

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).
- To complete the questionnaire, please type and/or select your responses.
- 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 INF	FORMATION					
Department (High Org):	480	Division (Low Org):	4845			
	Name: Dan Pojar	Email: DAN.POJAR@MI	LWAUKEECOUNTYWI.GOV			
Contact for this Study	Title: Education and QA Manager	Phone: 374-3837				
Current Job Title:	EMS Supervisor	Current Job Code: 00011276				
Health Screen Level:		Background Check Le	vel:			
Job Reports To:	Title: Education and QA Manager					
	☐ Establish New ☐ Review ☐ Reclassification ☐ Reallocation ☐ Update Description					
Request Type:	Other, Specify					
B. JUSTIFICATION STATEMENT						
1. Attach an organizatio						
	changes that made this request necessary.					
	ogram has grown in scope over the past three year					
demand with the opening of	of the Fiserv Forum. To manage the increased work	kload, an additional EMS S	Supervis	or position is required.		
C. ADOLIT THE LOD						

ABOUT THE JOB

Job Status:	Regular Full-Time	Regular Part-T	ime	\boxtimes	Seasonal	Contract	
Shift:	□ Day			\boxtimes	Night	Other:	
Hours Per Week:	>40 Hours	32-40 Hours		\boxtimes	20-32 Hours	<20 Hours	
Travel:	☐ Yes ☑ No If Yes, % Travel						
Will This Job Supervise/Manage? Supervise				# of	Direct Reports: 20	□ N/A	
Fiscal Responsibility: Responsible for annual operating budget for			Yes No If yes, please provide total amount?				
department(s)/division(s)?					140 11 yes, piedse provid	ac total amount.	

D. JOB SUMMARY:

Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing What the job is, What its major objective is, and Why does it exist. Schedules, manages, and supervises hourly EMS staff / paramedics who provide medical care at contracted community events. On-site coordination and supervision of on scene EMS operations at Special Event locations

E. ESSENTIAL DUTIES/RESPONSIBILITES:

a one	ESPONSIBILITY LIST: Please describe the major elements of the job. List only the major functions, separately, in order of importa or two line descriptive statement for each duty so that someone not familiar with this kind of work can understand it. Weight the ntage of allocated work time for each functional work activity (Round to the nearest 10%). We do not need to know HOW the fun	approximate
perfor	med, but rather, WHAT it is to be performed. Percentages should add up to 100%	
	☐ Original ☑ New Job Duty: Coordinate and supervise Special Event EMS Operations	% of Time: 40
1.	Descriptive: Meet with contracted community events operations staff to address staffing needs and develop the EMS operations for special events. Provide on scene coordination and supervision of EMS services during special events as required following ICS structure	ional plan
	☐ Original ☐ New	% of Time: 15
2.	Descriptive: Schedule & manage required staffing at special events.	
	Original New Job Duty: Quality Assurance review of electronic Patient Care Records	% of Time:
3.	Descriptive: Review 100% of charts in accordance with the QA review workflow. Report any issues through the CQIP process	
	☐ Original ☐ New ☐ Dob Duty: Manage medical supply inventory	% of Time: 10
4.	Descriptive: Manage medical supplies for contracted events. Submit orders in a timely manner through the appropriater ord and maintain accountability of supply status.	ering system
	☐ Original ☐ New ☐ Duty: Paramedic	% of Time:
5.	Descriptive: When necessary, function as an ALS provider in accordance with local practice and clinical guidelines.	
	☐ Original ☑ New Job Duty: Attend/Lead Leadership Meetings	% of Time: 5
6.	Descriptive: Actively particiapte in and hold meetings to keep crews well informed. Coordinate with Education Manager to he training for staff	old periodic
	☐ Original ☐ New Job Duty: Other Duties as Assigned	% of Time:
7.	Descriptive: Projects/needs determined by the manager.	
	☐ Original ☐ New Job Duty:	% of Time:
8.	Descriptive:	
	☐ Original ☐ New Job Duty:	% of Time:
9.	Descriptive:	
	☐ Original ☐ New Job Duty:	% of Time:
10.	Descriptive:	

F. EQUIPMENT, TOOLS & MATERIALS, PERSONAL COMPUTERS, SOFTWARE Please list all equipment, tools or materials required to Frequency **Type of Equipment** perform the job along with the frequency. **Daily** Weekly Monthly Χ Cardiac Monitor EMS Equipment 1. Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc) Χ Desktop PC, Tablet, Radios, Cell Phone 2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.) List License Types: Valid Driver's License (Required) Yes No 3. Driving required? List License Types: (Preferred) ☐ Yes ⊠ No 4. Personal vehicle required? 5. Please list all <u>Technology</u>, <u>Systems and Software Knowledge</u> required to perform the job: Basic Intermediate Advanced \boxtimes Knowledge of all related computer and software applications, such as word processing and spreadsheets. Other: Other: G

			Other:
. JOB CO	MPETENCIES		
<u>Interna</u>	I/External Contacts	s: Please sele	ct all that apply.
⊠ E	xchange of basic in	formation wit	h internal and/or external contacts.
N I	/laintain sensitive o	r confidential	information.
	xplain and gather i	nformation, a	nswer queries, or provide assistance to internal and/or external contacts.
⊠ F	ersuade, conform o	or recommend	course of action with internal and/or external contacts.
F	erform with a high	degree of aut	hority in securing understanding and cooperation with internal and/or external contacts.
N N	/laintain a continuir	ng working rel	ationship that can have a significant effect on the success of the organization.
job.) P	unication Skills: Se ease select all that		of language (ability to read, write and speak needed to successfully accomplish the essential duties of the
	lead, write and com	nprehend simp	ole instructions, reports, short correspondence and memos.
	peak effectively be	fore both inte	rnal and/or external groups.
IXII	•	-	y rules, operating/maintenance instructions and procedure manuals, scientific/technical journals and
k	rocedures, governr	ment regulation	ns, financial and legal documents.
⊠ F	repare and/or pres	ent written co	ommunications that pertain to controversial and complex topics.
Decisio	n-Making: Please s	select only one	e of the following:
	Nakes minimal deci	sion-making r	esponsibility.
N I	Nakes decisions of r	responsibility i	nvolving evaluation of information; decisions may require development or application of alternatives or
□ F	recedents.		
	Nakes decisions of r	responsibility	and final results that affect more than one department or a department with multiple units; substantial
L a	nalysis is required a	and many fact	ors must be weighed before a decision can be reached.
	Nakes decisions of r	responsibility	and final recommendations, which may result in the formulation of strategic plans of action to achieve the
□ t	road objectives for	the organizat	ion; involves long-range future planning including scope, direction and goals.

Complexity, Judgment and Problem Solving: Pleas	e select all that	apply.				
Understand and follow instructions.						
Execute decisions within limits of standard po	olicy and proce	dures.				
Interpret and adapt to established practices a	and procedures	using independent j	udgment to meet si	tuations to which app	lications are not	
clearly defined.	11.1					
Perform within difficult or complex working of and ingenuity in areas there is little preceder		tuations not easily ev	/aluated; decisions r	equire considerable ju	idgment, initiative	
Act independently in the formulation and ad		nolicies and program	ns for major denartn	nents or functions		
7.6c independently in the formulation and da		policies and program	is for major acparen	nertis of functions.		
H. WORKING CONDITIONS						
What are the physical, mental and environment demands for this job? Functions identified must coincide with the descriptive statement of						
essential duties and responsibilities for this job. Th					y used to achieve	
end results. For each of the following functional re	quirements, inc	dicate the frequency	in which it occurs in	this job.		
PHYSICAL DEMANDS	N/A	Seldom	Occasional	Frequent	Always	
		(<25%)	(25% - 50%)	(50% - 75%)	(>75%)	
Standing					\boxtimes	
Walking/Running					\boxtimes	
Sitting					\boxtimes	
Reaching						
Climbing			\square			
Driving			\boxtimes			
Bending/Kneeling				\boxtimes		
Hearing						
Talking						
Visual					\boxtimes	
Typing						
Writing						
Fine Dexterity						
Manual Dexterity						
Upper Extremity Repetitive Motion						
Lifting/Carrying (lbs.) up to 05 up	to 10	up to 15 up t	to 20 up to 2	25 up to 30	☑ up to 50	
Pushing/Pulling (lbs.) up to 05 up	to 10	up to 15 up t	to 20 up to 2	25 up to 30	□ up to 50	
			_	_		
NON-PHYSICAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)	
Analysis/Reasoning					\boxtimes	
Communication/Interpretation					\boxtimes	
Math/Mental Computation					\boxtimes	
Reading					\boxtimes	
Sustained Mental Activity (i.e. auditing, problem	П	П	П	П	\boxtimes	
solving, grant writing, composing reports)] [] [
Other:						

	ENVIRONMENTA	AL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Wor	k Independently						\boxtimes
Task	Changes						
Tedi	ous/Exacting Work						
High	Volume Public Contac	t					
Dust						\boxtimes	
Tem	perature Extremes				\boxtimes		
Loud	Noises					\boxtimes	
Phys	ical Danger			\boxtimes			
Toxic Substances (i.e. solvents, pesticides, etc.)			\boxtimes				
Other:							
	_						
WOF	RK SCHEDULE: Please	select all that apply.					
\boxtimes	Routine shifts hours.	. Infrequent overtime,	, weekend, or shift	rotation.			
\boxtimes	Considerable irregula	arity of hours due to f	requent overtime,	weekend or shift ro	otation.		
\boxtimes	Regular and/or frequ	uent on-call availabilit	y; nature of work f	requently requires i	irregular, unpredicta	ble or particularly lon	g hours.
DEM	IANDS/DEADLINES: PI	lease select all that ap	ply.				
		eated by work, emplo					
		cal work pressures wit					
	_	riable work demands a		•	routine basis; freque	ent direct contact with	n individuals or
	exposure to highly st	tressful situation, den	nands or pressures	•			
I. EDU	CATION, LICENSE, ANI	D EXPERIENCE					
	CATION						
	se indicate the MINIM	UM educational level	required:				
	HS Diploma/GED		Area of specializati	ion/maior			
	Associate's Degree Bachelor's Degree		Area of specializati				
	Graduate Degree		Area of specializati	<u> </u>			
	Post Graduate Degree		Area of specializati				
	Professional Degree (I		Area of specializati				
	Other:		Please indicate:				
	NSE/CERTIFICATION: (t license(s), certification	· ·					
	Wisconsin Paramedic			regulatory requirer	nents/training.		
	National Registry Para						
	ICS 100, 200, 700, and	·					
WOF	RK EXPERIENCE						
	se indicate the MINIM	UM number of years of	of practical experie	ence required.			
	No experience	<u>, </u>	<u> </u>	·			
	Less than one year	Area(s) of experien	ce:				
	One to three years	Area(s) of experien	се:				
	Three to five years Area(s) of experience: EMS, Paramedicine						
	Five or more years	Area(s) of experien	ce:				
		•					

JOI ERVISORI / IVIAINAGEIV	SUPERVISORY/MANAGEMENT EXPERIENCE						
Please indicate the MINIMUM number of years of supervisory/management experience required.							
No experience							
Less than one year	Area(s) of experience:						
One to three years	Area(s) of experience: Paramedic Officer						
Three to five years	Area(s) of experience:						
Five or more years	Area(s) of experience:						
·							
	: If applicable, select the appropriate level of responsibility.						
I IXII	ructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "le						
Functional supervision	on only. Recommends personnel actions (hiring, termination, pay changes, etc.) but does not independently c						
1 1 11	supervision, and evaluation of work of employees who perform similar work assignments. Conducts all aspect	s of personnel					
	ination, pay changes, etc.).						
	supervision and evaluation of work as a "manager" of the first line supervisors; or perform supervision of worl						
	d separate blocks of work. Oversees and conducts all aspects of personnel actions (hiring, termination, pay cha	nges, etc.).					
	te supervisors reporting to this job?						
_	supervision and evaluation of work as a superior of "managers". Administers through subordinate managers, or						
-	rams or operations. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes,	etc.).					
	te supervisors/managers reporting to this job?						
1 1 11	supervision, and evaluation of work as a superior of those in level 4.						
	te supervisors/managers reporting to this job?						
	sitions and/or Department(s)/Division(s) supervised/managed by this job:						
EMS Paramedic I	: Hourly						
J. ADDITIONAL COMMENTS	S						
Please list additional items	ns not covered in this questionnaire that would be helpful to the <u>Compensation Department</u> in understanding						
		this job.					
•							
		this job.					
		this job.					
		this job.					
		this job.					
Please provide additional i	I information and/or language so that <u>Employment & Staffing</u> can include it in the job announcement (Providi						
Please provide additional i Compensation Departmen							
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•							
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•							
•							
Compensation Departmen							
Compensation Departmen K. SIGNATURES	ent has approved).						
Compensation Departmen K. SIGNATURES SUPERVISOR'S/MANAGER	ent has approved).						
Compensation Departmen K. SIGNATURES SUPERVISOR'S/MANAGER I have completed and/or re	ER'S CONFIRMATION: reviewed the contents of this job evaluation questionnaire and consent to its accuracy.						
Compensation Departmen K. SIGNATURES SUPERVISOR'S/MANAGER	ER'S CONFIRMATION: reviewed the contents of this job evaluation questionnaire and consent to its accuracy.						
Compensation Departmen K. SIGNATURES SUPERVISOR'S/MANAGER I have completed and/or re Supervisor/Manager Signa	ER'S CONFIRMATION: reviewed the contents of this job evaluation questionnaire and consent to its accuracy.						

Email the completed form to: hrcompensation@milwaukeecountywi.gov. Please ensure the subject line includes the Department High Org., and (if applicable) Low Org. number, Request Type (i.e. JEQ Request, JEQ Study,) (i.e. 1140/1140 JEQ Request)