



**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: John Blonien	Email: john.blonien@milwaukeecountywi.gov	
	Title: Fleet Director	Phone: 257-6575	
<b>Current Job Title:</b>	Parts Manager	<b>Current Job Code:</b>	00006632
<b>Health Screen Level:</b>	20	<b>Background Check Level:</b>	3
<b>Job Reports To:</b>	Title:		
<b>Request Type:</b>	<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**

<b>1. Attach an organizational chart.</b>
<b>2. Explain the events or changes that made this request necessary.</b>
Update of Job Description

**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 type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Other:
<b>Hours Per Week:</b>	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, % Travel			
<b>Will This Job Supervise/Manage?</b>	<input checked="" type="checkbox"/> Supervise		<input type="checkbox"/> Manage # of Direct Reports: 5	<input type="checkbox"/> N/A
<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?			

**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.
To oversee the entire MCDOT Fleet Divisions Parts Department.

**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	Hires, trains, motivates, counsels and monitors the performance of all parts department staff.	% of Time: 20
	<i>Descriptive:</i> To supervise, train and staff 2 parts department locations (Main Shop and Airport Shop). This will include managing schedules, training new staff, approving time sheets, conducting annual performance appraisals and counseling and recommending corrective action.		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Review and recommend new stock requirements and manage obsolescence.	% of Time: 10
	<i>Descriptive:</i> To keep up with current automotive and equipment trends for repair needs and make new recommendations for parts and equipment to ensure efficiency.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Review and approve all parts orders from Parts Technician Staff	% of Time: 10
	<i>Descriptive:</i> To review and approve all orders from Fleet's Parts Technician staff in Milwaukee County's purchasing system Infor. To provide technical assistance when necessary.		
4.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Maintain all required parts manuals and diagnostic software	% of Time: 10
	<i>Descriptive:</i> To keep a physical library of computerized and hard copy repair and operating manuals for vehicles and equipment. To ensure all diagnostic software used by Fleet's Mechanics is available for use and up to date.		
5.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Vendor and department communication	% of Time: 10
	<i>Descriptive:</i> Work with vendors, procurement and accounts payable to ensure all paperwork, discounts and agreements are followed.		
6.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Assist mechanic personnel with parts needs ensuring all parts orders are completed in a timely fashion	% of Time: 10
	<i>Descriptive:</i> To work with Fleet Service Supervisors, Fleet Mechanics, Welders and Assistant Mechanics to ensure a timely turnaround of parts needed for internal jobs		
7.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Oversee the receipt of inventory, stock levels and stock placement	% of Time: 20
	<i>Descriptive:</i> To ensure all inventory is received in Fleet's computer asset management system (AssetWorks). To monitor parts room stock levels and location of stock placement on stock shelves. To take regular inventory and place orders when necessary. Analyzes parts department operations and storage layout and revises as needed for maximum effectiveness.		
8.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Other Duties as may be assigned	% of Time: 10
	<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, 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			Pallet jack and forklift
2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.)					
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List License Types: (Required)		Valid Wisconsin Class D Driver's license at time of application	
		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Knowledge of all related computer and software applications, such as word processing and spreadsheets.		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: Asset Management Systems		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Vehicle Diagnostics Software		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:		

**G. JOB COMPETENCIES**

<b>Internal/External Contacts:</b> 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 checked="" type="checkbox"/>	Explain and gather information, answer queries, or provide assistance to internal and/or external contacts.
<input checked="" 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 checked="" type="checkbox"/>	Maintain a continuing working relationship 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, 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.
<b>Decision-Making:</b> Please select <u>only one</u> of the following:	
<input type="checkbox"/>	Makes minimal decision-making responsibility.
<input checked="" 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.

<b>Complexity, Judgment and Problem Solving:</b> 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 checked="" 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.

<u>PHYSICAL DEMANDS</u>	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)		
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 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 type="checkbox"/>	<input checked="" 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"/>		
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fine Dexterity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 (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 60
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 type="checkbox"/> up to 25	<input type="checkbox"/> up to 30	<input checked="" type="checkbox"/> up to 60

<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 checked="" type="checkbox"/>	<input 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 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"/>

<u>ENVIRONMENTAL DEMANDS</u>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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 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: Parts Manager, Parts Supervisor or parts technician experience
<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 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: Supervisory 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 checked="" 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:	
<ul style="list-style-type: none"> <li>• 5 Parts Technicians</li> </ul>	

**J. ADDITIONAL COMMENTS**

Please list additional items not covered in this questionnaire that would be helpful to the <u>Compensation Department</u> in understanding this job.
•

Please provide additional information and/or language so that <u>Employment &amp; Staffing</u> can include it in the job announcement (Providing that the Compensation Department has approved).
Mandatory Overtime required during the winter season

**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: 	Date: 8/16/21
Department/Division Head Signature: 	Date: 8/16/21

Email the completed form to: [hrcompensation@milwaukeecountywi.gov](mailto: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)