

Alberta Alpine Ski Association -Job Fact Sheet

This questionnaire asks you about your job---what you do. It is not concerned with your performance on the job. Please take time to complete it accurately. Attach extra pages or examples if necessary.

When you have finished and are satisfied, email it to _____.

JOB IDENTIFICATION

Name: _____

Position Title: _____

Date: _____

1. JOB DESCRIPTION

Consider the major activities or responsibilities of the position (usually 3 to 5 of them). Describe each of them, by a phrase, at the top of each box. Estimate (to the nearest 5%) the percentage of time you spend on each. If you have fluctuations in the level or work activities, consider your work over a one year period. Then describe each activity using details or examples.

Activity A: _____ (_____ %)

Activity B: _____ (_____ %)

Activity C: _____ (_____ %)

Activity D: _____ (_____ %)

Activity E: _____ (_____ %)

2. EDUCATION AND SPECIFIC TRAINING

(a) What, in your opinion, should be the **minimum** schooling or formal training for a new person being hired into this job?

(b) Is any Provincial or other vocational or professional certification or degree: _____

Mandatory
Preferred

Please Specify: _____

(c) What special skills or training are needed to perform job?

3. EXPERIENCE

What, in your opinion, would be the minimum concentrated "on-the-job" learning time required for a new person (with education as you specified in 2) to achieve competence on this job? (Relevant experience may be gained on this and/or preceding jobs.)

About: 1 month 3 months 6 months 1 year 2 years
3 years 5 years 7 years 10 years More

4. INITIATIVE (INDEPENDENCE OF ACTION)

a) List the decisions you make or duties you perform without going to Ken.

1. _____
2. _____
3. _____

b) List the decisions on which you seek Ken's approval.

1. _____
2. _____
3. _____

(c) What guidelines, procedures, manuals, etc. are available to guide your decision-making and actions?

5. RESULT OF ERRORS

Describe 2 typical major errors that could **reasonably** be made in your job, even with due care.

Indicate the worst consequences e.g. waste, delays, time lost, money lost, injury, damage, effect on people.

- 1. _____
- 2. _____

6. WORKING WITH OTHERS

With who are you required to work in doing your job? Use titles. How do you work with people (in Person; Telephone; Writing)?

	People Contacted	How Often	Purpose	How
Within Organization				
Outside Organization				

7. RESOURCE ACCOUNTABILITY

Identify any financial responsibilities (and amounts) your job involves i.e., accountability for: expenses and revenues.

- Revenue \$ _____
- Expenses \$ _____
- Other (specify) \$ _____

8. PHYSICAL, MENTAL AND VISUAL DEMANDS

Enter estimated percentage in appropriate box.

Explain any condition that applies to your job	Percentage of Total Work Time				
	0-5%	5-20%	20-40%	40-70%	Over 70%
May experience some physical or mental demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense visual/listening concentration--may involve frequent interruptions or a high degree of mental stress e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting, carrying climbing, standing e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. WORKING CONDITIONS

(a) Explain any unpleasant environmental aspects of this position, e.g. heat, cold, odors, noise, deadlines, work interruptions, outside work, infection danger.

- Minor disadvantages _____
- Major unpleasant aspects _____

(b) What is your scheduled workweek? _____ hrs.
Other unusual hours? On call? _____

(c) Overnight travel: % time away? _____ (%)
Driving vehicle during work: % time? _____ (%)