



Dept. No. _____
Psn. No. _____
Date _____

CITY OF BOSTON
POSITION DESCRIPTION QUESTIONNAIRE
PART I

1. Name _____ 2. Department _____
3. Title _____ 4. Division _____ 5. Unit _____
6. How long have you been a City employee? _____ 7. How long have you had this title? _____
8. Title of Supervisor _____ 9. Name of Supervisor _____
10. If you supervise others list their titles and position numbers below:

Titles

Position Numbers

11. List any machines or equipment you are required to use to perform your job.

12. Duties

List the various activities that you do on your job. Number each activity. Describe these activities so specifically that they will be clear, even to someone who is not familiar with your work. Give examples where appropriate. Please list each activity in order of importance, from most important to least important. Estimate the amount of time that you spend on each activity.

Although this may be difficult, you are better able to do this than anyone else. If you perform any of these activities on an irregular basis (weekly, monthly, quarterly, etc.) please note this and explain. If you perform duties of a supervisory nature, describe those duties specifically and in detail.

Start your descriptions of each duty with an action verb. EG.

- (a) Types correspondence, reports, and other material from handwritten or rough draft.
- (b) Cleans and performs minor repairs on low-pressure boilers and other heating equipment.
- (c) Supervises the computation of payroll deductions and overtime for hourly personnel.
- (d) Performs nursing care in the outpatient clinic.

List duties in order of importance

Per Cent or Amount of Time

Duties

Per Cent or Amount of Time

Duties

13. Knowledge Required by Position

a. List the basic knowledges, skills, and abilities required to perform the activities listed in No. 12 above. EG. knowledge of the laws and ordinances regarding building codes; Skills in typing; Ability to understand oral or written instructions.

b. List any tools, equipment, vehicles, and machines you use while performing your work.

c. Training or Equivalent Knowledge

What special knowledge or training acquired through formal education or on-the-job training is required in preparation for this position? Indicate the requirements of the position. DO NOT INDICATE YOUR OWN TRAINING OR EDUCATION. Check only one and indicate in the lines below specific subjects or training required, such as typing, stenography, bookkeeping, accounting, drafting, chemistry, law, or medicine.

☐ Less than High School ☐ High School ☐ Part College ☐ College Graduate
☐ Years of Graduate Work

d. What licenses or certificates are required to perform your work?

e. Experience

In addition to the knowledge or equivalent training you have indicated above, what is the minimum experience required to fill this position adequately? Check one.

☐ None ☐ Less than 1 year ☐ 1 to 2 years ☐ 6 to 9 years ☐ 10 to 14 years ☐ Over 14 years

What is the nature of the required experience?

14. Supervisor Controls

a. What kind of work instructions does your supervisor give you? (Check all that apply)

- ☐ Instructions are detailed and specific, covering all aspects of work.
☐ Instructions are somewhat general, many aspects of the work are covered specifically but I must also use some judgment.
☐ Instructions are very general. I must use much judgment.
☐ My supervisor gives me instructions before I begin the activity.
☐ My supervisor gives me instructions both before I begin and as I proceed with the activity.
☐ My supervisor lets me decide for myself as to how my work is done. I ask questions only if a problem arises.
☐ Other (describe) _____

b. How does your supervisor (or another employee) review your work?

- ☐ My supervisor spot checks what I am doing as I do it.
☐ My supervisor spot checks my completed work.
☐ My supervisor reviews most or all of my work while I am doing it.
☐ My supervisor reviews most or all of my completed work.
☐ My supervisor does not review my work.
☐ Other (describe) _____

Answer the following only if you are responsible for the work of others.

a. Check appropriate items.

- ☐ Responsible for guiding and training others
- ☐ Responsible for assigning routine work to a crew
- ☐ Responsible for the work in several diverse activities
- ☐ Responsible for directing work through other supervisors
- ☐ Responsible for employees performing work where there is a serious source of hazard to employees and/or others

b. Check appropriate items.

- ☐ I initiate disciplinary action
- ☐ I make hiring decisions
- ☐ I make promotional decisions
- ☐ I make departmental policy decisions

c. Check appropriate items.

- ☐ I select and direct work methods within established procedures in order to complete assigned activities
- ☐ I refer new, unusual or complex work situations to my supervisor
- ☐ I plan, develop and organize all phases of my work within the framework of current city policies and practices

15. Guidelines

a. What specific laws or ordinances do you use or follow in your work? (Laws or ordinances that you must know and use as a reference to perform your job.)

b. What administrative regulations and departmental instructions or guidelines do you use or follow in performing your work?

c. What other practices, principles or precedents do you use in performing your work?

d. How do these laws, regulations, instructions, practices, etc. apply to your work? That is, do they: (check one)

- ☐ Describe each activity specifically and in detail telling you when and how to do it.
- ☐ Describe each activity in a general way, telling you what is to be accomplished but not how to do it.
- ☐ Describe in only a general way the overall work to be done or the methods for doing it.

e. What manuals and other resources or reference materials do you use?

16. Complexity

a. Check those that apply:

- ☐ My work is given to me and I follow well defined procedures, practices and methods in performing the assignments.
- ☐ My work is given to me, and I must check, analyze, study or interpret facts while progressing with the assignment.
- ☐ My work is given to me and I have to use my own judgment in performing the assignments.
- ☐ I look at the work situation, identify the problem involved and decide how to proceed to correct it.
- ☐ I develop my own assignments and am responsible for collecting, summarizing, and analyzing data/information necessary in performing the assignments.
- ☐ Rules, procedures and policy statements are frequently unavailable to assist me in performing my job and I must develop them in performing my assignments.
- ☐ I must analyze a number of different variables and determine the proper mix in performing my assignments.

b. Check those that apply:

- ☐ My work varies slightly and seldom am I required to use judgment or take different, new or unusual approaches in completing an assignment.
- ☐ I am required occasionally to consider different courses of action, or deviate from standard operating procedures, to get the job done.
- ☐ My job frequently requires me to refine existing work methods, and develop new techniques, concepts or programs within established limits or policies.

17. Scope and Effect

a. What is the purpose of your job? (e.g. to perform cross-watch blood tests)

b. If your work affects other departments in the City, list the department and explain why.

c. If your work affects others outside the City government, list and explain why.

d. What is the effect of the errors that you make?

e. Does your work make a difference in the reliability, accuracy or dependability of the work others do? If so, explain.

18. Contacts

a. Describe the kind of people with whom you deal in carrying out your work.

- ☐ Co-workers
- ☐ Employees outside your department
- ☐ Members of other organizations
- ☐ General public
- ☐ Employees within or outside of municipal government

b. Describe the purpose of your personal contacts.

- | | |
|---|--|
| <input type="checkbox"/> to give, exchange, or gather information | <input type="checkbox"/> to stimulate quality of performance |
| <input type="checkbox"/> resolve problems | <input type="checkbox"/> to discipline others |
| <input type="checkbox"/> provide service | <input type="checkbox"/> to interrogate others |
| <input type="checkbox"/> influence others | <input type="checkbox"/> to justify, defend, negotiate or settle matters |
| <input type="checkbox"/> direct effort of others | |
| <input type="checkbox"/> other (describe) | |

c. Check items which best describe the nature of the people with whom you come in contact.

- | | |
|---|---|
| <input type="checkbox"/> uncooperative | <input type="checkbox"/> emotionally unstable |
| <input type="checkbox"/> hostile | <input type="checkbox"/> frightened |
| <input type="checkbox"/> normally courteous | <input type="checkbox"/> other (specify) |

d. Check appropriate items.

- ☐ people who contact me for assistance from outside my work group often require me to search for data or information that is not readily available or part of existing information and data
- ☐ my contacts vary slightly from day to day
- ☐ the contacts I make are seldom the same from one day to the next

19. Physical Demands & Working Conditions

a. What percentage of your working hours do you spend:

- ☐ % sitting
- ☐ % standing
- ☐ % walking
- ☐ % handling material weighing _____ pounds

b. Where do you spend most of your time?

- | | |
|---|--|
| <input type="checkbox"/> private office | <input type="checkbox"/> semi-private office |
| <input type="checkbox"/> general office | <input type="checkbox"/> power plant or shop |
| <input type="checkbox"/> laboratory | <input type="checkbox"/> out-of-doors |
| <input type="checkbox"/> vehicle | |

c. To what risk of physical injury are you exposed? Explain.

d. How many days per month, on the average, does your job require you to remain away from home overnight?

e. Work environment — describe the normal or usual conditions where your work is performed by checking as many of the following as apply:

- | | |
|--|---|
| <input type="checkbox"/> work is performed in an office | <input type="checkbox"/> work is performed in a very noisy place |
| <input type="checkbox"/> work exposes me to much dust, dirt, etc. | <input type="checkbox"/> work exposes me to machinery and its moving parts |
| <input type="checkbox"/> work exposes me to smoke, fumes, irritating chemicals or toxic conditions | <input type="checkbox"/> work is performed outdoors regardless of the weather |
| <input type="checkbox"/> work requires use of protective devices such as hard hats, gloves, etc. | <input type="checkbox"/> work requires operations of vibrating equipment |
| <input type="checkbox"/> work involves traveling at high speeds | <input type="checkbox"/> work involves being in high places |
| <input type="checkbox"/> work with machinery, sharp tools | <input type="checkbox"/> work with high voltage equipment |
| <input type="checkbox"/> work requires being on call 24 hours | <input type="checkbox"/> other (specify) |

20. Other Factors/Problems

Provide any additional information about your duties, responsibilities, or qualification requirements which you consider to be important, but which have not been previously mentioned. What are the most difficult or complex problems you encounter in your work? Use back of this page if you need more space.

I hereby certify that the answers to the foregoing questions are to the best of my knowledge complete and correct.

Employee Signature

Date

PART II

To the Supervisor

Review this employee's questionnaire carefully to see that it is accurate and complete. Do not fill in these items unless you supervise the employee directly. (If you direct this employee through a subordinate supervisor, have that supervisor complete Part II.)

If Part I does not express your idea of the duties and responsibilities that you have assigned to the employee, it will be necessary for you to use Part II to qualify or elaborate on the description.

Two things are very important:

UNDER NO CIRCUMSTANCES SHOULD YOU CHANGE OR ALTER THE EMPLOYEE'S ENTRIES IN PART I.

DO NOT MAKE ANY STATEMENTS OR COMMENTS ABOUT THE INDIVIDUAL EMPLOYEE'S WORK PERFORMANCE, COMPETENCE, OR QUALIFICATIONS.

This questionnaire will be used to evaluate the duties that constitute the position, not the performance or qualifications of the employee.

21. Has the employee correctly stated his or her official or payroll position title?
22. If not, what is the correct title?
23. Are the employee's statements as to the duties of his position and the supplementary information complete and accurate?
24. If not, what additions, deletions or corrections should be made?
25. What position(s) within your department (or in other departments) offer the most logical sources for filling vacancies in this position through promotion or transfer?
26. What position(s) within your department (or in other departments) offer logical opportunities for promotion from this position?
27. Describe briefly the principal function of the unit you supervise.

Supervisor Signature

Date