

POSITION CLASSIFICATION QUESTIONNAIRE

Please read instruction for filling

1. Mr. Last Name First Middle Initial
Mrs.
Miss

4. Department, commission of Board

2. Official Title of Position:

5. Division:

Usual working Title of Position:

6.Branch and Section

3. Regular Schedule of Hours of Work

From To
Mon 8:00 5:00
Tues. _____
Wed _____
Thur _____
Fri _____
Sat _____
Sun. _____

Total Hrs. Per Wk. 40

Explain rotation of
Shifts if Any:

Length of Lunch Period 1HR

Hrs. of "on-Call" time
Per Wk. _____

7. Place of Work (Island or Municipal)

8. Is your work ☐ Full-Times? ☐ Part-time?

☐ Year-Round ☐ Seasonal ☐ Temporary

If work is Seasonal, temporary, or Part-time, Indicate Part
of year Proportion of Full-time:

9. Do you receive any maintenance (Room, Meals,
Laundry, ETC.) In addition to your cash salary?

Explain ☐ Yes ☐ No

10. Describe below in detail the work you do. Use your word and make your Description so clear that Persons
unfamiliar with your work can understand exactly what you do. Attach additional sheets if Necessary.

Time Spend	WORK PERFORMED	LEAVE BLANK

11. Name and Job title of Your Immediate Supervisor _____

12. Give the names and Payroll titles of employees You Supervise, if five or fewer. If you supervise more than
Five employees, Give the number under each title. If you supervise No employees, write "NONE" _____

List Machines or Equipment used regularly in Your work. Give per Cent of time spent in Operation of Each:

	%		%
	%		%
	%		%

14. What Kind, And How Extensive Are The Instruction You Receive regarding Your Work?

15. What Kind, And How Extensive Are Checks or Reviews Made of Your Work?

16. Describe Your Contracts With Departments Other Than Your Own, With Outside Organization, And with the General Public.

CERTIFICATION: certify That The Above Answers Are My Own And Are Accurate And Complete.

Date: _____ Employee's signature: _____

STATEMENT OF IMMEDIATE SUPERVISOR

17. Comment on Statement of employee. Indicate Any Exceptions or Additions.

18. What Do You consider The Most Important Duties of this Position? Care of Patient

19. Does This Position Involve Typing?

- ☐ No
☐ Yes-Give % Of Time Spent in Typing ____%

20. Does This Position Involve Shorthand?

- ☐ No
☐ Yes-Give % Of Time Spent in Taking Shorthand %

21. Indicate The Qualifications Which You Think Should Be required in Filling A FUTURE VACANCY in This Position
Keep The Position Itself in Mind rather than the Qualifications of the individual Who Now Occupies the Position.

	Basic Qualifications	Additional Desirable Qualifications
Education, General:		
Education, Special or Professional.		
Experience, Length in Year and Kind:		
License, Certificates, or Registration:		
Special Knowledge's, Abilities, and Skills:		
Age, Sex, Physical Requirement or Other Factors:		

Date: _____ Immediate Supervisor's signature: _____

STATEMENT OF DEPARTMENT HEAD OT OTHER ADMINISTRATIVE OFFICER

22. Comment On The Above Statements Of the Employee and The Supervisor, Indicate Any Inaccuracies or Statement With Which You Disagree, Please Comment On The Qualifications Suggested by the Supervisor:

Date: _____ Department Head's Signature: _____