

ROCKDALE COUNTY, GEORGIA
JOB ANALYSIS QUESTIONNAIRE
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SUPERVISOR'S NAME:	
EMPLOYEE NAME	EMPLOYEE'S JOB TITLE

IV. REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES. Describe the knowledge, skills, and abilities required to successfully perform the duties listed in the ***DESCRIPTION OF DUTIES*** section. For example, knowledge of the laws, statutes and ordinances relating to law enforcement, skill in operating a backhoe, ability to make presentations before large audiences, etc.

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V. PHYSICAL ABILITIES. Describe the physical abilities of your job by completing the following chart.					
ACTIVITY (See Below)	AMOUNT OF TIME SPENT EACH DAY				
	NONE	LESS THAN 1/3	1/3	MORE THAN 1/3 BUT LESS THAN 2/3	2/3 OR MORE
Standing					
Walking					
Sitting					
Using hands to finger, handle or feel					
Balancing					
Reaching with hands & arms					
Stooping					
Crawling					
Kneeling					
Crouching					
Climbing					
Hearing					
Talking					
Visual Acuity					
Repetitive Motion					
Lifting (list # of lbs. below) Up to ___ pounds					
Other (specify) _____ _____					

VI. WORK ENVIRONMENT. Describe the normal or usual conditions where your work is performed by checking as many of the following as apply.					
ENVIRONMENT (See Below)	AMOUNT OF TIME SPENT EACH DAY				
	NONE	LESS THAN 1/3	1/3	MORE THAN 1/3 BUT LESS THAN 2/3	2/3 OR MORE
Controlled temperature office.					
Dusty, dirty, greasy, etc.					
Loud noises					
Exposure to machinery and its moving parts					
Exposure to smoke, fumes, irritating chemicals or toxic odors					
Outdoors regardless of the weather					
High, precarious locations					
Wet and/or humid conditions (non- weather related)					
Risk of electrical shock					
Other (specify) _____ _____					

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VII. EQUIPMENT, MACHINERY, AND TOOLS. List any equipment, machinery (including vehicles), and tools you use while performing your work and the number of hours used in an average workday.

TYPE OF EQUIPMENT/MACHINERY/TOOL	AVERAGE HOURS USED PER WORKDAY

VIII. LICENSES, CERTIFICATIONS, AND REGISTRATIONS. List any licenses, certifications, and registrations that are required for your position and the issuing agency. Also, list any desirable licenses, certifications, and registrations.

DESCRIPTION OF LICENSE/CERTIFICATION/REGISTRATION (i.e., Certified Public Accountant, Professional Engineer)	ISSUING AGENCY	REQUIRED (Check Below)	DESIRABLE (Check Below)

IX. SUPERVISORY REVIEW. Describe how your supervisor reviews your work and the purpose of the review. Indicate whether your work is reviewed while you are doing it or upon completion and whether you are given specific, detailed instructions regarding how to accomplish the work, general instructions or some other level of instruction.

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X. WORKING RELATIONSHIPS. Describe the people that you interact with in accomplishing your work and the purpose, frequency, and typical time spent on each contact. Examples may include co-workers in your department/office, employees of other Rockdale County departments/offices, employees of other public or private organizations, vendors, and the general public. Use and attach additional sheets if necessary.

XI. ADDITIONAL COMMENTS. State any additional information you feel will be helpful in understanding and evaluating your job.

THIS COMPLETES THE EMPLOYEE SECTION. MY SIGNATURE BELOW AFFIRMS THAT ALL INFORMATION PROVIDED IS A TRUE AND ACCURATE DESCRIPTION OF THE WORK THAT I PERFORM FOR ROCKDALE COUNTY.

EMPLOYEE'S SIGNATURE

DATE

PLEASE FORWARD TO YOUR IMMEDIATE SUPERVISOR FOR COMPLETION OF SECTION B

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**SECTION B - TO BE COMPLETED BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR.
DEPARTMENT HEAD/ELECTED OFFICIAL REVIEW & SIGNATURE IS ALSO REQUIRED.**

COMPLETION INSTRUCTIONS

This section is to be completed by the immediate supervisor, and reviewed (with comments and signature) by the department head/elected official. It should contain the best estimate of the minimum amount of knowledge, training, experience, and special attributes needed to qualify a person to fill the position. This estimate should be made by considering what qualifications would be the **minimum** acceptable for satisfactory performance **if the position was vacant and it was necessary to select an individual to fill it.**

I. MINIMUM GENERAL EDUCATION AND SPECIALIZED EDUCATION/TRAINING

Indicate the level of education that a person would be expected to have in order to qualify for the position. The level required should be expressed in terms of years of academic study and degree(s). If education beyond the minimum required is considered desirable but not essential, enter the additional amount, but indicate that it is **not** part of the basic requirements. Also, list required special courses covered during formal education, as well as through additional specialized training, that are considered essential to qualify for the position.

II. MINIMUM PREVIOUS WORK EXPERIENCE

Identify the occupations or fields of specialization in which experience is needed in order to qualify an individual for the position. Also enter the minimum amount of such experience, expressed in years.

III. LICENSES, CERTIFICATIONS, AND REGISTRATIONS REQUIRED

Indicate any licenses, certifications, and/or registrations that are required for this position. Also, list any desirable licenses, certifications and registrations.

IV. SPECIAL KNOWLEDGE OR ATTRIBUTES REQUIRED

Indicate any special knowledge, such as fluency in a foreign language, attributes, such as the ability to communicate effectively with the public, or skills, such as operating a bulldozer, which are required for this position.

V. IMMEDIATE SUPERVISOR'S COMMENTS

In this section add any additional information considered pertinent and any exceptions to statements made by the employee. The statements as entered by the employee are **not** to be altered. Sign and date in the space provided and forward to your department head/elected official for his/her comments.

VI. DEPARTMENT HEAD'S OR ELECTED OFFICIAL'S COMMENTS

In this section the department head/elected official should add any additional relevant information and exceptions to statements made by the employee or immediate supervisor. The statements as entered by the employee and immediate supervisor are **not** to be altered. The questionnaire should then be signed, dated, and forwarded to the Human Resources Department.

SECTION B (FOLLOW ABOVE INSTRUCTIONS)

I. MINIMUM GENERAL EDUCATION AND SPECIALIZED EDUCATION/TRAINING.

