



Position Requirement Profile

Unified Personnel System - Pinellas County Government

Instructions: Provide answers to all requests for information. Answer all the questions. If a request does not apply to the position, mark it as "NA" for not applicable. In answering the questions consider the actual requirements of the position, not desirable requirements.

Job Classification:	
Position Control Number:	Date:
Work Site Location:	Normal daily work hours:
Division:	Normal number of days per week:
Department:	Average number of hours of overtime monthly: <input type="checkbox"/> None <input type="checkbox"/> 8-12 hours <input type="checkbox"/> 0-4 hours <input type="checkbox"/> 12-16 hours <input type="checkbox"/> 4-8 hours <input type="checkbox"/> Over 16 hours
Supervisor:	
Phone Number:	

Purpose: (Briefly describe the purpose/function of the position.)

Essential tasks (most critical): List the essential functions of this position.

Does this position have supervisory responsibility?

Yes

No

If no, continue to the section labeled non-essential duties.

If yes, how many positions are supervised? Describe the supervisory responsibilities/duties of this position.

Number supervised:

Non-essential tasks (least critical): List the non-essential functions of this position.

Stress/Non-Physical Demands

A. Select the response that best describes the demands of the position over an average work week as they relate to the essential functions of the position. Please answer all questions. Give an example for all answers other than "0%, never".

	Never 0%	Occasionally Less than 25%	Frequently 25-80%	Continuously 80-100%
1. Interact with individuals within the organization (i.e., management, coworkers, subordinates, other department personnel, etc.) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the interactions ever confrontational and/or difficult? Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interact with individuals outside the organization (i.e., customers, general public, vendors, etc.) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the interactions ever confrontational and/or difficult? Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Must meet deadlines Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Responsible for high volume work Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Make immediate decisions Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Respond to emergency and/or crisis Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Depends on assistance of and cooperation with coworkers Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Must speak in front of a group Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Tasks performed in accordance with specified instructions and/or detailed guidelines Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tasks performed according to broad directions Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never 0%	Occasionally Less than 25%	Frequently 25-80%	Continuously 80-100%
11. Perform a few tasks or a series of related tasks within a moderate period of time Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Perform a variety of complex tasks within a moderate period of time Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Compose original documents Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Comprehend and remember information presented verbally Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Comprehend and remember information presented in writing Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Perform difficult, complex work which may include research, analysis, recommendation formulation, composition and/or presentation Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reading: Indicate the reading level(s) and frequency required by this position. If reading level frequency is not "0%, never", briefly describe the types of materials which must be read.				
1. Simple (examples: labels, gauges and dials, simple instructions, information on completed forms, simple sentences, etc.) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Moderate (examples: operating procedures, paragraphs, detailed instructions, letters, reports, etc.) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complex (examples: technical and professional reports, journals, federal and state laws, regulations, etc.) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Conditions

A. Please answer the following questions. After you have read all the possible responses, choose the response that best describes the work condition(s). Do not leave any item unanswered.

	Never 0%	Occasional Less than 25%	Moderate 25-80%	Great 80-100%
1. Inside protected from weather, exclude motor vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Outside (exposed to weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wetness - contact with water (does not include rain) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Slippery walking surface Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bodily injury (risk of lacerations, burns, bites, sprains, fractures, amputations) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Close proximity to co-workers (less than 3 feet) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Confined spaces and/or cramped bodily conditions Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heights (ladders, platforms, etc. over 3 feet) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. What category of equipment is operated to perform the essential duties of the job? Please check all that apply.

<input type="checkbox"/> 1. Office equipment (computer, copiers, phone, etc.)
<input type="checkbox"/> 2. Non powered hand tools (pliers, machete, hammer, screwdrivers, etc.)
<input type="checkbox"/> 3. Portable power tools (drills, sanders, etc.)
<input type="checkbox"/> 4. Large handheld power tools (electric saw, etc.)
<input type="checkbox"/> 5. Jackhammer or taper
<input type="checkbox"/> 6. Fixed power machinery (radial saw, brake grinder, etc.)
<input type="checkbox"/> 7. Automotive equipment other than car or van (tractor, backhoe, etc.)
<input type="checkbox"/> 8. Other: specify unique or technical equipment
<input type="checkbox"/> a.
<input type="checkbox"/> b.

C. List protective equipment required to be worn while performing the job (for example: safety shoes, back belts, ear plugs, etc.) and indicate the frequency with which the equipment must be worn.

Note: Continuous = more than 5 hours a day
 Frequently = more than 10 hours a week or more than 40 hours a month;
 Occasional = less than 40 hours per month
 Seasonal = on a continuous bases for 2 or more months a year but not year round.

	Occasional	Frequently	Continuous	Seasonal
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. How would you rate the amount of work place exposure to the following? (Answer all questions. If exposure is not 0%, briefly explain/describe the exposure.)

	Never 0%	Little Less than 25%	Moderate 25-80%	Great 80-100%
1. Vibrations (arms, legs, torso) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Noise (fairly loud sound - Example: Lawnmower) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Burns (risk due to fire or chemical) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Non-ionizing radiation (welding flashes, sunburn) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dust - fine particles of earth or matter (exclude asbestos or silica) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Silica or asbestos dust Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Allergens (insects, pollen, poison oak, animal hair) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Toxic conditions (fumes, liquids, gases, hazardous materials) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chemical irritants (eyes, lungs, skin) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Oil or grease (use of) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Odors (come in contact with noxious air) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Explosives (work with or near material which under certain conditions is apt to explode) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Electrical hazard (contact with uninsulated or unshielded electrical equipment) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ionizing radiation (X-rays, radioactive isotopes) Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Machinery with moving parts Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Other (please specify) a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:				

Physical Demands

A. In the course of a normal workday (as related to the essential duties of the position) the number of total working hours the employee is required to: (Please circle the correct number of hours.)

1.	Sit	1	2	3	4	5	6	7	8	9	10
2.	Stand	1	2	3	4	5	6	7	8	9	10
3.	Walk	1	2	3	4	5	6	7	8	9	10
4.	Drive	1	2	3	4	5	6	7	8	9	10

B. On the job the employee must daily:

		Never	Less than 2 hours	2-4½ hours	4½ hours or greater
1.	Bend/stoop (from the waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Balance/equilibrium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Squat (knees & hips flexed, back straight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Crouch (knees & hips flexed; back, shoulders & neck bent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Twist/turn from the waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Speech

		Occasionally 0-20%	Frequently 20-75%	Continuous 75-100%
1.	Requires speaking on the phone Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Requires face to face conversation with the public Explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Lifting: during the course of a normal work day this employee must **LIFT**:

1.	Usual amount: _____ pounds Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Maximum amount: _____ pounds Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Carrying: During work this employee must **CARRY**:

1.	Usual amount: _____ pounds Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Maximum amount: _____ pounds Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Over a usual distance of _____ feet Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Over a maximum distance of _____ feet Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. On the job the employee uses his/her feet for frequent repetitive movements (excludes walking) as in operating a clutch or foot controls.

Right Foot	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Example:
------------	--------------------------	-----	--------------------------	----	----------

Left Foot	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Example:
-----------	--------------------------	-----	--------------------------	----	----------

G. On the job the employee uses his/her hands for frequent repetitive actions such as:

	Simple Grasping (Holding a pencil)	Firm Grasping (Using hammer or saw)	Fine Manipulation (Typing, drafting, intricate writing)	Example:
--	---------------------------------------	--	--	----------

Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
------------	--------------------------	--------------------------	--------------------------	--

Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
-----------	--------------------------	--------------------------	--------------------------	--

Section H and I deal with vision and hearing as they relate to the essential job duties of the position. Please consider how important or critical the ability is.

	Not at all	Somewhat	Very
--	------------	----------	------

H. Vision

1. Near (working with fine or small objects at near distances) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

2. Far (ability to see objects or surroundings at far distances) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

3. Color (identifies colors and/or determines how bright or pure the color is) Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

I. Hearing

1. In quiet surroundings Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	--------------------------	--------------------------	--------------------------

2. In noisy surroundings Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	--------------------------	--------------------------	--------------------------

3. Ability to tell where sound is coming from Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

4. Ability to identify sound Example:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

--	--	--	--

Supervisor's Signature	Date
------------------------	------

