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:

- 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 INFORMATION							
Department (High Org):	480	Division (Low Org):	4845				
	Name: Dan Pojar	Email: DAN.POJAR@MILWAUKEECOUNTYWI.GOV					
Contact for this Study	Title: EMS Division Director	Phone: 414-374-3837					
Current Job Title:	Paramedic and Trainer	Current Job Code:					
Health Screen Level:		Background Check Le	vel:				
Job Reports To:	Title: EMS Captain						
Request Type:	☐ Establish New ☐ Review ☐ Reclassification ☐ Reallocation ☐ Update Description ☐ Other, Specify						
3. JUSTIFICATION STATEMENT							
1. Attach an organizational chart.							
2. Explain the events or changes that made this request necessary.							
These paramedics cover sp	ecial event venues where large crowds are anticipa	ited and medical coverage	e is nece	ssary due to crowd size and/or			
event type. We routinely cover the Fiserv Forum, Admirals Hockey, and MKE County Zoo. We are also subcontracted to other events as needed							

ABOUT THE JOB

within the county.

C. ABOUT THE JOB					
Job Status:	□⊠ Regular Full-Time	Regular Part-1	īme	Seasonal	Contract
Shift:	□ Day	Evening		⊠ Night	Other:
Hours Per Week:	X >40 Hours	32-40 Hours		20-32 Hours	<20 Hours
Travel:	Yes No If Yes, %	Travel			
Will This Job Supervise	/Manage?	Supervise	Manag	e # of Direct Reports:	⊠ N/A
<u>Fiscal Responsibility:</u> Red department(s)/division(esponsible for annual operating s)?	budget for	Ye	s 🛮 No If yes, please provid	de 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.

Operate within the Wisconsin State EMS Scope of Practice as approved within the Treatment Guidelines of Milwaukee County OEM-EMS. Providers are expected to respond promptly to requests for service, assess and provide appropriate treatment, and complete documentation of the patient encounter. Providers are expected to property train and prepare to respond to unique situations, sometimes challenging, within different venues.

E. ESSENTIAL DUTIES/RESPONSIBILITES:

a one o	or two line descriptive statement f ntage of allocated work time for ea	be the major elements of the job. List only the major functions, separately, in order of importa or each duty so that someone not familiar with this kind of work can understand it. Weight the och functional work activity (Round to the nearest 10%). We do not need to know HOW the functional occupance. Percentages should add up to 100%	approximate
	☐ Original ⊠ New Job Du	ty: Respond to requests for service.	% of Time:
1.		ond to requests for service when notified of an event requiring medical assessment and treatment of the patient care guidelines in both the emergency and non-emergency setting.	ent. Treat
	☐ Original ☑ New ☐ Job Du	ty: Accurate Documentation	% of Time: 20
2.		nent the entire patient encounter consistent with expectations of Milwaukee County OEM-EM essential to record events, provide information for CQIP, and to provide information on risk a serve.	
	Original New Job Du	ty: Training	% of Time: 10
3.		LMS training as required by the county and the Office of EMS. Complete in-house training or spansary is mandated by the EMS Division.	ecialized
	☐ Original ☑ New ☐ Job Du	ty: Preparation and Risk Assessment	% of Time: 5
4.		pervisor to assess risks of events and prepare equipment accordingly. Follow direction of EMS ons to provide optimal coverage for the event. Complete inventory lists and ensure equipmented appropriately.	-
	☐ Original ⊠ New Job Du	ty: Narcotic Accountability	% of Time: 5
5.	Descriptive: Ensure 100% com	pliance with Narcotic Guidelines and comply 100% with accountability checks.	
	Original New Job Du	ty: Other Duties as assigned	% of Time: 10
6.	Descriptive: Support EMS further MIH activites Leadership in proje	the vision/mission of the division. Examples include but are not limited to: Harm Reducation, Education to	ıcation, and
	Original New Job Du	ty:	% of Time:
7.	Descriptive:		
	Original New Job Du	ty:	% of Time:
8.	Descriptive:		
	Original New Job Du	ty:	% of Time:
9.	Descriptive:		
	Original New Job Du	ty:	% of Time:

FILE NO. 25-543

Descriptive:

10.

F.

EQUIPMENT, TOOLS & MATERIALS, PERSONAL COMPUTERS, SOFTWARE								
				als required to		Frequenc	у	
perform the job along with the frequency.			Daily	Weekly	Monthly	Type of Equipment		
Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)				Х		Cots, Stairchairs		
Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.)						Medical equipment, cardiac monitors		
3. Driving required? Yes No (Required)				Valid Driver's License				
		List License Types:						
4. Personal vehicle required?			☐ Yes ⊠ No					
5. Please	ist all <u>Technol</u>	logy, Syste	ms and	<u>Software Knowledge</u> req	uired to p	erform the j	ob:	
Basic	Intermediate	e Adva	nced					
	\boxtimes	L	_	Knowledge of all related	l compute	r and softwa	are application	ons, such as word processing and spreadsheets.
	\boxtimes	L		Other: IMAGETREND				
				Other: Zoll X-Series				
Ш		L	J	Other:				
. ЈОВ СОМ	PETENCIES	1	•					
	External Conta	acts: Pleas	se select	all that apply.				
	hange of basic	c informat	ion with	internal and/or external	contacts.			
_	intain sensitiv	e or confic	dential i	nformation.				
				swer queries, or provide				rnal contacts.
Per	suade, confor	m or reco	nmend	course of action with into	ernal and/	or external	contacts.	
								nal and/or external contacts.
Ma	intain a contir	nuing work	ing rela	tionship that can have a	significant	t effect on th	ne 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.								

\bowtie	Speak effectively before both internal and/or external groups.
\boxtimes	Read, analyze, and interpret safety rules, operating/maintenance instructions and procedure manuals, scientific/technical journals and
	procedures, government regulations, financial and legal documents.
	Prepare and/or present written communications that pertain to controversial and complex topics.
Deci	sion-Making: Please select only one of the following:
	Makes minimal decision-making responsibility.
\boxtimes	Makes decisions of responsibility involving evaluation of information; decisions may require development or application of alternatives or
	precedents.
	Makes decisions of responsibility and final results that affect 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.
	Makes decisions of responsibility and final recommendations, which may result in the formulation of strategic plans of action to achieve the
	broad objectives for the organization; involves long-range future planning including scope, direction and goals.

Read, write and comprehend simple instructions, reports, short correspondence and memos.

Com	plexity, Judgment and Problem Solving: Please select all that apply.
\boxtimes	Understand and follow instructions.
\boxtimes	Execute decisions within limits of standard policy and procedures.
\boxtimes	Interpret and adapt to established practices and procedures using independent judgment to meet situations to which applications are not
	clearly defined.
\boxtimes	Perform within difficult or complex working conditions or situations not easily evaluated; decisions require considerable judgment, initiative
	and ingenuity in areas there is little precedent.
	Act independently in the formulation and administration of policies and programs for major departments or 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. 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.

end results. For each of the following functional requirements, indicate the frequency in which it occurs in this job.						
PHYSICAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)	
Standing					\boxtimes	
Walking/Running					\bowtie	
Sitting					\bowtie	
Reaching					\bowtie	
Climbing					\boxtimes	
Driving						
Bending/Kneeling					\bowtie	
Hearing					\bowtie	
Talking					\bowtie	
Visual					\bowtie	
Typing					\bowtie	
Writing					\bowtie	
Fine Dexterity					\bowtie	
Manual Dexterity					\bowtie	
Upper Extremity Repetitive Motion					\boxtimes	
Lifting/Carrying (lbs.) up to 05 up	to 10	up to 15 up t	o 20 🔲 up to 2	25 up to 30	up to 100	
Pushing/Pulling (lbs.) up to 05 up	o to 10	up to 15 up t	o 20 up to 2	25 up to 30	⊠ up to 100	

NON-PHYSICAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Analysis/Reasoning					\bowtie
Communication/Interpretation					\boxtimes
Math/Mental Computation					\boxtimes
Reading					\boxtimes
Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports)					
Other:					

ENVIRONMENTAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)		
Work Independently				\boxtimes			
Task Changes					\boxtimes		
Tedious/Exacting Work					\boxtimes		
High Volume Public Contact					\boxtimes		
Dust				\boxtimes			
					$\overline{\boxtimes}$		
Temperature Extremes					\boxtimes		
Loud Noises				\boxtimes			
Physical Danger							
Toxic Substances (i.e. solvents, pesticides, etc.)							
Other: INFECTIOUS EXPOSURE				Ш			
WORK SCHEDULE: Please select all that apply. ☐ Routine shifts hours. Infrequent overtime, w ☐ Considerable irregularity of hours due to fre ☐ Regular and/or frequent on-call availability;	quent overtime,	weekend or shift rot		ole or particularly long I	nours.		
DEMANDS/DEADLINES : Please select all that apply	ı						
Little or no stress created by work, employe							
Intermittent or cyclical work pressures with		ure to high stress w	ork environments				
High volume and variable work demands and				nt direct contact with in	ndividuals or		
exposure to highly stressful situation, demai			Junii 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
EDUCATION LICENSE AND EVERHENCE							
EDUCATION, LICENSE, AND EXPERIENCE							
Please indicate the MINIMUM educational level re	auired:						
HS Diploma/GED	quii cu.						
	ea of specializati	on/major:					
☐ Bachelor's Degree A							
Graduate Degree A		on/major:					
Graduate Degree AI Post Graduate Degree (PhD)	ea of specializati	on/major: on/major:					
Graduate Degree Post Graduate Degree (PhD) Professional Degree (Law, Medicine, etc.)	ea of specializati	on/major: on/major:					
Graduate Degree Al Post Graduate Degree (PhD) Professional Degree (Law, Medicine, etc.) Other: Pl	rea of specializati rea of specializati rea of specializati ease indicate:	on/major: on/major: on/major:	nts/License(s))				
Graduate Degree Post Graduate Degree (PhD) Professional Degree (Law, Medicine, etc.)	rea of specializati rea of specializati rea of specializati ease indicate: n F on Page 3 for	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree Al Post Graduate Degree (PhD) Al Professional Degree (Law, Medicine, etc.) Al Other: Pl LICENSE/CERTIFICATION: (Please complete Section	rea of specializati rea of specializati rea of specializati ease indicate: n F on Page 3 for	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree Al Post Graduate Degree (PhD) Al Professional Degree (Law, Medicine, etc.) Al Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registral	rea of specializati rea of specializati rea of specializati ease indicate: n F on Page 3 for	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree Al Post Graduate Degree (PhD) Al Professional Degree (Law, Medicine, etc.) Al Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registra	rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other i	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree An Post Graduate Degree (PhD) An Professional Degree (Law, Medicine, etc.) An Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registrate of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no required	rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other i	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree Al Post Graduate Degree (PhD) Al Professional Degree (Law, Medicine, etc.) Al Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registral State of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no	rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other i	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree An Post Graduate Degree (PhD) An Professional Degree (Law, Medicine, etc.) An Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registrate of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no required	rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other i	on/major: on/major: on/major: Driving Requiremer					
Graduate Degree Post Graduate Degree (PhD) Professional Degree (Law, Medicine, etc.) Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registral State of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no required ICS 100, 200, 700, 800 within 6 months of hire	rea of specializati rea of specializati rea of specializati ease indicate: n F on Page 3 for tion(s), or other o	on/major: on/major: on/major: on/major: Driving Requiremer regulatory requireme					
Graduate Degree Post Graduate Degree (PhD) Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registrate of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but not required ICS 100, 200, 700, 800 within 6 months of hire	rea of specializati rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other re ot	on/major: on/major: on/major: on/major: Driving Requiremer regulatory requireme	ents/training:	agency preferred"			
Graduate Degree An Post Graduate Degree (PhD) An Professional Degree (Law, Medicine, etc.) An Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registrate of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but not required ICS 100, 200, 700, 800 within 6 months of hire WORK EXPERIENCE Please indicate the MINIMUM number of years of	rea of specializati rea of specializati rea of specializati rea of specializati rease indicate: In F on Page 3 for tion(s), or other in the practical experie this qualification	on/major: on/major: on/major: on/major: Driving Requirement regulatory requirement nce required. n as "1 year of exper	ents/training:	agency preferred"			
Graduate Degree Post Graduate Degree (PhD) Other: LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registrate of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no required ICS 100, 200, 700, 800 within 6 months of hire WORK EXPERIENCE Please indicate the MINIMUM number of years of No experience OEM would like to list	rea of specializati rea of specializati rea of specializati rea of specializati rease indicate: n F on Page 3 for tion(s), or other in the practical experie this qualification rease rease and specialization rease re	on/major: on/major: on/major: on/major: Driving Requirement regulatory requirement nce required. n as "1 year of exper	ents/training:	agency preferred"			
Graduate Degree Post Graduate Degree (PhD) Professional Degree (Law, Medicine, etc.) Other: Pl LICENSE/CERTIFICATION: (Please complete Section What license(s), certification/certificate(s), registral State of Wisconsin Paramedic License ACLS, PALS, BLS Credentials National Registry Paramedic preferred, but no required ICS 100, 200, 700, 800 within 6 months of hire WORK EXPERIENCE Please indicate the MINIMUM number of years of No experience OEM would like to list Less than one year Area(s) of experience	rea of specialization rease indicate: In Fon Page 3 for tion(s), or other of the special experient reactical experient reaction re	on/major: on/major: on/major: on/major: Driving Requirement regulatory requirement nce required. n as "1 year of exper	ents/training:	agency preferred"			

SUF	SUPERVISORY/MANAGEMENT EXPERIENCE							
Ple	Please indicate the MINIMUM number of years of supervisory/management experience required.							
\boxtimes	No experience							
	Less than one year	Area(s) of experience:						
	One to three years	Area(s) of experience:						
	Three to five years	Area(s) of experience:						
	Five or more years	Area(s) of experience:						
Sup	Supervisory/Managerial: If applicable, select the appropriate level of responsibility.							
	Level 1 General instruc	ting, scheduling, and reviewing the work of others performing the same or c	lirectly related work. Acts as "lead worker".					
	Functional supervision only. Recommends personnel actions (hiring, termination, pay changes, etc.) but does not independently conduct.							
	Level 2 Scheduling, sup	pervision, and evaluation of work of employees who perform similar work as:	signments. Conducts all aspects of personnel					
		ation, pay changes, etc.).						
		pervision and evaluation of work as a "manager" of the first line supervisors;						
ΙШ		parate blocks of work. Oversees and conducts all aspects of personnel actio						
		supervisors reporting to this job?						
		pervision and evaluation of work as a superior of "managers". Administers th						
ш	multi-function progran	ns or operations. Oversees and conducts all aspects of personnel actions (hi	ring, termination, pay changes, etc.).					
	Are there subordinate	supervisors/managers reporting to this job?	how many?					
ΙП	Level 5 Scheduling, sup	pervision, and evaluation of work as a superior of those in level 4.						
	Are there subordinate	supervisors/managers reporting to this job?	how many?					
List	the names of the Positi	ons and/or Department(s)/Division(s) supervised/managed by this job:						
. ADI	DITIONAL COMMENTS							
Plea	ise list additional items r	not covered in this questionnaire that would be helpful to the Compensation	Department in understanding this job.					
	EMS providers operate in austere environments to provide exceptional patient care. EMS in general is a high risk environment that requires constant attention to detail, familiarity with equipment, and up to date training with continuing education. EMS is constantly evolving as medicine is a dynamic field. Thorough assessments and complete documentation is an essential function of the EMS provider.							
	se provide additional in npensation Department	formation and/or language so that <u>Employment & Staffing</u> can include it in t has approved).	he job announcement (Providing that the					
	Exciting, high demand	ob that provides opportunities to provide excellent EMS services to the citiz	ens of Milwaukee County. Fiserv Forum is					
	our largest venue and provides lots of opportunities to provide services to concerts, Bucks games, and other gatherings. We also provide							
services at the Milwaukee County Zoo, Admirals games as our primary venue locations. We have also created a CORE Team - Community								
Oriented Regional EMS - which focuses on the needs of the community and responds accordingly.								
. SIG	. SIGNATURES							
SUF	PERVISOR'S/MANAGER'S	CONFIRMATION:						
	•	viewed the contents of this job evaluation questionnaire and consent to its a	ccuracy.					
Sup	ervisor/Manager Signat	ure: <i>Dan Pojax</i>	Date: 1/27/2025					
Dep	partment/Division Head	Signature: <i>Cassandra Libal</i>	Date: 1/27/2025					
	-							

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)