



**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>	480	<b>Division (Low Org):</b>	4845
<b>Contact for this Study</b>	Name: Dan Pojar	Email: DAN.POJAR@MILWAUKEECOUNTYWI.GOV	
	Title: EMS Division Director	Phone: 374-3837	
<b>Current Job Title:</b>	EMT		
<b>Job Reports To:</b>	Title: EMS Supervisor/EMS Lieutenant		
<b>Request Type:</b>	<input type="checkbox"/> Establish New <input type="checkbox"/> Review <input checked="" type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description <input type="checkbox"/> Other, Specify		

**B. JUSTIFICATION STATEMENT:**

<b>1. Attach an organizational chart.</b>
<b>2. Explain the events or changes that made this request necessary.</b>
The OEM Special Events program has grown in scope over the past three years, adding services to the Zoo and Admirals, and an increase in demand with the opening of the Fiserv Forum. To manage the increased workload, an additional level of care provider is required and has been requested by the contracted venue. The intent is to reclassify 20 vacant hourly positions in EMS from Paramedic to EMT.

**C. ABOUT THE JOB:**

<b>Job Status:</b>	<input type="checkbox"/> Regular Full-Time	<input type="checkbox"/> Regular Part-Time	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> Contract
<b>Shift:</b>	<input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Evening	<input checked="" type="checkbox"/> Night	<input type="checkbox"/> Other:
<b>Hours Per Week:</b>	<input type="checkbox"/> >40 Hours	<input type="checkbox"/> 32-40 Hours	<input checked="" 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 type="checkbox"/> Supervise <input type="checkbox"/> Manage		<input checked="" type="checkbox"/> N/A	# of Direct Reports: 0

**D. JOB SUMMARY:**

Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing <b>What</b> the job is, <b>What</b> its major objective is, and <b>Why</b> does it exist.
Work in congress with ALS providers to triage and provide medical care at contracted community events.

**E. ESSENTIAL DUTIES/RESPONSIBILITIES:**

<b>JOB RESPONSIBILITY LIST:</b> Please describe the major elements of the job. List only the major functions, separately, in order of importance. Provide a one or two line descriptive statement 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. <b>Percentages should add up to 100%</b>			
1.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Respond to requests for service.	% of Time: 50
	<i>Descriptive:</i> Immediately respond to requests for service when notified of an event requiring medical assessment and treatment.		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Accurate Documentation	% of Time: 20
	<i>Descriptive:</i> Thoroughly document the entire patient encounter consistent with expectations of Milwaukee County OEM-EMS. Accurate documentation is essential to record events, provide information for CQIP, and to provide information on risk assessments to the venues we serve.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Training	% of Time: 15
	<i>Descriptive:</i> Complete annual LMS training as required by the county and the Office of EMS. Complete in-house training or specialized training sessions as mandated by the EMS Division.		
4.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Preparation and Risk Assessment	% of Time: 15
	<i>Descriptive:</i> Work with EMS Supervisor to assess risks of events and prepare equipment accordingly. Follow direction of EMS Supervisor for staffing positions to provide optimal coverage for the event. Complete inventory lists and ensure equipment is functioning/stocked appropriately		
5.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
6.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<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)	X			AED, emergency medical services equipment
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	X			PC, medical communication radios
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**G. JOB COMPETENCIES**

<b>Internal Contacts:</b> 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 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.

<b>External Contacts:</b> Please select all that apply.	
<input type="checkbox"/>	No contact with people outside the organization.
<input checked="" 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.

<b>Communication Skills:</b> 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 type="checkbox"/>	Read, analyze, and interpret business manuals, technical procedures and/or government regulations.
<input 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.

<b>Decision-Making:</b> Please select <u>only one</u> 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 checked="" type="checkbox"/>	Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of alternatives or precedents.
<input 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 type="checkbox"/>	Work of a relatively routine nature. Requires the ability to understand and follow instructions.
<input type="checkbox"/>	Structured work, following a limited variety of standard practices.
<input 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 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 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>	
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Are there subordinate supervisors/managers reporting to this job?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, how many? 0
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<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 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.

<b>PHYSICAL DEMANDS</b>	<b>N/A</b>	<b>Seldom (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&gt;75%)</b>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking/Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Upper Extremity Repetitive Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>NON-PHYSICAL DEMANDS</b>	<b>N/A</b>	<b>Seldom (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&gt;75%)</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
Math/Mental Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ENVIRONMENTAL DEMANDS</b>	<b>N/A</b>	<b>Seldom (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&gt;75%)</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Danger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances (i.e. solvents, pesticides, etc.)	<input checked="" type="checkbox"/>	<input 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.

<input type="checkbox"/>	Routine shift hours. Infrequent overtime, weekend, or shift rotation.
<input checked="" type="checkbox"/>	Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.
<input checked="" type="checkbox"/>	Regular and/or frequent on-call availability.
<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	HS Diploma/GED	
<input type="checkbox"/>	Associate's Degree	Area of specialization/major:
<input type="checkbox"/>	Bachelor's Degree	Area of specialization/major:
<input type="checkbox"/>	Graduate Degree	Area of specialization/major:
<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 checked="" type="checkbox"/>	One to three years	Area(s) of experience: Emergency Medical Services, Paramedicine
<input type="checkbox"/>	Three to five years	Area(s) of experience:
<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 checked="" 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 type="checkbox"/>	Three to five years	Area(s) of experience:
<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:
State of Wisconsin EMT ,CPR certification NREMT preferred ICS 100, 200, 700 and 800 certification required within 6 months of hire.

**J. ADDITIONAL COMMENTS**

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the job.
<ul style="list-style-type: none"> <li>• Thorough understanding of incident command structure and the functions within.</li> <li>• Ability to make informed/anticipated independent decisions quickly</li> <li>• Community Oriented missions will be focused on health equity in Milwaukee County</li> </ul>

**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>Dan Pojar</i>	Date: 8/20/2020
Department/Division Head Signature: <i>Cassandra Libal</i>	Date: 8/22/2020

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: