



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):	4300	Division (Low Org):	4315
Contact for this Study	Name: Michael Bickerstaff	Email: Michael.bickerstaff@milwaukeecountywi.gov	
	Public Safety Fiscal Administrator	Phone: (414)427-4710	
Current Job Title:	Fleet Mechanic	Current Job Code:	00027621
Health Screen Level:	20	Background Check Level:	3
Job Reports To:	Title: Mechanical Mtce Supt Hoc		
Request Type:	<input type="checkbox"/> Establish New <input type="checkbox"/> Review <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input checked="" type="checkbox"/> Update Description <input type="checkbox"/> Other, Specify		

B. JUSTIFICATION STATEMENT

1. Attach an organizational chart.
2. Explain the events or changes that made this request necessary.

C. ABOUT THE JOB

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

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.
The principle function of this position is to repair, set up, dismantling and upkeep of all county owned vehicles and equipment.

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 descriptive statement for each duty so that someone not familiar with this kind of work can understand it. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest **10%**). 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: Fleet repairs	% of Time: 55
	Descriptive: Diagnose and repair county owned fleet vehicles and equipment.		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Use various shop equipment for Fleet repairs	% of Time: 10
	Descriptive: Use floor hoists, diagnostic equipment and other shop equipment as needed.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Repair parts ordering	% of Time: 10
	Descriptive: Order repair parts as needed to fix vehicles and equipment.		
4.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Documentation Management	% of Time: 5
	Descriptive: Complete and file paperwork related to repairs and maintenance per Fleet policy.		
5.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Auction preparation	% of Time: 5
	Descriptive: Dismantle and prepare vehicles and equipment for auction.		
6.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Keep current on repair manuals and schematics.	% of Time: 5
	Descriptive: Review and interpret service repair manuals and electrical and hydraulic schematics.		
7.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Winter operations	% of Time: 5
	Descriptive: Respond as needed to all snow duty call outs.		
8.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Other duties as assigned.	% of Time: 5
	Descriptive:		
9.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	Descriptive:		
10.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	Descriptive:		

F. EQUIPMENT, TOOLS & MATERIALS, PERSONAL COMPUTERS, SOFTWARE

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			Vehicles, Heavy Equipment, Mowers, Patrol Trucks, Forklifts
2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.)		X			Power tools, hand tools, diagnostic equipment
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List License Types: (Required)		- CLASS D - Class BC (CDL) required within 6 months of passing probationary period	
		List License Types: (Preferred)			
4. Personal vehicle required?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Please list all <u>Technology, Systems and Software Knowledge</u> required to perform the job:					
Basic	Intermediate	Advanced			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic software and fleet work order system familiarity.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:		

G. JOB COMPETENCIES

Internal/External Contacts: Please select all that apply.	
<input checked="" type="checkbox"/>	Exchange of basic information with internal and/or external contacts.
<input type="checkbox"/>	Maintain sensitive or confidential information.
<input type="checkbox"/>	Explain and gather information, answer queries, or provide assistance to internal and/or external contacts.
<input type="checkbox"/>	Persuade, conform or recommend course of action with internal and/or external contacts.
<input type="checkbox"/>	Perform with a high degree of authority in securing understanding and cooperation with internal and/or external contacts.
<input type="checkbox"/>	Maintain a continuing working relationship 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, reports, short correspondence and memos.
<input type="checkbox"/>	Speak effectively before both internal and/or external groups.
<input checked="" type="checkbox"/>	Read, analyze, and interpret safety rules, operating/maintenance instructions and procedure manuals, scientific/technical journals and procedures, government regulations, financial and legal documents.
<input type="checkbox"/>	Prepare and/or present written communications that pertain to controversial and complex topics.

Decision-Making: Please select <u>only one</u> of the following:	
<input checked="" type="checkbox"/>	Makes minimal decision-making responsibility.
<input type="checkbox"/>	Makes decisions of responsibility involving evaluation of information; decisions may require development or application of alternatives or precedents.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

Complexity, Judgment and Problem Solving: Please select all that apply.	
<input checked="" type="checkbox"/>	Understand and follow instructions.
<input checked="" type="checkbox"/>	Execute decisions within limits of standard policy and procedures.
<input type="checkbox"/>	Interpret and adapt to established practices and procedures using independent judgment to meet situations to which applications are not clearly defined.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.

PHYSICAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)		
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lifting/Carrying (lbs.)	<input type="checkbox"/> up to 05	<input type="checkbox"/> up to 10	<input type="checkbox"/> up to 15	<input type="checkbox"/> up to 20	<input type="checkbox"/> up to 25	<input type="checkbox"/> up to 30	<input checked="" type="checkbox"/> up to 75
Pushing/Pulling (lbs.)	<input type="checkbox"/> up to 05	<input type="checkbox"/> up to 10	<input type="checkbox"/> up to 15	<input type="checkbox"/> up to 20	<input checked="" type="checkbox"/> up to 25	<input type="checkbox"/> up to 30	<input type="checkbox"/> up to <input type="text"/>

NON-PHYSICAL DEMANDS	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Task Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tedious/Exacting Work	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 shifts 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.

DEMANDS/DEADLINES: Please select all that apply.

- ☐ Little or no stress created by work, employees or public.
- ☒ Intermittent or cyclical work pressures with occasional exposure to high stress work environments.
- ☐ High volume and variable work demands and deadlines that impose strain on a routine basis; frequent direct contact with individuals or exposure to highly stressful situation, demands or pressures.

I. EDUCATION, LICENSE, AND EXPERIENCE

EDUCATION

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:

LICENSE/CERTIFICATION: (Please complete Section F on Page 3 for Driving Requirements/License(s))

What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:

WORK EXPERIENCE

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: Late model light and/or heavy vehicles/equipment diagnosis. Able to troubleshoot and repair problems with little to no supervision.
<input type="checkbox"/> Five or more years	Area(s) of experience:

SUPERVISORY/MANAGEMENT EXPERIENCE

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:

Supervisory/Managerial: If applicable, select the appropriate level of responsibility.

<input type="checkbox"/>	Level 1 General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". Functional supervision only. Recommends personnel actions (hiring, termination, pay changes, etc.) but does not independently conduct.
<input type="checkbox"/>	Level 2 Scheduling, supervision, and evaluation of work of employees who perform similar work assignments. Conducts all aspects of personnel actions (hiring, termination, pay changes, etc.).
<input type="checkbox"/>	Level 3 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. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.). Are there subordinate supervisors reporting to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
<input type="checkbox"/>	Level 4 Scheduling, supervision and evaluation of work as a superior of "managers". Administers through subordinate managers, departmental multi-function programs or operations. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.). Are there subordinate supervisors/managers reporting to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
<input type="checkbox"/>	Level 5 Scheduling, supervision, and evaluation of work as a superior of those in level 4. Are there subordinate supervisors/managers reporting to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?

List the names of the Positions and/or Department(s)/Division(s) supervised/managed by this job:

N/A

J. ADDITIONAL COMMENTSPlease list additional items not covered in this questionnaire that would be helpful to the Compensation Department in understanding this job.

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Please provide additional information and/or language so that Employment & Staffing can include it in the job announcement (Providing that the Compensation Department has approved).**K. SIGNATURES****SUPERVISOR'S/MANAGER'S CONFIRMATION:**

I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy.

Supervisor/Manager Signature: <i>Shawn Sullivan</i>	Date: 4/22/22
Department/Division Head Signature: <i>Chantell Jewell</i>	Date: 4/22/22

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)