



Job Description and Essential Function Analysis

Job Title:		Department:		Agency:	
-------------------	--	--------------------	--	----------------	--

Position Summary:

Employment and Work Conditions:

Type of employment Regular Temp/Seasonal Full-time Part-time At Will Contract **Competitive service** Yes No
FLSA status Exempt Non-Exempt **Bargaining unit** _____

Salary or pay range **Pay differential, incentives, specialty pay, etc.**

Work setting	Attire	Work days	
Location	Exposure to others	Work hours	
Supervisor	Driving required	Core hours	
Supervises	<input type="checkbox"/> Yes (check type below) <input type="checkbox"/> No <input type="checkbox"/> Class C <input type="checkbox"/> Commercial	Overtime required	
	Travel required	Weekends required	
	<input type="checkbox"/> Yes (see Duties) <input type="checkbox"/> No		

Pre-employment tests	Required	Comments
Pre-placement exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DOT required <input type="checkbox"/> Safety sensitive (state reason)
Pre-employment drug test	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Live Scan, criminal record	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Duties and Functions:

Cells will auto adjust for length of content; additional rows can be added.

		Essential: Yes/No	Frequency (Use key)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



9.			
10.			

Frequency: **Never** – Does not occur; **Seldom** – Less than 30 minutes per shift; **Occasional** – From 1/16 to 1/3 of a shift, or .5 hours to 2.5 hours of an 8-hour day; **Frequent** – From 1/3 to 2/3 of a shift, or 2.6 to 5.2 hours per 8-hour day; **Constant** – More than 2/3 of a shift, or more than 5.3 hours per 8 hour day

Qualifications and Requirements:

Cells will automatically adjust for length of content; additional rows can be added.

		Required	Preferred
1.	Education <i>(level of education needed to successfully accomplish the essential functions of the job)</i>		
2.	Experience <i>(level of experience required to start job position and successfully accomplish the essential functions of the job)</i>		
3.	Skills		
4.	Knowledge		
5.	Ability		
6.	Job-related licenses, certifications, and/or designations		
7.	Attendance		
8.	Security clearances		
9.	Criminal record complies with agency's Live Scan Policy or other policies (including out-of-state records)		
10.	Language(s)		
11.	Transportation <input type="checkbox"/> personal vehicle <input type="checkbox"/> agency-owned vehicle <input type="checkbox"/> public transportation		
12.	Automobile liability insurance complies with agency's Vehicle Usage Policy		
13.	Driving record acceptable per the agency's Vehicle Usage Policy		
14.	Enrollment in agency's DMV EPN (Employer Pull Notice) program		
15.	Credit history acceptable per the agency's fiduciary, finance or accounting policies		
16.	Continuing education and training relevant to successfully accomplish the essential functions of the job		
17.			



Essential Function Analysis

Key: **Frequency:** The amount of time or number of times per work period that a task is performed

Never – Does not occur

Seldom – Less than 30 minutes per shift

Occasional – From 1/16 to 1/3 of a shift, or .5 hours to 2.5 hours of an 8-hour day

Frequent – From 1/3 to 2/3 of a shift, or 2.6 to 5.2 hours per 8-hour day

Constant – More than 2/3 of a shift, or more than 5.3 hours per 8 hour day

Occurrence: How often activity or task is performed

Daily – Occurs regularly

Intermittent – Task performed several times throughout the day

Periodic – Not done on a daily basis

Duration: The length of time a task or activity is performed during a session

A. Physical Demands			Essential									Non-Essential (optional)									Comments					
			Essential		Frequency					Occurrence				Duration	Frequency					Occurrence				Duration		
			Y	N	N	S	O	F	C	D	I	P	N		S	O	F	C	D	I		P				
1.	Sit																									
2.	Stand																									
3.	Walk	flat or level terrain																								
		uneven terrain																								
4a.	Lift Above Shoulder	up to 10 pounds																								
		11 – 25 pounds																								
		26 – 40 pounds																								
		41 – 55 pounds																								
		56 – 75 pounds																								
4b.	Lift at Waist or Chest	up to 10 pounds																								
		11 – 25 pounds																								
		26 – 40 pounds																								
		41 – 55 pounds																								
		56 – 75 pounds																								
	>75 pounds																									



A. Physical Demands		Essential		Essential					Non-Essential (optional)					Comments												
		Y	N	Frequency					Occurrence			Duration	Frequency					Occurrence			Duration					
				N	S	O	F	C	D	I	P		N		S	O	F	C	D	I		P				
d.	Keyboard and mouse																									
22.	Foot controls																									
23.	Stamina, endurance																									

B. Mental and Psychological Demands		Essential		Essential					Non-Essential (optional)					Comments													
		Y	N	Frequency					Occurrence			Frequency					Occurrence										
				N	S	O	F	C	D	I	P	N	S		O	F	C	D	I	P							
1.	Comprehend and follow instructions																										
2.	Perform and complete assigned tasks																										
3.	Maintain work pace																										
4.	Perform complex or varied tasks																										
5.	Relate to others																										
6.	Advise, counsel, influence																										
7.	Train or give instruction																										
8.	Work independently																										
9.	Plan, direct, control, supervise																										
10.	Supervise employees																										
11.	Supervise non-employees																										
12.	Represent the agency																										
13.	Interacting with the public																										
14.	Assume responsibility for persons or property																										
15.	Participate in team or group activities																										
16.	Work around traffic, crowds, distractions																										
17.																											
18.																											
19.																											



C. Environmental Exposures	Essential		Essential										Non-Essential (optional)										Comments			
	Y	N	Frequency					Occurrence			Duration	Frequency					Occurrence			Duration						
			N	S	O	F	C	D	I	P		N	S	O	F	C	D	I	P							
1.																										
2.																										
3.																										
4.																										
5.																										
6.																										
7.																										
8.																										
9.																										
10.																										
11.																										
12.																										
13.																										
14.																										
15.																										
16.																										
17.																										
18.																										



D. Communication and Sensory Demands	Essential		Essential						Non-Essential (optional)						Comments <i>Identify for which function each is required</i>				
			Frequency			Occurrence			Frequency			Occurrence							
	Y	N	N	S	O	F	C	D	I	P	N	S	O	F		C	D	I	P
1. Sight																			
2. Smell																			
3. Hearing																			
4. Taste																			
5. Tactile, touch (e.g., hot, texture)																			
6. Speaking																			
7. Reading																			
8. Writing																			
10.																			

E. Equipment, Vehicles, Machinery	Essential		Essential						Duration	Non-Essential (optional)						Duration	Comments		
			Frequency			Occurrence				Frequency			Occurrence						
	Y	N	N	S	O	F	C	D		I	P	N	S	O	F			C	D
1. Office equipment keyboard copier, fax telephone, cell pen, stapler, etc. postage, binding																			
2. Hand tools																			
3. Safety equipment/PPE																			
4. Private passenger vehicle																			
5. Golf cart, utility vehicle																			
6. Motorcycle, bicycle																			
7. Light utility vehicle or truck																			
8. Heavy utility vehicle																			
9. Earthmoving equipment																			
10. Construction equipment																			
11. Transit equipment																			
12. Landscaping equipment																			
13.																			
14.																			



Completed by: _____

Title: _____

Company: _____

Signature: _____

Date: _____

Employer Representatives:

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____