



**NIAGARA COUNTY
CIVIL SERVICE
111 Main Street – Suite G2
Lockport, New York 14094**

(716) 438-4071
Fax (716)438-4077

1. Name _____ Department _____
2. Who is your immediate supervisor? _____
3. Please list the names and titles of employees you directly supervise. This includes only those employees who report directly to you for work assignments and whose work performance you review and evaluate.

NAME

TITLE

4. What is the total number of full-time employees for whom you are responsible, either directly or indirectly through supervisors reporting to you?

5. Please describe your job in one or two sentences.

6. **DESCRIPTION OF DUTIES:**

Please describe fully the work that you do. List all of the major duties and responsibilities of your job. Also, give your best estimate of the percentage of time spent performing each duty or responsibility. Attach additional pages if necessary.

<u>% Of Time</u>	<u>DUTIES AND RESPONSIBILITIES</u>
a. _____	_____ _____ _____
b. _____	_____ _____ _____
c. _____	_____ _____ _____
d. _____	_____ _____ _____
e. _____	_____ _____ _____
f. _____	_____ _____ _____

7. **USE OF MACHINES, TOOLS, AND EQUIPMENT**

Think about the machines, tools, instruments, appliances, or equipment you use in your job. Examples include hand tools, heavy equipment, kitchen or laundry equipment, office equipment, medical apparatus, etc.

Please check the statement below that best describes your use of machines and equipment on the job.

_____ Use of machines, tools, instruments, or equipment requiring **BASIC** coordination and/or operating knowledge and skill, such as automobile, dictaphone, mail processing equipment, hand tools, photocopier, or cleaning equipment.

_____ Use of machines, tools, instruments, or equipment requiring **MODERATE** manual dexterity, precision, and/or operating knowledge and skill such as small equipment repair tools, building, grounds and motor maintenance equipment, blood pressure gauge, drafting/surveying equipment, computer for word processing, spreadsheet, or use of other software.

_____ Use of machines, tools, instruments, or equipment requiring **CONSIDERABLE** manual dexterity, precision, and/or operating knowledge and skill such as dialysis machine, I.V. needle, bulldozer, welding tools, pipecutter, computer programming, medical/dental instruments.

_____ Use of machines, tools, instruments, or equipment requiring **EXTREME** precision, manual dexterity, and/or operating knowledge and skill such as weapons, cranes, computer for system designs and analysis, computer-aided design, advanced medical/dental and engineering equipment

List all machines, tools, equipment, and instruments you use.

8. **SUPERVISORY RESPONSIBILITY**

What is the nature and extent of supervision you exercise over subordinate employees and/or program areas? Supervision is defined as the responsibility for time and attendance, performance appraisals, and final accountability for the quantity and quality of subordinates' work activities and/or program accomplishments.

Please check the statement below which best describes your supervisory responsibilities.

- _____ No supervisory responsibility exercised.
- _____ Lead worker (not including formal supervisory responsibility as defined above) of a work group, or project; **or** exercises supervisory responsibility over assigned personnel within a work unit, section, or work group.
- _____ Supervises an entire work unit, section, or work group; first-line supervisors.
- _____ Supervises two or more work units, sections, or work groups each having an individual supervisor; **or** small agency or a small division in a department.
- _____ Supervises a small department or a major division in a large department.
- _____ Supervises a medium-sized department; **or** assists in supervising a large department in a deputy capacity.
- _____ Supervises as a department head of a large-sized department.
- _____ Supervises, as a deputy chief or chief executive officer, more than one department or agency.

Describe your supervisory responsibilities:

9. **EXPERIENCE**

How much previous work experience **do you think** is necessary to do your present position? Check the appropriate statement.

- _____ No previous experience.
- _____ Six months of previous work experience.
- _____ One year of previous work experience.
- _____ Two years of previous work experience.
- _____ Three years of previous work experience.
- _____ Four years of previous work experience.
- _____ Five years or more of previous work experience.

10. **ADDITIONAL INFORMATION ABOUT YOUR JOB.**

Is there anything else we should know about your job? Remember, we will be using the information from this questionnaire to evaluate your job. Please be sure you have given us a complete description of your duties and responsibilities.

Employee's Signature _____ Date _____

Work phone number _____

11. **IMMEDIATE SUPERVISOR'S COMMENTS**

Please review and sign the questionnaire. Please indicate any significant differences below. **Do not change or alter any of the statements made by the employee.**

Supervisor's Signature _____

Title: _____

Date: _____

12. **DEPARTMENT HEAD COMMENTS**

Please comment on the above statements of the employee and the employee's supervisor as they relate to the duties and responsibilities of the position.

Department Head's Signature _____

Title: _____

Date: _____