



EMPLOYEE JOB ANALYSIS QUESTIONNAIRE (JAQ)

Town of Wellesley, MA

NAME:	DATE:
YEARS OF EXPERIENCE WITH EMPLOYER:	JOB TITLE:
YEARS OF EXPERIENCE ON THIS JOB:	YOUR JOB IS: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
YOUR YEARS OF EXPERIENCE IN THIS FIELD:	YOUR EDUCATION: <input type="checkbox"/> High Sch. <input type="checkbox"/> Assoc. Deg. <input type="checkbox"/> Bach. Deg. <input type="checkbox"/> Mas. Deg.
NAME OF IMMEDIATE SUPERVISOR:	THEIR TITLE:

INSTRUCTIONS

The purpose of this questionnaire is to obtain additional information about your job that may not be included in your current job description. Please answer each question thoughtfully and frankly. After you have finished your portion of the questionnaire, give it to your immediate supervisor, who will complete their section.

General Summary: In three or four sentences, please summarize the major purpose or primary function of your job.

Please indicate if you have reviewed your current job description.

If you have any changes to your current job description, please mark them on the JD and attach it to this JAQ, or indicate changes here:

If you do not have a job description available to review, please list your job duties. Try to place your duties in order of importance and group "like" tasks together (e.g., "clerical duties including word processing, opening mail, filing, etc." or "front desk responsibilities including greeting visitors, answering telephones and routing calls, etc."). Job duties:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

8.

9.

10.

11.

12.

13.

14.

15.

Feel free to add more numbers/duties if necessary.

FACTOR 1. Education & Training: In your opinion, what kind of education and training is necessary to perform your job?

- LEVEL 1: Level of knowledge that is below what is normally attained through high school graduation.
- LEVEL 2: High school diploma (GED) or equivalent.
- LEVEL 3: High school, plus elementary technical training, acquired on the job or through one year or less of technical or business school.
- LEVEL 4: Extensive technical or specialized training such as would be acquired by an Associate's Degree or two years of technical or business school.
- LEVEL 5: Completion of four-year college degree program.
- LEVEL 6: Additional professional level of education beyond a four-year college program, such as a CPA or Professional Engineer (P.E.) training.
- LEVEL 7: Completion of graduate coursework equal to a Master's Degree or higher.

What specific degree/coursework is NECESSARY?

What specific degree/coursework is PREFERRED?

If a specific certificate or license is mandated by an outside agency to perform your duties, name the certificate or license:

What special skills, knowledge, and abilities are required to perform your job? Please list:

FACTOR 2. Years of Experience: How much previous work experience do you feel is necessary to perform your job?

LEVEL 1:

LEVEL 2:

LEVEL 3:

LEVEL 4:

LEVEL 5:

Less Than 1 Year

1 to 3 Years

4 to 6 Years

7 to 10 Years

More than 10 Years

What is the minimum number of years required?

What specific experience is necessary?

FACTOR 3. Independent Judgment and Decision Making

Part 1: How much discretion do you have in making decisions with or without the input or direction of your supervisor?

- LITTLE:** Little discretion or independent judgment exercised.
- SOME:** Some discretion or judgment exercised, but supervisor is normally available.
- OFTEN:** Job often requires making decisions in absence of specific policies and/or guidance from supervisors, but some direct guidance is received from supervisors.
- HIGH:** High level of discretion with decisions restricted only by Departmental policies and little direct guidance from supervisors.
- VERY HIGH:** Very high level of discretion with decisions only restricted by the broadest policies of the Organization.

Part 2: If you make an erroneous decision, what impact would this decision have on your work unit, department, and/or the Organization?

- MINOR:** Some inconvenience and delays but minor costs in terms of time, money, or public/employee good will.
- MODERATE:** Moderate costs in time, money, or public/employee good will would be incurred. Delays in important projects/schedules likely.
- SERIOUS:** Important goals would not be achieved and the financial, employee, or public relations posture of the Organization would be seriously affected.
- CRITICAL:** Critical goals and objectives of the Organization would be adversely and very seriously affected. Error could likely result in critical financial loss, property damage, or bodily harm/loss of life.

FACTOR 4. Responsibility for Policy Development: Does your job require you to participate in the development of policies for your unit/division/department/the Organization?

- LEVEL 1:** Position involves only the execution of policies or use of existing procedures.
- LEVEL 2:** May provide some input to supervisor when policies and procedures are updated.
- LEVEL 3:** Position involves some development of policies/procedures for the Department and/or the interpretation or explanation of departmental policies for others in the organization or residents.
- LEVEL 4:** Position involves significant or primary responsibility for the development of policies and procedures for a division or organizational component of a department, as well as the interpretation, execution and recommendation of changes to department policies.
- LEVEL 5:** Position involves significant or primary responsibility for the development of policies and procedures for an entire department, plus occasional participation in the development of policies which affect other departments in the organization.
- LEVEL 6:** Position involves the primary responsibility for the development of departmental policies and procedures and regular participation in the development of policies that affect other departments and occasionally involves participation in the development of organization-wide policies.

Give some examples of the types of policies you've written or been a part of creating:

FACTOR 5. Planning: How much latitude do you have to set your own daily work schedule and priorities for a given workday?

- LEVEL 1: Position requires that my daily work load and activities are assigned to me by my supervisor.
- LEVEL 2: Position requires that I plan my own daily work load and work independently according to established procedures or standards.
- LEVEL 3: Position requires that I plan my own daily work load and those of others in the department (first-level supervision).
- LEVEL 4: Position requires an above average ability to analyze data and develop departmental plans, including plans where a number of difficult, technical and/or administrative problems must be addressed (Manager/Division level planning).
- LEVEL 5: Position requires a high level of analytical ability to develop plans for a department or complex situation, including plans that involve integrating/involving/impacting other departments (Department Head level planning).

FACTOR 6. Contacts with Others: In the course of performing your job, what contacts with people in your department, other departments within the organization, and/or people from outside the organization are you required to make?

- LEVEL 1: Position involves interaction with fellow workers on routine matters with relatively little public contact.
- LEVEL 2: Position involves frequent internal and external contact, but generally on routine matters such as furnishing or obtaining information.
- LEVEL 3: Position involves frequent internal contact and regular contact with outsiders generally on routine matters, including contacts with irate outsiders which require some public relations skill for taking complaints for others to follow up upon.
- LEVEL 4: Position involves frequent internal and external contacts which require public relations skills in handling complaints. Contacts involve non-routine problems and require in-depth discussion and/or persuasion in order to resolve the problem. Handles more difficult contacts that are referred by front line employees.
- LEVEL 5: Position involves frequent internal and external contacts which require skill in dealing with, and influencing others, and initiating changes in policy/procedures to address the issue so as to avoid having to deal with the issue again in the future.
- LEVEL 6: Position involves frequent internal and external contacts in which I act as the spokesperson for the department and am authorized to make commitments of significant resources on behalf of the department.
- LEVEL 7: Position involves frequent internal and external contacts where I represent the entire organization and am authorized to make commitments in matters of broad or critical interest to the entire organization.

With which internal individuals or groups do you have the most contact?

With which external individuals or groups do you have the most contact?

FACTOR 7. Supervision Given:

Do you supervise or assign work to other employees? Yes No

If yes:

- LEVEL 1: Position is regularly responsible for assigning work to an employee or employees, without acting in a supervisory role. To whom does this position assign work?
- LEVEL 2: Position is responsible for the supervision of one full time or several part time employees.
- LEVEL 3: Position is responsible for the supervision of two to five full time (or full time equivalent) employees.
- LEVEL 4: Position is responsible for the supervision of six to 15 full time (or full time equivalent) employees.
- LEVEL 5: Position is responsible for direct and/or indirect supervision of 16 to 29 full time (or full time equivalent) employees.
- LEVEL 6: Position is responsible for direct and/or indirect supervision of 30 to 50 full time (or full time equivalent) employees.
- LEVEL 7: Position is responsible for direct and/or indirect supervision of more than 51 full time (or full time equivalent) employees.

Actual number of full-time (or full-time equivalent) employees supervised:

FACTOR 8. Physical Demands: Please describe any physical demands required to perform your job.

Demand	No	Yes	How often? (Rarely, Occasionally or Daily)
Lifting to 20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting 20-50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting 50+ pounds	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Prolonged Standing	<input type="checkbox"/>	<input type="checkbox"/>	
Prolonged Visual Concentration	<input type="checkbox"/>	<input type="checkbox"/>	

Unpleasant or Hazardous Conditions: Please describe any unpleasant or hazardous conditions you are exposed to in performing your job and how often you are exposed to those conditions. Include only those conditions which are directly related to your work rather than specific work area conditions.

Condition	No	Yes	How Often? (Rarely, Occasionally or Daily)
Lighting-dimness or brightness	<input type="checkbox"/>	<input type="checkbox"/>	
Dust	<input type="checkbox"/>	<input type="checkbox"/>	
Heat	<input type="checkbox"/>	<input type="checkbox"/>	
Cold	<input type="checkbox"/>	<input type="checkbox"/>	
Odors	<input type="checkbox"/>	<input type="checkbox"/>	
Noise	<input type="checkbox"/>	<input type="checkbox"/>	
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	
Wetness/Humidity	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic Agents	<input type="checkbox"/>	<input type="checkbox"/>	

Electrical Currents	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Machinery	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Disease	<input type="checkbox"/>	<input type="checkbox"/>
Smoke	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

FACTOR 9. Use of Technology/Specialized Equipment: Please check the level of technology or specialized equipment use needed for you to perform your job.

- LEVEL 1: Position has no responsibility for, or use of, technology.
- LEVEL 2: Position has some basic use of computers for data entry and some use of the telephone, copier, etc.
- LEVEL 3: Position has daily use of computers for data entry and use of the telephone, fax machine, copier, etc.
Position has daily use of light equipment such as push mowers, weed whackers, pole saws, custodial equipment, etc.
- LEVEL 4: Position has daily use of computers, the Internet, Smartphones, etc. to create databases, spreadsheets, or reports. Position designs and creates customized reports, presentations, and/or documents using advanced software skills.
- LEVEL 5A: Position provides routine consultation and technology support for everyday computer programming and/or software requests/questions to others in the organization; is an applications super user; or uses specialized software such as GIS, SCADA or telecommunications software.
- LEVEL 5B: Position uses, troubleshoots, and/or repairs various pieces of specialized equipment such as HVAC, lighting, gas flares, blowers, engines, heavy equipment, diagnostic equipment, large vehicles (vacuum trucks, street sweepers, fire apparatus) and/or medical or public safety equipment.
- LEVEL 6: Position is responsible for advanced computer programming, system security, maintenance, training, and purchasing of items such as computers, printers, scanners, etc., for the computer system for the organization (IT personnel).
- LEVEL 7: Position is responsible for the overall direction and supervision of the staff that are responsible for the computer and technology needs of the organization, including responsibility for developing technology policies for the organization (IT personnel).

10. FLSA EXEMPT OR NON-EXEMPT DETERMINATION

Do you receive overtime or comp time for hours worked beyond your normal work week? Yes No

Is your position considered any one of the following: Executive, Administrative, Professional, or Computer? If so, please answer the questions in the applicable sections below. If not, please skip to Question 11.

Please answer for only one category:

A. Executive

Are you paid the equivalent of at least \$684 per week on a salary basis?

No	Yes	Unsure
----	-----	--------

Is your primary duty managing the department or unit of a local government?

Percent of time spent managing

Do you customarily direct the work of two or more other employees
(or the equivalent of two or more, e.g., 4 part-timers)?

Do you have the ability to hire and fire, or do your recommendations carry
significant weight even if you are unauthorized to make the final decision?

B. Administrative

Are you paid the equivalent of at least \$684 per week on a salary basis?

No	Yes	Unsure
----	-----	--------

Is this a "staff" position where your primary duty is performing office or
non-manual work directly related to the management or general operations
of the organization, division or unit?

Do you exercise discretion and independent judgment with respect to
matters of significance, have the authority to formulate/interpret policy,
and have a high level of operational responsibility?

C. Professional

Are you paid the equivalent of at least \$684 per week on a salary basis?

No	Yes	Unsure
----	-----	--------

Does your primary duty include the performance of work that requires
advanced knowledge in a field of science or learning that is customarily
acquired by a prolonged course of specialized instruction?

Is a specialized advanced degree a prerequisite for your job?

If yes, what is the degree or certification?

D. Computer

Are you paid the equivalent of at least \$684 per week on a salary basis?

No	Yes	Unsure
----	-----	--------

Do your primary duties involve:

The application of systems analysis techniques and procedures,
including consulting with users, to determine hardware, software
or system functional specifications; OR

The design, development, documentation, analysis, creation, testing

or modification of computer systems or programs, including prototypes, based on or related to user or system design specifications; OR

The design, documentation, testing, creation or modification of computer programs related to organizational operating systems; OR

A combination of the aforementioned duties, the performance of which requires the same level of skills?

11. Comments/Additional Information: Feel free to add additional information below. If using a printed copy of this form, use the back of the form to add your comments.

Type your name and the date below, then save this form as a Word document with the file name of "JobTitle.LastName.FirstName" and email it to your supervisor. If using a printed copy of this form, sign and date it and then deliver to your supervisor.

EMPLOYEE'S SIGNATURE OR TYPED NAME

DATE

THIS SECTION TO BE COMPLETED BY IMMEDIATE SUPERVISOR AND/OR DEPARTMENT HEAD

Please provide your comments below. If using a printed copy of the form and additional space is needed, please use the back of this form or attach an additional sheet. **Please do not mark in employee's portion of the questionnaire.**

1. Do you agree with the employee's answers to all of the above questions? If not, please explain.
2. List any job duties or assignments which the employee performs which are in addition to those listed on the job description or this form.
3. How long has this employee worked for you?
4. Additional comments from the employee's immediate supervisor:

Type your name and the date below, then email this form to your Department Head (if applicable) or to the Town Administration. If using a printed copy of this form, sign and date it before forwarding.

SUPERVISOR'S SIGNATURE OR TYPED NAME

DATE

If Supervisor isn't Department Head, Department Head should review this form as well.

I have read the above and substantially concur.
 I have read the above and have the following comments:

Type your name and the date below, and then email this form to the Town Administration. If using a printed copy of this form, sign and date it before forwarding.

DEPARTMENT HEAD SIGNATURE OR TYPED NAME

DATE

IMPORTANT DATES:

Week of May 23rd through June 7th

Employees complete and submit the JAQs to their Supervisors. Please save file as follows: JobTitle.LastName.FirstName.

June 10th through June 14th

Supervisors and Department Heads review and then submit the JAQs to Human Resources.

June 17th through June 21st

Human Resources/City Administration reviews and then submits the JAQs to GovHR USA.

Weeks of July 8th and July 15th

GovHR USA conducts virtual interviews with employees.