



POSITION DESCRIPTION QUESTIONNAIRE

Name _____ Date _____

Position _____

1. PRIMARY FUNCTION Write a brief statement of the overall purpose and function of your position. What is its primary reason for existing within the organization?

2. GENERAL RESPONSIBILITIES State the major responsibilities of your position.



3. **IMPACT ON END RESULTS**
 Describe the results that are required of the position. How directly/indirectly does your position affect the organization's objectives?

4. **SPECIFIC DUTIES**
 Describe the duties which you perform, giving emphasis to the important and difficult aspects of your work. Tell what you do and how you do it.

Check the column at the right which most closely indicates the decision making limits for each duty listed.

1. Limited authority
2. Full authority after checking
3. Full authority to act without checking, but inform supervisor
4. Full authority

(a) DUTIES PERFORMED REGULARLY					
Average Hours per week	List Duties in Decreasing Order of Importance	1	2	3	4



(b) DUTIES PERFORMED PERIODICALLY					
Average Hours per week	Describe in detail duties you perform at regular intervals, i.e., weekly, monthly.	1	2	3	4

(c) DUTIES PERFORMED OCCASIONALLY					
Average Hours per week	Describe in detail duties you perform at irregular intervals.	1	2	3	4

5. MEASUREMENT OF RESULTS List the criteria that are used to measure the results. How are the achieved results compared against the required results?

6. STAFF MEMBERS REPORTING DIRECTLY TO YOU--AND THEIR WORK

7. RELATIONSHIPS WITH OTHERS

INTERNAL

- (a) What persons in other positions within the staff do you work with regularly, and what is the purpose of your association with them?
- (b) To whom do you report?

EXTERNAL

With whom, how frequently, and for what purpose do you work with individuals, organizations, or agencies outside the organization?



8. **EFFECT OF ERROR OR OMISSION**

List type, frequency, and effect of probable errors or omissions that could occur in the normal process of your work:

NATURE OF ERROR	PROBABLE FREQUENCY	PROBABLE EFFECTS

9. **WORKING CONDITIONS/ENVIRONMENTAL FACTORS**

Describe any unusual conditions under which you work (e.g., hours, travel, etc.).



10. NATURE OF PROBLEM SOLVING

What are the greatest challenges of your position?

How do you handle them?

To what extent do you have the ability to develop new solutions? To develop your own solutions?



10. NATURE OF PROBLEM SOLVING (continued)

What part of your job gives you the greatest opportunity for creativity and innovation?

What types of problems do you handle on your own?

What types of problems are referred to others?



10. NATURE OF PROBLEM SOLVING (continued)

Describe the amount of freedom you have to think independently. To what extent is your thinking guided by policies, procedures, regulations, or supervisory authority?

List the most important decisions you are required to make on your job.



11. FREEDOM TO ACT

What types of problems must be reported to your supervisor?

What is the frequency with which you report problems to a supervisor?



11. FREEDOM TO ACT (continued)

What authority do you have to change methods, effect procedures or expenditures, etc.

Describe the degree of personal control you have over what you do and how you do it.



12. KNOW HOW

What knowledge and/or skills do you need to do your job effectively?

What special training, education, certification, experience, etc., is necessary to perform in this position?

12. KNOW HOW (continued)

What other skills are required to do this job?

13. EQUIPMENT

List all equipment, machines, materials or other tools needed to do the various tasks.



14. PHYSICAL REQUIREMENTS

What kinds of physical strength does your job require, if any?

How much physical exertion is needed (e.g., lifting, standing, sitting)?

How much weight do you lift and how often do you lift it?

Task	Number of pounds	How often?



15. JOB PROBLEMS What are the three main problems you have with your job? How would you solve each problem?	
Problem	"I would solve this problem by..."

16. ADDITIONAL INFORMATION Give additional information not included in any of the previous answers which you believe to be important in a complete description of your position.

Thank you for your time and cooperation in completing this questionnaire.

For a free 30-minute consultation on developing effective job descriptions, [click here.](#)