# JOB CONTENT QUESTIONNAIRE

From: [ABC Manufacturing Company] To: [XYZ Team Members]

Date: [Date here]

## Personal Information

1. Please provide the following information.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job Title: |  |
| Name of Immediate Supervisor: |  |
| Name of Next Level Supervisor: |  |

1. Please describe in detail the purpose of your job.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Please fill out the form below. Describe the major daily duties you perform, starting with the most important.

|  |  |  |  |
| --- | --- | --- | --- |
| Duty | Description of Duties | Frequency | Approx. Time |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

## General Job Information

1. Please identify the most difficult types of problems you are required to solve while performing your job.

|  |
| --- |
|  |
|  |
|  |

1. Please describe the most complex duties you are required to perform.

|  |
| --- |
|  |
|  |
|  |

1. What types of decisions do you have the authority to make?

|  |
| --- |
|  |
|  |
|  |

1. What types of decisions do you recommend to others for action?

|  |
| --- |
|  |
|  |
|  |

1. Who checks or reviews your work?

|  |
| --- |
|  |
|  |
|  |

1. How often is your work checked or reviewed?

|  |
| --- |
|  |
|  |
|  |

## Key Contacts

1. Please use the form below to list the most significant contacts that this position requires, the purpose, and frequency of such contacts.

|  |  |  |
| --- | --- | --- |
| Contact | Purpose | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Knowledge, Abilities, and Skills

1. Please list all knowledge, abilities, and skills that are necessary in order for you to perform your job duties.

|  |
| --- |
|  |
|  |
|  |

1. Please indicate what type of working conditions you are exposed to, and how many hours each day.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Condition | N/A | Less than 2 hours a day | 2 – 6 hours a day | 6 – 8 hours a day |
| Sitting |  |  |  |  |
| Standing |  |  |  |  |
| Walking |  |  |  |  |
| Reaching |  |  |  |  |
| Lifting (include approximate weight) |  |  |  |  |
| Bending |  |  |  |  |
| Climbing |  |  |  |  |
| Fumes, Odors (explain) |  |  |  |  |
| Dust |  |  |  |  |
| Extreme noise  |  |  |  |  |
| Extreme temperatures |  |  |  |  |
| Exposure to electrical, mechanical, biological, chemical, or physical factors (explain) |  |  |  |  |
| Outdoor weather |  |  |  |  |
| Mental stress |  |  |  |  |
| Travel |  |  |  |  |
| Other (explain) |  |  |  |  |

## Education

1. Please explain the minimum level of education you believe should be required for a worker to perform your job.

|  |
| --- |
|  |
|  |
|  |

1. Please explain how much minimum experience doing similar work you believe should be required for a worker to perform your job.

|  |
| --- |
|  |
|  |
|  |

1. Please list any certifications, registrations, or licenses you feel are necessary for a worker to perform your job.

|  |
| --- |
|  |
|  |
|  |