



## MILWAUKEE COUNTY JOB EVALUATION QUESTIONNAIRE

This form is designed to assist you in describing your departmental job. You are asked to fill this form out to outline the essential duties and responsibilities; and identify the knowledge, skills and abilities required to successfully perform the job. This form is used to request new job classifications, review current classifications, reclassification, reallocations, and general updates to the job description. **Note:** It is the job that is being evaluated, not the position/incumbent. Thank you for your cooperation.

**GENERAL INSTRUCTIONS:**

1. Before beginning, please look over the entire questionnaire. Each question should be answered completely and accurately. If a question does not apply to this job, please indicate "N/A" (Not Applicable).
2. To complete the questionnaire, please type and/or select your responses.
3. If you wish to make additional comments, please use the space available in the "Additional Comments" section on page 6 of this questionnaire.

**A. JOB IDENTIFICATION INFORMATION:**

<b>Department (High Org):</b>	5300	<b>Division (Low Org):</b>	5300
<b>Contact for this Study</b>	Name: Daniel Goeden	Email: DANIEL.GOEDEN@MILWCNTY.COM	
	Title: Fleet Director	Phone: (414) 257-6585	
<b>Current Job Title:</b>	Fleet Services Coordinator		
<b>Job Reports To:</b>	Title: Fleet Director		
<b>Request Type:</b>	<input type="checkbox"/> Establish New <input type="checkbox"/> Review <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description <input checked="" type="checkbox"/> Other, Specify Create		

**B. JUSTIFICATION STATEMENT:**

<b>1. Attach an organizational chart.</b>	
<b>2. Explain the events or changes that made this request necessary.</b>	
In 2010 budget, the Fleet Services Coordinator was abolished. With the recent retirement of the Administrative Specialist Fleet and the increased workload, there is need for a position with specialized knowledge in Fleet and Public Works administration. At this current time there is more of a need to recreate the Fleet Services Coordinator than a need to the vacant specialized clerical position.	

**C. ABOUT THE JOB:**

<b>Job Status:</b>	<input checked="" type="checkbox"/> Regular Full-Time	<input type="checkbox"/> Regular Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Contract
<b>Shift:</b>	<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Other:
<b>Hours Per Week:</b>	<input checked="" type="checkbox"/> >40 Hours	<input type="checkbox"/> 32-40 Hours	<input type="checkbox"/> 20-32 Hours	<input type="checkbox"/> <20 Hours
<b>Travel:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, % Travel			
<b>Will This Job Supervise/Manage?</b>	<input checked="" type="checkbox"/> Supervise <input checked="" type="checkbox"/> Manage		<input type="checkbox"/> N/A	<b># of Direct Reports:</b> 30

**D. JOB SUMMARY:**

<b>Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing <i>What</i> the job is, <i>What</i> is its major objective, and <i>Why</i> does it exist.</b>	
Under direction of the Director of Fleet Maintenance, to assist in the management and direction of all areas of fleet management, which include research and develop specifications for the purchase of all fleet vehicles and equipment, assist in overseeing the day to day operations for both service locations, oversee the stockroom, and review accounts payables and credit card usage.	

**E. ESSENTIAL DUTIES/RESPONSIBILITIES:**

**JOB RESPONSIBILITY LIST:** Please describe the major elements of the job. List only the major functions, separately, in order of importance. Provide a one or two line description for each duty so that it can be understood by someone not familiar with this kind of work. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest 5%). We do not need to know HOW the function is to be performed, but rather, WHAT it is to be performed. **Percentages should add up to 100%**

1.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Daily operations	% of Time: 40
	<i>Descriptive:</i> Discuss workloads, spring and winter prep of equipment, and emergency situations regarding the daily repairs and maintenance of fleet equipment.		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Vehicle replacement program	% of Time: 10
	<i>Descriptive:</i> Assisit in identifying vehicles for the replacement program along with working with user departments to identify equipment needs.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Accounts payables	% of Time: 10
	<i>Descriptive:</i> Review policies and procedures to ensure proper procedures are followed with regards to the daily purchases made by the stockroom.		
4.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Operating & Capital budget	% of Time: 15
	<i>Descriptive:</i> Assist in the development and management of Fleets capital and operating budget.		
5.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Specifications for vehicles	% of Time: 15
	<i>Descriptive:</i> Develop and write specifications for the purchase of new equipment as needed by fleet management and all Milwaukee County user departments.		
6.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: To fill in during absence of the Fleet Director.	% of Time: 10
	<i>Descriptive:</i>		
7.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
8.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
9.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
10.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		

**F. EQUIPMENT, TOOLS & MATERIALS**

Please list all equipment, tools or materials required to perform the job along with the frequency.	Frequency			Type of Equipment
	Daily	Weekly	Monthly	
1. Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)				None
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	X			PC
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**G. JOB COMPETENCIES**

**Internal Contacts:** Please select all that apply.

<input checked="" type="checkbox"/>	Contact with employees or others primarily at a routine level involving basic information exchange.
<input checked="" type="checkbox"/>	Contact with peers and others involving explanation of information (these contacts may be within or outside department or division), and the gathering of factual information. May include the communication of sensitive or confidential information.
<input checked="" type="checkbox"/>	Contact across departments or divisions with employees involving persuasion of others, absent formal authority, to conform to a policy interpretation or recommended course of action.
<input type="checkbox"/>	Contact that requires a high degree of authority in securing understanding and cooperation of multiple departments or interests.

**External Contacts:** Please select all that apply.

<input type="checkbox"/>	No contact with people outside the organization.
<input type="checkbox"/>	Limited external contact to: gather information, answer queries, or ask assistance.
<input checked="" type="checkbox"/>	Frequent external contact to: gather information, answer queries, or ask assistance.
<input checked="" type="checkbox"/>	External contact involving a requirement to maintain a continuing external working relationship with individuals, or organizations.
<input checked="" type="checkbox"/>	External contact involving the initiation and maintenance of relationships that can have a significant effect on the success of the organization.

**Communication Skills:** Select the level of language (ability to read, write and speak needed to successfully accomplish the essential duties of the job.) Please select all that apply.

<input checked="" type="checkbox"/>	Read, write and comprehend simple instructions, short correspondence and memos.
<input checked="" type="checkbox"/>	Read and interpret safety rules, operating/maintenance instructions and procedure manuals.
<input checked="" type="checkbox"/>	Write routine reports, correspondence, and speak effectively before both internal and external groups.
<input checked="" type="checkbox"/>	Read, analyze, and interpret business manuals, technical procedures and/or government regulations.
<input checked="" type="checkbox"/>	Read, analyze, and interpret scientific and technical journals, financial reports and legal documents.
<input type="checkbox"/>	Prepare and/or present written communications that pertain to controversial and complex topics.

**Decision-Making:** Please select only one of the following:

<input type="checkbox"/>	Requires minimal decision-making responsibility.
<input type="checkbox"/>	Regularly makes decisions involving how a project or operation will be conducted (i.e. sequence or method), and generally from an available set of alternatives or precedents.
<input type="checkbox"/>	Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of alternatives or precedents.
<input checked="" type="checkbox"/>	Regularly makes significant decisions and final results, typically affecting the entire department. Available guides or precedents are limited. Has authority over the allocation of resources.
<input type="checkbox"/>	Significant responsibility for decisions and final results, affecting more than one department or a department with multiple units. Substantial analysis is required and many factors must be weighed before a decision can be reached.
<input type="checkbox"/>	Major responsibility for decisions and final recommendation, which may result in the formulation of strategic plans of action to achieve the broad objectives for the organization.
<input type="checkbox"/>	Primary work responsibility involves the long-range future including the scope, direction and goals of the organization.

<b>Complexity, Judgment and Problem Solving:</b> Please select all that apply.	
<input checked="" type="checkbox"/>	Work of a relatively routine nature. Requires the ability to understand and follow instructions.
<input checked="" type="checkbox"/>	Structured work, following a limited variety of standard practices.
<input checked="" type="checkbox"/>	Generally structured work, but involving a choice of action within limits of standard policy and procedures.
<input checked="" type="checkbox"/>	Generally diversified and moderately difficult work. Requires judgment in the adaptation and interpretation of established practices and procedures to meet problems and situations to which the application is not clearly defined.
<input checked="" type="checkbox"/>	Typically difficult or complex work. Generally governed by broad instructions and objectives usually involving frequently changing conditions and problems.
<input type="checkbox"/>	Work requires the ability to plan and perform work in light of new or constantly changing problems, work from broad instruction, and deal with complex factors not easily evaluated. Decisions require considerable judgment, initiative, and ingenuity in areas there is little precedent.
<input type="checkbox"/>	Work requires the ability to act independently in the formulation and administration of policies and programs for major departments or functions.

<b>Supervisory/Managerial:</b> If applicable, select the appropriate level of responsibility.	
<input type="checkbox"/>	<b>Level 1</b> General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". Functional supervision only.
<input type="checkbox"/>	<b>Level 2</b> Recommends personnel actions (hiring, termination, pay changes). Involves scheduling, supervision, and evaluation of work of employees who perform similar work assignments.
<input type="checkbox"/>	<b>Level 3</b> Scheduling, supervision, and evaluation of work as a "manager" of the first line supervisors; or perform supervision of workers who perform distinct and separate blocks of work.
<input checked="" type="checkbox"/>	<b>Level 4</b> Scheduling, supervision, and evaluation of work as a superior of "managers". Administers through subordinate managers, departmental multi-function programs or operations.
<input type="checkbox"/>	<b>Level 5</b> Scheduling, supervision, and evaluation of work as a superior of those in level 4.

<b>List the names of the Department(s)/Division(s) supervised/managed by this job:</b>	
<ul style="list-style-type: none"> <li>Fleet Management, which includes supervision of (2) Automotive and Equipment Service Supervisors and 15 Automotive and Equipment Service Technicians</li> </ul>	

Are there subordinate supervisors/managers reporting to this job?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? 17
---	---	-----------------------------	----------------------

<b>Fiscal Responsibility:</b>	
Responsible for annual operating budget for department(s)/division(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide total amount?

**- Go To Next Page -**

**H. WORKING CONDITIONS**

What are the physical, mental and environment demands for this job? Functions identified must coincide with the description of essential duties and responsibilities for this job. The functions should focus on what is to be done and the processes traditionally used to achieve end results. For each of the following functional requirements, indicate the frequency in which it occurs in this job.

<u>PHYSICAL DEMANDS</u>	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/Running	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fine Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity Repetitive Motion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>NON-PHYSICAL DEMANDS</u>	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Analysis/Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication/Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Math/Mental Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: DEVELOPING SPECS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>ENVIRONMENTAL DEMANDS</u>	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Work Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Task Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tedious/Exacting Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Danger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances (i.e. solvents, pesticides, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WORK SCHEDULE:** Please select all that apply.

- Routine shift hours. Infrequent overtime, weekend, or shift rotation.
- Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.
- Regular and/or frequent on-call availability.
- Nature of work frequently requires irregular, unpredictable or particularly long hours. (i.e. covering double shifts, etc.)

<b>DEMANDS/DEADLINES:</b> Please select all that apply.	
<input type="checkbox"/>	Little or no stress created by work, employees, or public.
<input checked="" type="checkbox"/>	Occasional stress due to deadlines or workload because of intermittent or cyclical work pressures, or occasional exposure to distressed individuals within the immediate work environment.
<input type="checkbox"/>	High volume and variable work demands and deadlines impose strain on routine basis or considerable stress intermittently; OR regular direct contacts with distressed individuals within the immediate work environment; and/or exposure to demands and pressures from persons other than immediate supervisor.
<input type="checkbox"/>	Work requires frequent, substantive contacts with people in highly stressful situations; delicacy and unpredictability of contacts routinely creates considerable strain or heavy stress regularly.

**I. EDUCATION, EXPERIENCE AND LICENSE**

<b>EDUCATION</b>	
Please indicate the MINIMUM educational level required:	
<input type="checkbox"/>	HS Diploma/GED
<input type="checkbox"/>	Associate's Degree Area of specialization/major:
<input checked="" type="checkbox"/>	Bachelor's Degree Area of specialization/major: Engineering, Business or Public Adm
<input checked="" type="checkbox"/>	Graduate Degree Area of specialization/major: Preferred Business MBA
<input type="checkbox"/>	Post Graduate Degree (PhD) Area of specialization/major:
<input type="checkbox"/>	Professional Degree (Law, Medicine, etc.) Area of specialization/major:
<input type="checkbox"/>	Other: Please indicate:

<b>WORK EXPERIENCE</b>	
Please indicate the MINIMUM number of years of practical experience required.	
<input type="checkbox"/>	No experience
<input type="checkbox"/>	Less than one year Area(s) of experience:
<input type="checkbox"/>	One to three years Area(s) of experience:
<input checked="" type="checkbox"/>	Three to five years Area(s) of experience: public works, customer service, report writing, budget prep
<input type="checkbox"/>	Five or more years Area(s) of experience:

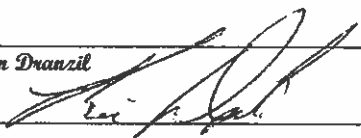
<b>SUPERVISORY/MANAGEMENT EXPERIENCE</b>	
Please indicate the MINIMUM number of years of supervisory/management experience required.	
<input type="checkbox"/>	No experience
<input type="checkbox"/>	Less than one year Area(s) of experience:
<input type="checkbox"/>	One to three years Area(s) of experience:
<input checked="" type="checkbox"/>	Three to five years Area(s) of experience: Supervisory experience, MBA will substitute
<input type="checkbox"/>	Five or more years Area(s) of experience:

<b>LICENSE/CERTIFICATION:</b>
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:
Wisconsin Drivers license

**J. ADDITIONAL COMMENTS**

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the job.
•

**K. SIGNATURES:**

<b>SUPERVISOR'S/MANAGER'S CONFIRMATION:</b> I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy.	
Supervisor/Manager Signature: <i>Daniel Goeden</i>	Date: 08/06/13
Department/Division Head Signature: <i>Brian Dranzil</i> 	Date: 08/06/13

Email the completed form to: [HRCompensation@milwcnty.com](mailto:HRCompensation@milwcnty.com). Please ensure the subject line includes the request type and Department (High Org.) number. (I.e. 2013 STUDY 1140)

Received by Human Resources - Compensation Department  
Analyzed by Human Resources - Compensation Department

Initials:  
Initials:

Date:  
Date: