



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 Postion: **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 POSITION 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 Requirements

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:

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	<input type="checkbox"/> % of time	<input type="checkbox"/> Sitting	<input type="checkbox"/> % of time	<input type="checkbox"/> Outside	<input type="checkbox"/> % 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: