



ROWAN COUNTY
POSITION DESCRIPTION QUESTIONNAIRE (PDQ)
(TO BE COMPLETED BY SUPERVISOR OR DIRECTOR)

Position Title: _____ Date Submitted _____
 Department _____ Supervisor's _____
 Supervisor's Name _____ Title _____
 Supervisor Signature _____ Date _____
 Director Signature _____ Date _____

New or Existing Position: New Existing
POSITION SUMMARY: Basic purpose statement – "why" this position should exist.

ESSENTIAL POSITION FUNCTIONS: List the basic job functions that the employee must be able to perform, with or without reasonable accomodation. A function is essential if **the purpose of the job is to perform it**. These may be the duties the employee will spend the **majority** of their time performing. **"Other Duties" will be listed in next section.)**

1.	%of time
2.	%of time
3.	%of time
4.	%of time
5.	%of time

OTHER POSTION FUNCTIONS: List the other job duties. These duties do not occupy the majority of the positions time. The purpose of the job is not to perform these job duties; however they will be assigned to the position.

6.	%of time
7.	%of time
8.	%of time
9.	%of time
10.	%of time
11.	%of time

Total = 100% of time

REQUIRED QUALIFICATIONS: Specify required minimum equivalency for education, experience, skills and abilities.

Minimum Education Requirements

High School Diploma or GED

Training 6 months to 1 year, technical trade – no degree

Associate’s Degree in

Bachelor’s Degree in

Master's Degree in

Other Combination (explain)

Certifications (list)

Minimum Related Experience

Requiremnts

Less than 6 months

1 year

2 years

3 years

4 years

5 years

6+ years

OTHER KNOWLDEGE, SKILLS AND ABILITIES REQUIRED:

ADDITIONAL INFORMATION:

Will this position be responsible for supervising other personnel? If yes, please provide direct report information below: Yes No

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Name of position title supervised:

Is this position comparable to any other County position? Explain.

Is this position comparable to any other position outside of the County? Explain and attach job description.

PHYSICAL REQUIREMENTS AND WORKING CONDITIONS: Check applicable level after considering reasonable accommodations.

<input type="checkbox"/> Lifting lbs.	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Carrying lbs.	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Bending	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Twisting	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Climbing	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Crawling	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Pushing	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Stooping	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Reaching overhead	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Standing % of time	<input type="checkbox"/> Walking % of time	<input type="checkbox"/> Sitting % of time	<input type="checkbox"/> Outside % of time
<input type="checkbox"/> Shift Work:	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends and evenings
<input type="checkbox"/> Travel/Mobility:			
Between Buildings/ County	<input type="checkbox"/> Very frequently	<input type="checkbox"/> Frequently	<input type="checkbox"/> Some
<input type="checkbox"/> Humidity:	<input type="checkbox"/> Humid	<input type="checkbox"/> Dry	
<input type="checkbox"/> Temperature:	<input type="checkbox"/> Extreme cold	<input type="checkbox"/> Extreme heat	
<input type="checkbox"/> Atmosphere:	<input type="checkbox"/> Fumes	<input type="checkbox"/> Gas	<input type="checkbox"/> Odors <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Dust
<input type="checkbox"/> Special Hazards:	<input type="checkbox"/> Chemical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical <input type="checkbox"/> Explosive <input type="checkbox"/> Radiation
<input type="checkbox"/> Other Requirements:	<input type="checkbox"/> Protective clothing	<input type="checkbox"/> Special tools	<input type="checkbox"/> Licensed to drive

ADDITIONAL COMMENTS: