## **Job Description Questionnaire**

The purpose of the Job Description Questionnaire (JDQ) is to provide the information necessary to evaluate jobs for salary placement, classify jobs for various legal requirements, and to compile appropriate job descriptions.

Please read this JDQ carefully before answering any of the questions and then complete it as accurately, completely, and briefly as possible. While it is not necessary to describe each duty in great detail, it is important to provide sufficient information so the job can be accurately evaluated and classified. Keep in mind that the purpose of the JDQ is to collect information about the job and is not designed to evaluate employee performance.

Consider the typical responsibilities of the job; even those that might only occur cyclically (e.g. annually, quarterly, etc.). The responses should be based on duties and responsibilities that are part of the job under typical conditions, not special projects or temporary assignments. Further, unless specifically directed by management, describe the job as it is today, not as you believe it should be or what it might be in the future.

SECTION 1	DEMOGRAPHIC INFORMATION		
Employee Name	Mellena Hoppe	Employer Name	City of West Allis
Job Title	Clerk II	Work Location	City Hall
Department	Community Development	Division	Housing
Full-Time / Part-Time	Full Time	Part-Time (Hrs per Wk)	
Supervisor Name	Patrick Schloss/Kristi Johnson	Supervisor Title	Community Development Manager/Housing Supervisor

Identify the essential duties / responsibilities of your job, which should be the most important aspects of the job. This section is focused on WHAT is done rather than HOW it is done. Use wording that will provide as clear an understanding as possible for someone not familiar with your work. Avoid terminology or acronyms that are not widely known outside of your line of work. Please list those duties that you feel are most important at the top of the list, and list the estimated percentage of the total annual time that each item takes. (Remember, as a rule-of-thumb, that 10% equates to roughly 200 hours of a work year.) To the extent possible, try to identify those duties and responsibilities that account for as close to 100% of your work time as possible. While catch-all categories are acceptable (e.g. misc. duties, other duties as assigned, etc.), those sections will likely NOT be evaluated.

Frequency Codes: Daily [D] / Weekly [W] / Bi-Weekly (B) / Monthly [M] / Quarterly [Q] / Annually [A] / As Needed [N]

Primary Duties	Frequency	% of Annual Total Time
Furnish information in person to office visitors at the counter and via telephone	D	20
Receive and process applications for various department programs	D	5
Schedule appointments for briefing and inspections for Sec. 8 Housing Choice Voucher Program and Rehab Program	D	10
Receive and classify correspondence for electronic filing in Happy Software	D	9
Waitlist management – review eligibility and manage usernames and passwords	W	3
Enter work orders and contractor payments in HTE	W	3
Create forms	N	1
Receive payments and issue receipts for repayment agreements	W	1
Maintain department website	W	1
Assist tenants at Beloit Road Senior Apartments with their recertifications (102 units)	В	3
Record and transcribe meeting minutes for the Resident Advisory Board and Fair Housing Board	A	1
Organize Poster Contest for Fair Housing	A	5
Process background checks	M/N	3
Assist participants with recertification	D	25
Assist particpants, landlords and applicants with internet	D	7
Order office supplies	M	2
Sec 8 Housing Choice Voucher open enrollment process and preparation	N	1

### Section 3 Tools and Technology

Identify any software, technology, equipment or machinery utilized on a regular basis in order to perform the functions of the job:

Microsoft Office Suite, Happy Software, CDM, HTE, PC, fax machine, adding machine, copier, label maker, internet, phone and scanner.

# SECTION 4 JUDGMENTS / DECISION-MAKING

Identify at least five of the most typical judgments/decisions that you make in performing your job as well as the solutions to these problems. Please also describe the resource, input or guidance others provide in arriving at your decision and who reviews, if anyone.

Typical Problems/Challenges	Possible Solution(s) to Problem/Challenge	Resources Available and/or Used	Job Title of Who Reviews
Review applicants/verifications for completeness and accuracy	Written policy	Housing Specialists/HUD Website	Housing Specialist/Housing Program Coordinator/Supervisor
Scheduling/rescheduling inspections	A set schedule of appointment times	Outlook	Rehab Specialist/Housing Program Coordinator/Supervisor
Verify income/assets	Verify against HUD's established limits	HUD/co-workers	Housing Program Coordinator/Housing Specialist/Rehab Specialist/Supervisor
Several tasks to complete at the same time	Prioritize tasks	Supervisor/Manager	Supervisor/Manager
Participant usernames/passwords	Verify PII and reset giving written username and password to participant	Happy Website	Supervisor/Manager

## SECTION 5 WORKING RELATIONSHIPS / INTERACTIONS / CONTACTS

Please identify your typical work relationships with other persons inside or outside of your own organization.

Title of Individuals With Whom You Typically Interact Describe the Interaction		Why Was It Necessary?		
Supervisor/Manager	Meetings and receive work assignments	Policy questions, meetings, fair housing poster contest and		



		open enrollment
Housing Specialist	Receive tasks, and discuss verifications necessary	To ensure accuracy of verifications and data input
Rehabilitation	Provide administrative support	To assist rehab specialist with loan application/closing
Specialist	11	process
Participants	Assist participants in person and via phone with	Required of participants at least once a year.
1 articipants	recertification online and receive verifications	Required of participants at least office a year.
Landlords	Discuss process of lease up/and direct deposit process,	To get the landlords proper payments on time
Landiolds	problems with rent payments	To get the fandiords proper payments on time
Caseworkers	Discuss their participants and what they need to	Recertification is required yearly.
Caseworkers	complete recertifications/lease ups	Receitification is required yearry.

# SECTION 6 SUPERVISION / MANAGEMENT

Please indicate the type of responsibility you have as it pertains to leading others.

Area of Action / Responsibility	Yes	No	Provides Input
Screen / Interview Applicants		x	_
Hire / Promote Employees		x	
Provide Written/Verbal Warnings		X	
Suspend Employees		x	
Terminate Employees		x	
Prepare Work Schedules For Others		x	
Project Management		x	
Provide Work Direction For Others		x	
Evaluate Performance Of Others		x	
Counsel Employees		x	
Train Employees (As Part Of The Normal Duties Of The Job)		x	
Approve Overtime		x	
Approve Time Off Request For Others		x	
Develop / Implement Policies		X	

Do you <u>directly</u> supervise any employees?  If yes, please list the number of FTEs and job titles of those employees below:	x
Job Title	# of FTEs

#### WORK ENVIRONMENT / PHYSICAL REQUIREMENTS **SECTION 7** Please indicate the amount of time typically spent in the following categories. [Place an "X" in the appropriate cells] **Physical Requirements** N/A Occasionally Frequently Rarely Carrying/Lifting 10 - 40 Pounds $\mathbf{x}$ Carrying/Lifting > 40 Pounds $\mathbf{X}$ Sitting Standing / Walking / Climbing $\mathbf{X}$ Squatting/Crouching/Kneeling/Bending $\mathbf{X}$ Pushing / Pulling / Reaching Above Shoulder $\mathbf{X}$ Work Environment N/A Rarely Occasionally Frequently **Indoor/Office Work Environment** Noise >85dB (e.g. mower, heavy traffic, milling machine, etc.) $\mathbf{X}$ Extreme Hot/Cold Temperatures (>90 degrees / <40 degrees) $\mathbf{X}$ **Outdoor Weather Conditions** $\mathbf{X}$ Hazardous Fumes or Odors / Toxic Chemicals X Confined Spaces (as identified by OSHA) $\mathbf{X}$ Close Proximity to Moving Machinery / Equipment X **Bodily Fluids / Communicable Diseases** $\mathbf{X}$

Working Alongside Moving Traffic on Roads	X		
Electrical Hazards	X		

SECTION 8	ADDITIONAL EMPLOYEE COMMENTS
Please identify any other information that would help someone else unders	tand your job more clearly:

# To Be Completed By The Employee's Supervisor

SECTION 9			SUPERVISOR INFORMATION
Supervisor Name	Patrick Schloss/Kristi Johnson	Supervisor Title	Community Development Manager/Community Development Supervisor

SECTION 10	EDUCATION REQUIRED FOR HIRE
Level of Education (Select one with an "X")	Field(s) of Study
Less than High School Education	n/a
High School Education (or Equivalent)	X
One Year Certificate (or Equivalent)	
Associate's Degree (or Equivalent)	
Bachelor's Degree	
Master's Degree	
Professional Degree (Law, Medicine, etc.)	
PhD w/ Dissertation	
Other:	
Provide Any Additional Information Regarding the Required Ed	ducation (e.g. preferred vs. required, specific coursework, etc.):

SECTION 11					TOTAL EXPER	IENCE REQUIRI	ED UPON HIRE		
	[Place an "X" in the appropriate cells]								
No Experience	< 2 yr.	2 to 3 yrs.	4 to 5 yrs.	6 to 7 yrs.	8 to 9 yrs.	10 to 11 yrs.	≥ 12 yrs.		
X									
Describe Specific Ex	roceioneo Poquies	od for Wiring (o.g. 5	Describe Specific Experience Required for Hiring (e.g. 5 total years of customer service experience 2 of which were in a supervisory capacity):						

Describe Specific Experience Required for Hiring (e.g. 5 total years of customer service experience 2 of which were in a supervisory capacity):

High school graduate/equivalent preferably in a commercial course; at least two (2) years of recent paid business office work experience, preferably varied in nature; ability to type at a reasonable rate of speed in accordance with the special needs of the department; customer service experience preferred.

SECTION 12	CERTIFICATION / LICENSURE / TRAINING TO PERFORM JOB		
List Required Certification/Licensure/Training	How Attained/Provided	Required Upon Hire?	May Obtain After Hire?
CDBG/Software/Federal Program Training	HUD -CDBG	No	Yes
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Describe any current practices as it relates to licensure or certification (e.g. extra pay for certification, employer payment for obtaining or renewing, etc.):

SECTION 13	SUPERVISOR'S COMMENTS / CORRECTIONS / ADDITIONS
In lieu of altering an e	employee's JDQ, please provide any corrections, clarifications, or additional information in the space provided below.
JDQ Section	Comment / Clarification / Addition

# TO BE COMPLETED BY ADMINISTRATIVE DESIGNEE

SECTION 14		SUPERVISOR INFORMATION		
Administrative Designee Name	John Stibal	Administrative Designee Title	Director, Department of Development	

SECTION 15	ADMINISTRATIVE COMMENTS / CORRECTIONS / ADDITIONS
In lieu of altering an en	mployee's JDQ, please provide any corrections, clarifications, or additional information in the space provided below.
JDQ Section	Comment / Clarification / Addition
	No comments.

(Revised 04/2016)