**Job Analysis: Template**

Your Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managers Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours Worked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the general purpose of your position?
2. What was your last position? If it was in another organization, please name it.
3. To what position would you normally be promoted?
4. If you regularly supervise others, list them by name and position title.
5. If you supervise others, please check those activities that are part of your supervisory responsibilities:
* Hiring
* Promoting
* Compensating
* Training
* Budgeting
* Disciplining
* Scheduling
* Directing
* Terminating
* Developing
* Measuring Performance
* Other
1. Job Responsibilities: Please describe what you do. Indicate those responsibilities you consider to be most important and/or most difficult. Please use a separate sheet if necessary.
2. Daily responsibilities:
3. Periodic responsibilities (Please indicate whether weekly, monthly, quarterly, etc.):
4. How long have you been performing these responsibilities?
5. Are you now performing unnecessary responsibilities? If yes, please describe.
6. Should you be performing duties that are not currently included in your responsibilities? If yes, please describe.
7. EDUCATION: Please check the educational requirements for your position, not your own educational background.
* High school diploma or equivalent
* Associates degree
* Bachelors degree
* Masters degree
* Professional license/specialized training

List advanced degrees, special training, or specific professional license.

Please indicate the education you had when you started this position.

1. EXPERIENCE: Please specify the amount needed to perform your responsibilities.
* No experience
* One to three years
* One month to six months
* Tree to five years
* Seven months to one year
* Five to ten years

Please indicate the experience you had when you started this position.

1. SKILL: Please list any skills required in the performance of your position. (For example, amount of accuracy, alertness, precision in working with described tools, methods, systems, etc.)
2. EQUIPMENT: If your position requires you to use any equipment and/or programs, please list the equipment and check how often you use it. Please use a separate sheet if necessary.

Equipment/ProgramsRarelyOccasionallyFrequently

a.

b.

c.