</b>		
<b>Supervisor's Initials:</b>		

## Job Analysis Questionnaire

### 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
	Up to one month		
	Over 1 up to 3 months		
	Over 3 up to 6 months		
	Over 6 months up to 1 year		
	Over 1 up to 2 years		
	Over 2 up to 3 years		
	Over 3 up to 4 years		
	Over 4 up to 5 years		
	Over 5 years – specify:		
Please give examples of the job duties you were considering in making your determination(s):			



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<b>SUPERVISOR'S COMMENTS ON QUESTION # 2</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<b>Grade 10 or less</b>		
<i>Comments:</i>		
<i>Supervisor's Initials:</i>		

**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.


## Job Analysis Questionnaire

- 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


### **SUPERVISOR'S COMMENTS ON QUESTION # 3**

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

**Comments:**


**Supervisor's Initials:**

## 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 are required in the course of doing the job that result in mental/sensory fatigue.

	Duration	Frequency		
Give examples of mental effort:	Approx. hrs/day	Once in a while	Several times daily	Most working hours

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

☐ Yes ☐ No

If yes, please give examples:

- C)** Are there interruptions or distracting influences?

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Please explain:


### **SUPERVISOR'S COMMENTS ON QUESTION # 4**

*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 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:			
Use of manual tools such as saws, pliers, hammers, etc.; lifting of light materials (less than 5 kg., or 11 lbs); driving a truck, tractor; operation of the controls of a machine; sweeping, cleaning, shoveling. Specify:			
Use of tools such as an asphalt rake, etc.; lifting of materials of moderate weight (over 5 kg up to 10 kg, or 22lbs); climbing a ladder; pushing or pulling of carts; moving of equipment or patients in a wheelchair. Specify:			
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:			
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:			
Other: Specify:			

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**B) During the course of a working day or shift, what period of time is you **required** to:**

Activity		Approximate hrs/day
	Sit at a desk or machine, etc.	
	Walk	
	Stand at a counter, or machine, etc.	
	Stoop/crouch/kneel	
	Climb up and down stairs	

Please explain:

SUPERVISOR'S COMMENTS ON QUESTION # 5		
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:		

QUESTION NO 6 - DEXTERITY

A) Does your work require accurate hand/eye or hand/foot coordination? This can be a **fine movement** such as keyboard kills, 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.


B) Is **speed** an additional requirement for the accurate coordination of your work?

☐

Yes

☐

No

If yes, explain giving examples:



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


- 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**

*Are the responses to this question:* ☐ **Complete** ☐ **Incomplete**  
*Do you agree with the responses?* ☐ **Yes** ☐ **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 you job and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.

	<p>An error would have little or no direct consequences on others. I could correct it myself.</p> <p>Explain:</p>
	<p>An activity involving others could be delayed or an error would result in minor loss of resource.</p> <p>Explain:</p>
	<p>Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource.</p> <p>Explain:</p>
	<p>Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization.</p> <p>Explain:</p>
	<p>Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the University.</p> <p>Explain:</p>

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- B)** What would be the effect of errors on others in terms of the loss of time, the effect on the work or the impact on the public image of the most serious errors that could be committed in the carrying out of your job duties?

Give precise examples of errors and explain their impact:


- C)** How would such errors be discovered, corrected and resolved?


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<b>SUPERVISOR'S COMMENTS ON QUESTION # 7</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<b>Comments:</b>		
<b>Supervisor's Initials:</b>		

**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:

	Alone
	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?


## Job Analysis Questionnaire

<b>SUPERVISOR'S COMMENTS ON QUESTION # 8</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Supervisor's Initials:</i>		

**QUESTION NO 9 - SUPERVISION OF OTHERS**

A) Does your job require you to perform any of the following:

***Please include staff, students, volunteers, contractors, etc. when answering the questions.***

	Frequency			To whom? (Job Title)
	Rarely	Occasionally	Regularly	
Provide guidance, instruction and direction to others				
Schedule and/or coordinate work of others				
Assign work and/or personnel				
Maintain quality, accuracy, quantity of work of others				
Develop work procedures and training for others				
Other – Specify:				

**B)** Which statement best describes your responsibility for supervision of the work of others?

	No responsibility for supervision of others
	Supervise others who do essentially the same work
	Supervise others who hold different positions within the same area of activity
	Supervise others who hold different positions within different areas of activity
	Other – Specify:

**C)** How many people do you supervise? \_\_\_\_\_

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### SUPERVISOR'S COMMENTS ON QUESTION # 9

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

**Comments:**

***Supervisor's Initials:***



## QUESTION NO 10 - 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 of words:

1. Obtain or hand out information
2. Explain and exchange information
3. Handle complaints
4. Problem solving for others
5. Interpret/resolve conflicts
6. Teach/train
7. Counsel
8. Mediate/Negotiate
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:*                    ☐ *Complete*                    ☐ *Incomplete*  
*Do you agree with the responses?*                    ☐ *Yes*                    ☐ *No*

**Comments:**

***Supervisor's Initials:***

**QUESTION NO 11 - 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.

<b>Little</b>	Once in a while
<b>Occasional</b>	Once in a while, most days
<b>Frequent</b>	Several times a day on a daily basis, or at least four days per week
<b>Almost continuous</b>	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					
Chemical/cleaning substances					
Dust/Dirt					
Extreme temperatures					
Grease/Oil					
Inadequate ventilation					
Inadequate lighting					
Inclement weather					
Infectious disease					
Interruptions					
Lack of privacy					
Lack of work space					
Moisture/Steam					
Noise					
Odor					
Smoke/Fumes					
Travel					
Vibration					
X-rays					
Other- Specify:					

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

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

Explain:

**D)** Are you exposed to any of the following conditions:

<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:

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<b>SUPERVISOR'S COMMENTS ON QUESTION # 11</b>		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<b>Comments:</b>		
<b>Supervisor's Initials:</b>		

## Job Analysis Questionnaire

### PART "B" - JOB DESCRIPTION

#### PREAMBLE

In order for your job description to reflect accurately the position you currently occupy, it is essential that you ***describe clearly and precisely*** all the elements of your job.

***(Please use an additional sheet of paper, if required.)***

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

Approx. hrs/day	DUTY

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

Approx. hrs/day	DUTY

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

Approx. hrs/day	DUTY

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

Approx. hrs/day	DUTY

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
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*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 or she agrees with the responses.*

_____ Signature	_____ Date
--------------------	---------------

_____ Signature	_____ Date
--------------------	---------------

_____ Signature	_____ Date
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**(FORWARD TO YOUR SUPERVISOR FOR REVIEW AND COMMENTS)**



## 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.

**Title of your immediate supervisor**



**Your Job**



**Titles of positions which report to you**

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### **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 or 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 No.***

\_\_\_\_\_  
***Signature of Director***

\_\_\_\_\_  
***Date***

\_\_\_\_\_  
***Telephone No.***

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