

SAINT PAUL PUBLIC SCHOOLS JOB PROFILE QUESTIONNAIRE

GENERAL INFORMATION:

The Job Profile Questionnaire is an important record of your position and must be completed carefully. The purpose of the Job Profile Questionnaire is to obtain information about the work that you perform. The information you provide is used by the Human Resources Department to:

1. Classify your job,
2. Grade your job for pay purposes, and
3. Identify the critical knowledge, skills, and abilities required by your job.

TO COMPLETE THE JOB PROFILE QUESTIONNAIRE:

1. Read the Job Profile Questionnaire thoroughly before starting to answer the questions.
2. Think about all the things you do and try to organize them into related duties and tasks that can be written as a single sentence or paragraph.
3. You should fill out Parts 1,2, and 3. Your immediate supervisor should fill out Part 4.
4. You may attach additional sheets, forms, work schedules, work samples or related documents to help make clear what you do.

PART 1: IDENTIFYING INFORMATION

Name: _____

Job Title: _____

Employee Number: _____

Division/Department/School: _____

Work Location: _____ Work Phone: _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Work Phone: _____

Name and Title of Other Persons To Whom You Report or From Whom You Receive Assignments:

PART 2: EMPLOYEE SECTION (To be completed by the employee)

Question 1: When was this position last studied? _____

Briefly describe how the duties and responsibilities have changed since this position was last studied, or how it has changed in the last three years.

Question 2: Briefly state the main purpose of your position.

Examples:

Example 1: To provide administrative and office support to the Special Education Department.

Example 2: To purchase goods and services of acceptable quality at the least cost for the School District.

Example 3: To perform plumbing work involving the installation, maintenance, and repair of gas, water and sewer systems.

Describe the **main purpose** of your position in one or two statements.

Question 3: List the duties that you perform regularly. (Attach additional sheets if necessary.)

General Duty Categories are the primary activities or responsibilities that **accomplish the purpose** that you wrote in Question 1. General duties usually take up a significant amount of your work time and occur regularly in your work cycle. List your **most frequent** or **most important** duties **first**. Then, list the steps you take to perform the duty. In the space at the right, **estimate the amount of time** you spend on each general duty; show time as percentages, or days per week, or days per month.

Example:

General Duty Category	Amount of Time Spent
Perform skilled clerical work for the Special Education Department	50%
Specific Steps Relating to Above Duty:	
1. Respond to questions requiring knowledge of department operations.	
2. Coordinate and monitor program paperwork.	
3. Utilize word processing software to prepare a variety of forms and bulletins.	

General Duty Category	Amount of Time Spent
Specific Steps Relating to Above Duty:	
1.	
2.	
3.	
4.	
5.	

General Duty Category	Amount of Time Spent
Specific Steps Relating to Above Duty:	
1.	
2.	
3.	

4.
5.

General Duty Category	Amount of Time Spent
Specific Steps Relating to Above Duty:	
1.	
2.	
3.	
4.	
5.	

General Duty Category	Amount of Time Spent
Specific Steps Relating to Above Duty:	
1.	
2.	
3.	
4.	
5.	

General Duty Category	Amount of Time Spent
Specific Steps Relating to Above Duty:	
1.	
2.	
3.	
4.	
5.	

Question 4: Describe below the important knowledge, skills, and abilities you need to do your work.

Examples:

Knowledge Example: Knowledge of department policies and procedures.

Skill Example: Skill in the operation of a personal computer.

Ability Example: Ability to organize, plan, and direct the work of others.

Be specific about the knowledge, skills, and abilities you need to do your work. Attach more sheets if necessary.

Needed knowledge, skills and/or abilities:

Question 5: List any machines, tools, or equipment used in your work and show time spent using each.

(List vehicles, hand or power tools, office equipment, CRT terminals, laboratory instruments, etc.)

Machine, Tool, Equipment	Time Spent (hrs./wk)	Machine, Tool, Equipment	Time Spent (hrs./wk)

Question 6: What procedures, laws, rules, standards, trade practices, or other guides do you refer to or follow in performing your work. Examples include: procedure manuals, permit regulations, building codes, carpentry practices, accounting standards, board policies, state laws, etc.

Question 7: Describe any responsibility you have for deciding what procedures, laws, rules, etc., are to be followed in your work or the work of others. (None, little, some, or a great deal). Explain if you help, write laws or regulations, develop procedures, or select methods, procedures, standards, etc., used in your work and/or in the work of others.

Question 8: When you come upon situations that do not fit established policies or procedures, what do you do? Please give examples.

Question 9: For what work do you make the final decision? Your work is considered final if your actions or decisions are made without prior approval.

Question 10: List, by name or title, the people and/or organizations you talk to in order to do your work (in person, by telephone or radio) outside of your immediate work unit. Include people and/or organizations inside and outside the School District and describe the purpose of the communication.

Contact	Purpose of Contact

Question 11: Describe any stress that you face in your job because of deadlines, emergencies, or adjustments to plans and schedules due to frequently changing requirements.

Question 12: Indicate the physical effort required in your job. Show how often as never, occasionally, frequently or always.

Action	Frequency
Mostly sitting at a desk or table with some walking, standing, bending or stooping, or carrying of light objects	
Use of arms, hands or fingers in handling or manipulating objects, or operating equipment, requiring fine motor coordination	
Standing or walking for long periods	
Repeated bending, crouching, stooping stretching or crawling	
Climbing ladders, scaffolding, poles or ropes	
Running, chasing, or jumping	
Grappling or fighting with others	
Lifting objects up to 20 pounds	
Lifting objects up to 50 pounds	
Lifting objects up to 100 pounds	
Lifting objects over 100 pounds	
Other (describe):	

Question 13: Indicate the type of working conditions encountered in your job. Use the terms never, occasionally, frequently or always.

Working Condition	Frequency
Area is adequately lighted	
Area is adequately heated	
Area is adequately ventilated	
Area is subject to dust or dirt	
Area is subject to grease, oil or paint	
Area is subject to hazardous chemicals	
Area is subject to irritants or fumes	
Area is subject to disagreeable odors	

Area is subject interruptions	
Area is subject to noise	
Exposed to heavy soiling	
Exposed to dampness, rain or snow	
Exposed to electric shock	
Exposed to extreme heat or cold	
Exposed to other condition (please describe)	
Work is performed outside in all types of weather	
Work requires isolation from others for long periods (explain)	
Work requires continuous operation of a vehicle, machine, or piece of equipment for long periods (explain)	

Question 14: List all the employees over whom you have formal authority for direct supervision.

Name	Title

Add together the number of employees under your direct supervision and those who report to subordinate supervisors to obtain the total number supervised: _____

For the following responsibilities, indicate whether you have no responsibility, you have some input, you have responsibility for making recommendations, or you have final authority:

Interviewing prospective employees	
Hiring employees	
Training others in work methods & procedures	
Assigning and prioritizing duties	
Reviewing and approving work	
Coaching of performance issues	
Conducting performance reviews	
Rewarding/disciplining employees	
Dismiss (fire) employees	

Question 15: Describe errors that *could* be made by someone in your job. These are not necessarily errors that you have made, but ones that might typically occur in your position. **Then describe the consequences of each type of error in terms of time lost, money lost, delays, damage, injury or other related consequences.**

Question 16: Indicate below the kinds of hazards encountered in your job. Show how often as never, occasionally, frequently or always.

Hazard	Frequency
No significant hazards.	
Some risks; wear hard hats, safety shoes, goggles, or similar safety equipment.	
Considerable risks; wear face or body shields, respiratory masks, or similar equipment; exposure to contagious disease.	
High risks, such as working with explosives or radioactive substances, or at great heights, fighting fires, or subject to physical attack.	
Other (Please describe)	

PART 3: EMPLOYEE CERTIFICATION (To be completed by the employee)

Be sure to sign and date the Job Profile Questionnaire, and add any further comments or information that will help explain your position.

Additional comments:

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

I have attached _____ (number) of sheets to this form.

Signed: _____ Date: _____

PART 4: QUESTIONNAIRE--IMMEDIATE SUPERVISOR SECTION

(To be completed by the employee's immediate supervisor)

Question 17: What is the most important output, product, or service you expect of this position? Please explain.

Question 18: Please review Question 4 in the employee section of the questionnaire and add any additional, knowledge, skills and/or abilities that you feel are missing.

Please indicate which of the knowledge, skills and/or abilities (listed by either you or the employee) are most critical to successful performance in this job.

Question 19: State below your best judgement of the kind and amount of education, training, and experience a new employee should have upon entering into this position.

Education and/or training:

Experience:

Licenses, Certificates, or Registrations:

Other (describe):

Question 20: Does this position represent the School District in interactions with other public or private organizations, the community, or the media? If yes, please explain.

Question 21: Does this position have the authority to commit the organization, or units within the School District to a course of action? If yes, please explain.

Question 22: Is this position formally designated as the lead or supervisor of other employees? If yes, please review Question 14 in the employee section for adequacy and accuracy. Note any revisions, additions, or further explanation in your answer below.

Question 23: How much supervision does this position receive? Consider how much work is reviewed, what you look for, and the degree of initiative and independence this position has.

Question 24: Do you support an upgrade for this position(s)? Yes _____ No _____

Please explain.

If an upgrade is warranted, do you have funds available? _____

Please provide the budget number that should be used in the event of an upgrade:

Budget #_____

PART 5: SUPERVISOR CERTIFICATION

Comment on the accuracy and adequacy of the employee's statements and responses. Note any additions or exceptions not already mentioned above.

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____ **Date:** _____

PART 6: NEXT IN LINE SUPERVISOR OR ADMINISTRATIVE OFFICIAL CERTIFICATION
--

(Check with the department head to see who has been designated to complete this section.)

Comment on the accuracy and adequacy of the employee's and the supervisor's statements and responses. Note any additions or exceptions.

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____ **Date:**_____