

Instructions for using MS Word Job Analysis WorkSheet (JAWS)

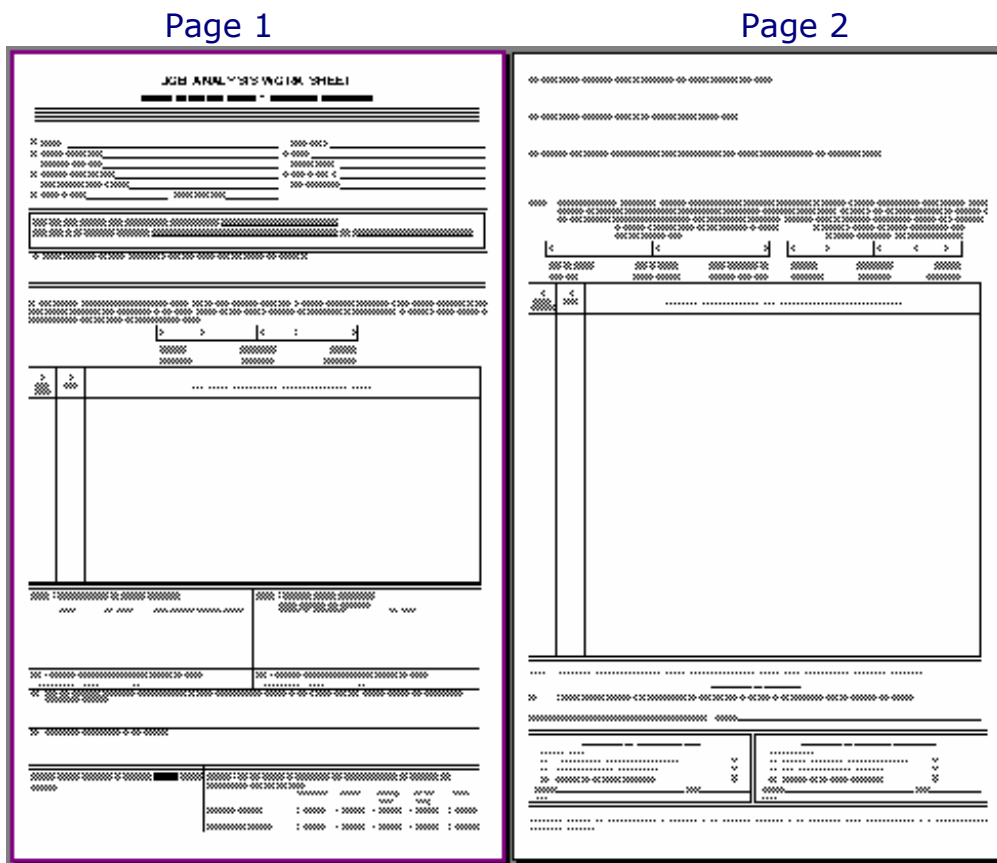
Ready? [Click here](#) to skip these instructions and go to the beginning of the JAWS form

This form does not use the "fillable fields." Instead it uses standard MS Word tables. There are some protections placed on the cells of the various tables in this form which prevent the cells from 'growing.' This will help eliminate pages being split improperly. We are assuming you have a good working knowledge of MS Word tables when using this document in this format.

Some things to be aware of:

1. This form is intended to be a 4-page, 8.5 x 14 inch (legal sized) document. Please submit it in that format.
2. We have test printed this document on several models of HP LaserJet and HP DeskJet printers successfully, but of course we could not test it on all printer makes/models. Therefore, we cannot guarantee that this form will print successfully on every available printer.
3. If you are nearing the end of a cell and continue typing, you may notice that the cell does not expand to include more text. This is a design element of the form and was done intentionally. This will help ensure that paging of the document is correct. If you need extra space entering your information, attach a separate sheet and add a notation in the field that specifies that additional information is attached.
4. You may have to adjust some cell widths after you open this document to prevent existing text from wrapping (causing the paging to become incorrect).
5. We have also provided this document in .pdf format, which is optimized for printing, but cannot be "filled in" online.
6. When you open this form save it using the FILE → SAVE AS option. Create a filename and save it to your preferred location.
7. When you are ready to print your completed JAWS form, don't print page one or two (since pages one and two are these instruction pages).

Here is a graphical view of the appropriate paging. (In order to fit these images on these pages, these are very thumbnail views of the paging. You will not be able to read the text on these images. We are hoping it will be visible enough to show you the overall layout of the document.)



The image shows two pages of a document. Page 3 (left) is filled with dense, mostly illegible text, likely a form or report, with some bolded sections and a small table at the bottom. Page 4 (right) features a large, structured grid or table with multiple columns and rows, containing some legible text and possibly data entries.

Ready? [Click here](#) to go to the beginning of the JAWS form

JOB ANALYSIS WORK SHEET

COUNTY OF SAN LUIS OBISPO • PERSONNEL DEPARTMENT

INFORMATION ON THIS FORM WILL BE USED TO HELP EVALUATE YOUR JOB. BE CLEAR AND ACCURATE. FILL OUT COMPLETELY.

- | | |
|--|--------------------------|
| 1. Name: _____ | Dept. Tel. #: _____ |
| 2. Current Payroll Title: _____ | 3. Dept.: _____ |
| Proposed Title, if _____ | Budget Unit #: _____ |
| 4. Address where you work: _____ | 5. Rate of Pay: \$ _____ |
| Shift Schedule (days & hours): _____ | Pay Differentials: _____ |
| 6. Hours of work: _____ Basic work week: _____ | |

7(A). How long have you been working in your present position? _____

7(B). Who is your immediate supervisor? _____ Tel. # _____

8. BRIEF SUMMARY OF JOB: (Describe in your own words what you do and how you do it.)

9. JOB DUTIES: Describe your job in your own words. List the most important duties first. In **Column A** estimate the amount of your working time spent on each duty during a work year. Use percentages to total 100%. Please DO NOT COPY a standard job specification or duty statement. In **Column B** please indicate the importance each duty has using the scale described below:

1	2	3	4	5
Moderate Importance		Considerable Importance		Extreme Importance

A Amt. Time	B Importance	JOB DUTIES (use additional sheets if more space is needed)

10(A). I directly supervise the following employees:

NAME	JOB TITLE	TYPE: PERMANENT, TEMPORARY, CONTRACT
------	-----------	--------------------------------------

10(B). I supervise through subordinates (show numbers and titles only).

NUMBER OF EMPLOYEES	JOB TITLE
---------------------	-----------

11. I complete performance evaluations on all of the above employees. Yes No

12. I complete performance evaluations on all of the above employees. Yes No

13. List any machines, equipment, office appliances, or motor vehicles you are required to use in doing your job. Indicate whether use is occasional, frequent, or constant:

14. Educational requirements for the position:

Indicate license, registration or certificate required for your position:	Indicate if you are required to utilize any of the following skills and the frequency and percentage of time you use them:					
		COMPUTER	TYPING	SHORT-HAND	USE OF CALC.	OTHER
	Regularly Required	[]____%	[]____%	[]____%	[]____%	[]____%
	Occasionally Required	[]____%	[]____%	[]____%	[]____%	[]____%
	Not Required	[]____%	[]____%	[]____%	[]____%	[]____%

15. What is the nature and extent of instructions you receive before performing job tasks?

16. What is the nature, extent and review of your work?

17. Describe your contacts with departments other than your own, with outside organizations, and with the general public:

18(A). **CHARACTERISTICS REQUIRED:** Indicate the characteristics which you think should be required in filling a future vacancy in this position. Please describe the behavior, skills, capabilities, or other human requirements in your own words below. We want to find out what capabilities are important for a new employee which separate successful from unsuccessful performers. Especially relate to "important duties"--those marked "5" in #9 above.
 In **Column A** indicate when the skill is needed on the job. Use the following scale:
 In **Column B** indicate the relative importance of each of the job dimensions. Use the following scale:

1	2	3	1	2	3	4	5
---	---	---	---	---	---	---	---

Can be learned right away

Can be learned during probation

Must possess at the time you begin work

Moderate Importance

Considerable Importance

Extreme Importance

A When Needed	B Importance	BEHAVIOR, SKILL, CAPABILITY (use additional sheets if more space is needed)

18(B). Refer to the Environmental/Physical Factors Checklist located on the reverse side of the Job Analysis Work Sheet Instruction.

CERTIFICATE OF EMPLOYEE

19. I certify that the answers to all questions are my own and that, to the best of my knowledge, they are complete and correct.

Date: _____ 20____ Print Name: _____ Signature: _____

CERTIFICATE OF DEPARTMENT HEAD

Indicate below:

- (a) I concur entirely with employee's statement []
- (b) See attached memo for comments. []
- (c) Contact me for further information. []

Signature: _____ Date: _____
Title: _____

CERTIFICATE OF IMMEDIATE SUPERVISOR

Indicate below:

- (a) I concur entirely with employee's statement []
- (b) See attached memo for comments. []
- (c) Contact me for further information. []

Statements made by the employee are not to be altered by the immediate supervisor or the Department Head. Use subsections (b) or (c) to indicate any differences of opinion.

JOB ANALYSIS WORK SHEET INSTRUCTIONS

READ CAREFULLY BEFORE COMPLETING YOUR JOB ANALYSIS WORK SHEET

The Job Analysis Work Sheet is used to obtain information about your duties. Please complete the Work Sheet in your own words and be clear, accurate and complete. You may omit answers to questions which do not apply to your type of work. For additional space attach extra pages identified with your name, the name of your department, and the number of each item. An electronic copy of this form can be obtained by calling the Personnel Department at extension 5959.

WE RECOMMEND YOU FIRST PREPARE YOUR ANSWERS ON SCRATCH PAPER

When you feel that your description is accurate and complete, transfer your statements to the Work Sheet and give it to your supervisor. Your supervisor and department head will review your Work Sheet for completeness and accuracy and clarify or provide information about your duties and responsibilities. **UNDER NO CIRCUMSTANCES** should they change the answers as given and certified by you. They may attach additional pages to make statements they think are necessary before signing your Work Sheet.

THE FOLLOWING INSTRUCTIONS RELATE TO CORRESPONDING NUMBERS OF THE FORM

- Item 4:** Show address where you work or report for duty, even though your department's main office may be elsewhere.
- Item 5:** In addition, specify any allowances you receive, such as rent-free housing, free meals, laundry services, etc. Indicate any cash received in lieu of such allowances or the approximate cash value of such allowances if known to you. Also, indicate any differentials you may receive, e.g., night shift, bilingual.
- Item 9:** The answer to this item requires an account of the duties you perform. Describe your "whole job" or year-round duties, **NOT** just those which might be performed during rush or peak periods of activity, or when you are substituting for other persons. Start with your most important duties and describe your occasional or infrequent duties last.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS

GOOD STATEMENT

Receive, open, time stamp, route incoming mail.
Mow lawns with power mower and hand mowers. Rake and weed grounds. Trim trees from grounds and from ladder, using power saws. Lubricate mowers.
Place forms, mix, pour, and finish concrete walks and curbing.
Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.

POOR STATEMENT

Assist in handling correspondence.
Maintain grounds and landscape areas.
I do finish concrete work.
Keep claim registers.

Use a separate paragraph for each major duty. In Column A indicate the proportion of time devoted to each major duty. Use percentages, or, if it is easier, an estimated number of hours per day or days per week or weeks per month of year. Any time breakdown which adequately explains your job will be acceptable.

In Column B indicate the relative importance of each task or category you have listed. Indicate the parts of your job which require the greatest care and thought or the most skill and understanding. Which duties would be the most difficult for another person taking your place to learn? Tell us what makes these duties difficult and give one or two specific examples. Remember, a task that is performed only occasionally may still be a very essential and fundamental requirement of the position.

- Item 10(A):** Answer this item **only** if you are actually responsible for directing and **evaluating** the work of others by completing performance evaluations. Inspecting, checking or proofreading the work of others does not in itself constitute supervision. **Also** indicate the employee position type, such as permanent, contract, temporary, etc.
- Item 10(B):** Indicate how many employees you direct through subordinate supervisors. For example, "Seven Administrative Assistants and two Account Clerks."
- Item 14:** Certain classifications may require state certificates (Public Health Nurse, Agricultural Inspector Biologist); licenses (Public Works Worker); or registrations (Registered Nurse). Indicate any of the licenses, registrations or certificates that are **required** for your position.
- Item 16:** Explain whether your work is reviewed in detail or only in overall results. Is your work reviewed for the way you do it as well as for what you accomplish? Is it a personal review by observation of your work or a review of a written report? How frequently is your work reviewed; as, for example: every day, once a week, at periodic intervals, or only on completion of total project?
- Item 18(A):** The information obtained from this item will be used to determine the kind of testing and the areas to be covered in our recruitments for the position. Indicate what behavior or skills make for successful performance of the job. What does a good employee in this job have to be like? What does he/she have to be able to do, and what skills and abilities does he/she need to do the job? Examples of such traits might be: "fairness in dealing with the public," "capability of learning factual material," "dependability in completing assignments," "knowledge of" Please make up your own descriptions, and cover all capabilities that are essential to the job.
- Item 18(B):** Refer to the Environmental/Physical Factors Checklist located on the reverse side of the Job Analysis Work Sheet Instructions. Complete this form without consideration of accommodation for disabilities. Determination of reasonable accommodation will be made if necessary and based on case specific information.
- Item 19:** These sections are to be signed and an "X" placed in the appropriate box(es) by your immediate supervisor and your department head after reviewing your signed, typed statement.

INSTRUCTIONS FOR SUPERVISORS AND DEPARTMENT HEADS

If you are a supervisor reviewing this Work Sheet and you have checked Item 19, box (a), your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the job. If the description does not agree with your knowledge of the job, box (b) should be checked and you should attach a separate memo giving us more information or comment on the job. You may also check box (c) if you wish to personally give further information about the job description. If you checked box (c), a Personnel Department representative will contact you. **UNDER NO CIRCUMSTANCES**, however, are the employee's statements to be changed.

It is your responsibility to review the completed and signed Work Sheet for correctness, completeness and accuracy of statements, and then add any comments you believe are necessary, sign the Work Sheet and forward the copy through your regular channels. The department head should also review the completed and signed Work Sheet for correctness, completeness and accuracy of the statement(s). In the box provided under Item 19, he/she should indicate his/her agreement or disagreement. Submit current and proposed organizational charts with this request.

**COUNTY OF SAN LUIS OBISPO - PERSONNEL DEPARTMENT
ENVIRONMENTAL/PHYSICAL FACTORS CHECKLIST**

PLACE AN "X" OR A "✓" IN THE BOXES BELOW:

"C" = CONTINUOUS, FREQUENT, STRONG

"A" = AVERAGE, MODERATE, USUAL

"M" = MINIMAL, INFREQUENT, MINOR

"NA" = NOT APPLICABLE

ENVIRONMENTAL EXPOSURE									
	C	A	M	NA		C	A	M	NA
1. Outside Work					21. Working below ground				
2. Inside Work					22. Unusual fatigue factors (specify)				
3. Heat					23. Working with hands in water				
4. Cold					24. Explosives				
5. Humidity					25. Vibration				
6. Dampness or chilling					26. Working closely with others				
7. Dry atmospheric conditions					27. Working alone				
8. Noise					28. Protracted or irregular hours of work				
9. Dust (specify)					29. Stress, emergency conditions (specify)				
10. Silica, asbestos, etc.					30. Exposure to poison oak or other allergenic substances (specify)				
11. Fumes, smoke or gases (specify)					31. Exposure to toxic/poisonous substances (specify)				
12. Grease and oils					32. Handles medications or other controlled substances (specify)				
13. Solvents/degreasing agents (specify)					33. Exposure to communicable diseases, blood or blood products				
14. Video display terminal					34. Other special factors (specify, such as working over water)				
15. Radiant Energy									
16. Electrical Energy									
17. Slippery or uneven walking surfaces									
18. Working around machines with moving parts									
19. Moving objects or vehicles									
20. Working on ladders or scaffolding									
PHYSICAL ABILITY FACTORS									
	C	A	M	NA		C	A	M	NA
1. Heavy lifting, 45 lbs & over					23. Ability for rapid mental and muscular coordination simultaneously				
2. Moderate lifting, 15-44 lbs.					24. Ability to discharge firearms				
3. Light lifting, under 15 lbs.					25. Near vision				
4. Heavy carrying, 45 lbs. & over					26. Far vision				
5. Moderate carrying, 15-44 lbs.					27. Specific visual requirements (specify)				
6. Light carrying, under 15 lbs.									
7. Straight pulling									
8. Pulling, hand over hand									
9. Pushing									
10. Reaching above shoulder									
11. Use of fingers					28. Both eyes required				
12. Both hands required					29. Depth perception				
13. Walking					30. Ability to distinguish basic colors				
14. Standing					31. Ability to distinguish shades of colors				
15. Sitting					32. Speech				
16. Crawling					33. Hearing (aid permitted)				
17. Kneeling					34. Hearing without aid				
18. Repeated bending					35. Specific hearing requirement (specify)				
19. Climbing, legs only									
20. Climbing, use of arms and legs									
21. Both legs required									
22. Operation of Automobile, Truck, Crane, Tractor, or other motorized vehicle									

Requisitioned Job Classification _____

Department _____

Name & Title _____

Signature _____

Date _____