

JOB QUESTIONNAIRE

DIRECTIONS: It is important to know what you do, how you do it, why you do it, whom it affects, and how it fits with other jobs in the organization. This questionnaire is designed to gather information on the job you perform. It is not an evaluation of the way you perform the job. Please answer each question carefully and thoroughly. If any question does not apply to your job, write N/A in that space.

JOB TITLE: _____

DEPARTMENT: _____ **REPORTS TO:** _____
(Position)

DUTIES/RESPONSIBILITIES: List major duties/responsibilities beginning with the most important. Start with an action word*; tell what is done; and indicate the percentage (%) of time given to each task. Use back of page if necessary.

	RESPONSIBILITY	(%)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*e.g. plan, file, counsel, prepare, record, maintain, supervise, sell, etc.



PURPOSE OF POSITION: Explain in one or two sentences why the job exists and what end result it accomplishes.

QUALIFICATIONS/JOB SPECIFICATIONS FOR POSITION: List education required, certification/licensure required, experience, basic knowledge, skills, ability required. Give qualifications for position, not qualifications of the incumbent.

TOOLS/EQUIPMENT/MACHINES USED (skill level required):



INTERACTION: Who are the principal contacts you have within the location? Reason?

WHO?	WHY?	HOW OFTEN?

Who are the principal contacts you have outside the location? Why?

WHO?	WHY?	HOW OFTEN?

SUPERVISION: Do you supervise any employees? _____ If yes, how many? _____
 What are their positions? _____

POSITIONS	TYPE OF SUPERVISION



How often are you given:

	Constantly	Frequently	Infrequently	Seldom	Never
a. Supervision					
b. Instructions					
c. Authority over others					

COMPLEXITY: Please describe what you consider to be the most complex part(s) of this position in terms of judgment, initiative, creativity, and/or organizing ability, etc.

PHYSICAL REQUIREMENTS:

WORKING CONDITIONS: (Deadlines, responding to questions and problems, hours, physical demands, etc.)



ORGANIZATION: Sketch a rough organizational chart illustrating where you fit in the organization, indicating supervisor, peers, and subordinates. If you are a supervisor, please include every employee within your department.

FINANCIAL RESPONSIBILITY: Please list your responsibilities for cash, checks, credit information, purchasing and recording of or accounting for monies received. Indicate dollar value of responsibility (e.g. purchasing authority up to \$250.00).

INFORMATION HANDLED: Please indicate confidential information (if any) which you handle relative to your job (e.g. wages, salaries, cash, medical records, student records, financial statements, parishioner information, etc).

Employee's Signature

Supervisor's Signature

Employee Name (Please Print)

