

---

---

# Job Assessment Tool ©

## City of Albuquerque, NM

Employee's Name:	
Individual Completing JAT (if different than above):	
Phone/Extension:	
Job Title:	
Agency/Department:	
Working Title:	
Date:	
E-mail Address:	
CABQ Employee ID (E12345):	

The Job Assessment Tool is a document used to gather information from employees about their jobs. Specifically, you will be asked to give us feedback on your role, responsibilities, and duties in the organization.

Your information is critical to Evergreen Solutions' review of how fairly the organization compensates employees performing similar jobs. The Evergreen Solutions team will use this information to determine how work is organized, to recommend appropriate pay levels and ranges, and to design a new compensation and classification system that is fair and equitable to all employees.

**Your information is not used to assess individual performance, adjust staffing levels in your organization, reduce current salaries, or eliminate positions.**

Please complete all sections to the best of your ability. By providing clear and complete information about your job, you can help the Evergreen Solutions team gain a thorough understanding of the jobs in your organization.



**Evergreen Solutions, LLC**  
2878 Remington Green Circle  
Tallahassee, Florida 32308  
850.383.0111  
850.383.1511 fax  
[www.ConsultEvergreen.com](http://www.ConsultEvergreen.com)

---

---

## SECTION 1.0     JOB DESCRIPTION

*Briefly provide an overview of your job, including a description of the purpose of your job and the type of work you do. This may be the same as the introduction to your current job description, but it does not need to be.*

---

---

---

---

---

*Please indicate below the number of people you supervise directly and/or indirectly.*

Directly:  (Direct supervision is the management or supervision of employees who report work to you and who you evaluate without assistance. *Please do not include subcontractors.*)

Indirectly:  (Indirect supervision is the management or oversight of employees who report to you through another supervisor who reports directly to you. *Please do not include subcontractors.*)

## TYPE OF WORK PERFORMED

*Please check **the one** box that best describes the type of work you do. If you check box 3, 4, or 5 there are additional questions below.*

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Clerical or Manual         | 4. <input type="checkbox"/> Managerial/Professional         |
| 2. <input type="checkbox"/> Technical/Paraprofessional | 5. <input type="checkbox"/> Executive/Advanced Professional |
| 3. <input type="checkbox"/> Administrator              | 6. <input type="checkbox"/> Laborer/Trade-Based Occupations |



---

---

## EDUCATION

To perform your job correctly, how much education should you be **required** to have?

- |   |   |
|---|---|
| <input type="checkbox"/> Up to and including some high school | <input type="checkbox"/> Master's Degree  |
| <input type="checkbox"/> High school diploma/GED              | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Associate's Degree                   | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Bachelor's Degree                    |   |

## WORK EXPERIENCE

To perform your job correctly, how much experience should you be **required** to have?

- |   |  |
|---|--|
| <input type="checkbox"/> No experience required | <input type="checkbox"/> 4 Years       |
| <input type="checkbox"/> Six months             | <input type="checkbox"/> 5 Years       |
| <input type="checkbox"/> 1 Year                 | <input type="checkbox"/> 6 Years       |
| <input type="checkbox"/> 2 Years                | <input type="checkbox"/> 7-10 Years    |
| <input type="checkbox"/> 3 Years                | <input type="checkbox"/> Over 10 Years |

Please list any licenses, certifications, or professional designations you believe should be **required** for your position.

---

---

Please list any licenses, certifications, or professional designations you believe should be **preferred** for your position.

---

---



---

## SECTION 2.0      JOB FUNCTIONS

*In the tables provided on following pages, please include all **essential** job functions you perform. For every function you list, please note how often you perform the function— Daily, Weekly, Monthly, A Few Times Per Year, or Annually. Then, estimate the total percent of your time spent on each function on an annual basis. Lastly, please check off the **five** most important functions you perform.*

### Example 1

Job Function	Create and maintain department filing system
Percentage of time spent on function	25
Most Important Function	<input checked="" type="checkbox"/> YES

### Example 2

Job Function	Compile, calculate, and maintain department payroll records
Percentage of time spent on function	15
Most Important Function	<input type="checkbox"/> YES



---

---

## JOB FUNCTIONS

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES



---

---

### JOB FUNCTIONS (Continued)

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES



---

---

### JOB FUNCTIONS (Continued)

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES



---

---

### JOB FUNCTIONS (Continued)

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES

Job Function	
Percentage of time spent on function	
Most Important Function	<input type="checkbox"/> YES





---

---

## SECTION 3.0 JOB FACTORS

### LEADERSHIP

Please read the responses below and pick the **one closest match** to your level of leadership in the organization.

I follow specific directions provided by my supervisor and receive feedback on what I do. ☐ Closest Match

I have procedures to follow for my work and my supervisor checks my work often. ☐ Closest Match

I have guidelines for my work, but I determine the approach for doing the work. My supervisor focuses on the outcomes of my work. ☐ Closest Match

I work from a general outline of duties and responsibilities. Other employees assist me in completing our work. ☐ Closest Match

I oversee the work of a team engaged in providing specific services, completing specific projects, or assisting other units. ☐ Closest Match

I organize work around broad organizational goals and processes. My supervisor oversees my activities through regular meetings. ☐ Closest Match

I oversee, plan, and implement major programs and services for the organization. I report on my progress to the organization's executive team. ☐ Closest Match

I determine strategy as well as long range goals for the organization. I design processes, allocate resources, and report to elected officials or the public. ☐ Closest Match

Please provide below a brief explanation of why the closest match you selected applies to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection.

---

---

---

---



---

---

## WORKING CONDITIONS

Please read the responses below and pick the **one closest match** to the working conditions you experience in your job.

- |  |  |
|--|--|
| I work in a relatively safe, secure, and stable work environment.  | <input type="checkbox"/> Closest Match |
| I work in a safe and secure work environment that may periodically have unpredicted requirements or demands.   | <input type="checkbox"/> Closest Match |
| I work in a dynamic environment that requires me to be sensitive to change and responsive to changing goals, priorities, and needs.                  | <input type="checkbox"/> Closest Match |
| I work in an environment with heavy equipment and machinery that could result in bodily harm to my co-workers or others.                             | <input type="checkbox"/> Closest Match |
| I deal with crisis situations that require me to make major decisions involving people, resources, and property.                                     | <input type="checkbox"/> Closest Match |
| I spend part of my time working in an environment where errors on my part can lead to significant physical or mental consequences for me or others.  | <input type="checkbox"/> Closest Match |
| I spend most of my time working in a physically threatening environment that requires me to make life and death decisions for me and others.         | <input type="checkbox"/> Closest Match |
| I regularly make decisions that could lead to major community or organizational consequences if I fail to make the appropriate decision at the time. | <input type="checkbox"/> Closest Match |

Please provide below a brief explanation of why the closest match you selected applies to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection.

---

---

---

---

---

---



---

---

## COMPLEXITY

Please read the responses below and pick the **one closest match** to the level of complexity of your job.

I perform specific clerical or manual tasks. Some of my typical responsibilities may include copying, maintaining files, or entering data OR utilizing light mechanical equipment such as a vehicle, lawn mower, or hand tool OR clean and maintain a facility. ☐ Closest Match

I perform work that necessitates some specialized knowledge of clerical or trades-based tasks. Some of the typical responsibilities include gathering, formatting, or visually analyzing data OR operating construction or warehouse equipment (moving vans, dump trucks, front-end loaders). ☐ Closest Match

I perform technical or trades-based work that requires a solid understanding of basic algebra and statistics OR use of heavy equipment. Some of the tasks performed include participating in data collection and detailed analysis; reporting on the accomplishment of specific departmental goals and tasks; OR operating or repairing heavy equipment (bulldozers, cranes, graders). ☐ Closest Match

I perform entry-level professional work including basic data analysis and synthesis, report creation, process performance, and regulatory or compliance activities. My work involves statistics, operations analysis, or forecasting. ☐ Closest Match

I perform professional-level work dealing with data, people, and technology that relates to administrative, technical, scientific, engineering, accounting, legal, or managerial skills. ☐ Closest Match

I perform work that encompasses advanced technical, scientific, legal, or mathematical concepts. My work directly contributes to the implementation of specific policies, programs, or initiatives of the organization. ☐ Closest Match

I oversee work that involves the use of complex technical, scientific, or mathematical concepts that increases the efficiency and effectiveness of the organization. I analyze and make recommendations on how to improve the operational performance of the organization. ☐ Closest Match

I develop policies, long range plans, and allocate funds. I make decisions that involve multiple priorities, limited resources, and internal and external challenges. Most of my decisions impact the organization as a whole. I report to elected or appointed officials who hold me accountable for the success of the organization. ☐ Closest Match

Please provide below a brief explanation of why the closest match you selected applies to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection.

---

---

---



---

---

## DECISION MAKING

Please read the responses below and pick the **one closest match** to the level of decision making of your job.

I perform routine or clearly defined activities under close supervision. Most of my decisions regarding my activities and priorities are made by supervisors. ☐ Closest Match

I follow specific procedures that may result in interaction with co-workers, citizens, or other individuals. I make a few decisions regarding my activities and priorities. ☐ Closest Match

I work in a responsive environment where co-workers or citizens bring problems to me for resolution. I am responsible for determining the problem and creating an individual solution for the issue. ☐ Closest Match

I make decisions that govern my activities as well as others. My decisions impact how our unit provides services and support to internal and external customers. ☐ Closest Match

I follow basic guidelines for operational activities. I make decisions that govern the activities and behaviors of staff members. My work directly impacts other workers, citizens, or both. ☐ Closest Match

I oversee numerous functions and staff. I am principally responsible for determining policies and procedures that will ensure the success of our operation. ☐ Closest Match

I am responsible for determining goals, policies, and desired outcomes for multiple units. I determine the appropriate level of resources to meet the organization's needs. ☐ Closest Match

I perform work that involves high level issues, processes, or organizational needs. My decisions impact the community at large, most of the staff, or both. I am evaluated by elected officials or senior managers based on the outcomes of my decisions. ☐ Closest Match

Please provide below a brief explanation of why the closest match you selected applies to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection.

---

---

---

---



---

---

## RELATIONSHIPS

Please read the responses below and pick the **one closest match** to types of relationships present in your position.

- |  |  |
|--|--|
| I work primarily alone.  | <input type="checkbox"/> Closest Match |
| I work with less than ten co-workers who are mostly engaged in the same activities as me.  | <input type="checkbox"/> Closest Match |
| I work with more than ten coworkers who mostly engage in the same activities as me.  | <input type="checkbox"/> Closest Match |
| I oversee and manage more than two employees in the organization performing similar work.  | <input type="checkbox"/> Closest Match |
| I oversee and manage more than two employees in the organization performing different types of work.   | <input type="checkbox"/> Closest Match |
| I oversee and manage work involving multiple units. I work regularly with other managers to successfully meet the goals and objectives of our organization.  | <input type="checkbox"/> Closest Match |
| I provide updates to senior managers, elected officials, or other community groups or organizations. I work regularly with other Directors or senior managers to ensure the provision of efficient and effective services. Part of my performance is tied to how well I respond to members of the community or internal peers within the organization. | <input type="checkbox"/> Closest Match |
| I interact with senior managers, citizens, and elected officials on a regular basis. My primary role in the organization is to ensure that the principles and objectives of the elected officials are implemented in an efficient and effective manner.  | <input type="checkbox"/> Closest Match |

Please provide below a brief explanation of why the closest match you selected applies to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection.

---

---

---

---

---

---

---



---

---

## SECTION 4.0 EQUIPMENT AND MACHINERY

*Please check each box that applies to the use of equipment and/or machinery in your job. You may check as many boxes as apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Does not apply to my job  | <input type="checkbox"/> Repair, develop, or install computer hardware or network systems                       |
| <input type="checkbox"/> Use small office equipment, including copy machines or multi-line telephone systems                     | <input type="checkbox"/> Repair, develop, or install complex software or management information systems         |
| <input type="checkbox"/> Use computers for data entry  | <input type="checkbox"/> Supervise employees using or repairing heavy or complex machinery                      |
| <input type="checkbox"/> Use computers for word processing and/or accounting purposes  | <input type="checkbox"/> Supervise employees developing, installing, or repairing technology systems            |
| <input type="checkbox"/> Use highly technical computer applications, such as GIS or CAD  | <input type="checkbox"/> Establish policies for using, acquiring, and/or maintaining heavy or complex machinery |
| <input type="checkbox"/> Use or repair small/light equipment, such as power tools  | <input type="checkbox"/> Establish policies for using, acquiring, and/or maintaining technology systems         |
| <input type="checkbox"/> Use or repair medium equipment and machinery, such as vehicles or commercial mowers                     | <input type="checkbox"/> Create and guide implementation of capital improvement plans or programs               |
| <input type="checkbox"/> Use or repair heavy or complex machinery, such as HVAC systems, construction equipment, or water plants | <input type="checkbox"/> Create plans for and guide implementation of major construction projects               |
| <input type="checkbox"/> Repair, develop, or install telecommunications systems  | <input type="checkbox"/> Create plans for and guide implementation of new technology systems                    |

**Please provide below a brief explanation of why the uses of equipment and machinery you selected apply to your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection(s).**

---

---

---

---



---

## SECTION 5.0 PHYSICAL ABILITIES

Please indicate below all physical abilities you must have to perform your essential job functions. You may check as many abilities as apply to your job. However, you should only check off physical abilities that are required to perform your essential job functions.

- |  |  |
|--|--|
| <input type="checkbox"/> Does not apply to my job.   | <input type="checkbox"/> Crawling: Moving about on hands and knees or hands and feet.  |
| <input type="checkbox"/> Sedentary work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body.   | <input type="checkbox"/> Crouching: Bending the body downward and forward by bending leg and spine.  |
| <input type="checkbox"/> Light work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force to move objects.  | <input type="checkbox"/> Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.  |
| <input type="checkbox"/> Medium work: Exerting up to 50 pounds of force occasionally, and/or up to 30 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.  | <input type="checkbox"/> Manual Dexterity: Picking, pinching, typing, or otherwise working, primarily with fingers rather than with the whole hand as in handling.   |
| <input type="checkbox"/> Heavy work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects   | <input type="checkbox"/> Grasping: Applying pressure to an object with the fingers and palm.   |
| <input type="checkbox"/> Very heavy work: Exerting in excess of 100 pounds of force occasionally and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.   | <input type="checkbox"/> Handling: Picking, holding, or otherwise working, primarily with the whole hand   |
| <input type="checkbox"/> Balancing: Maintaining body equilibrium to prevent falling while walking, standing or crouching on narrow, slippery, or erratically moving surfaces. The amount of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | <input type="checkbox"/> Hearing 1: Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discrimination in sound. |
| <input type="checkbox"/> Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.   | <input type="checkbox"/> Hearing 2: Ability to receive detailed information through oral communication, and to make the discrimination in sound.   |



- 
- 
- |   |   |
|---|---|
| <input type="checkbox"/> Kneeling: Bending legs at knee to come to a rest on knee or knees.   | <input type="checkbox"/> Stooping: Bending body downward and forward by bending spine at the waist. Occurs to a considerable degree and requires full motion of the lower extremities and back muscles.   |
| <input type="checkbox"/> Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Occurs to a considerable degree and requires substantial use of upper extremities and back muscles. | <input type="checkbox"/> Talking 1: Expressing or exchanging ideas by means of the spoken word including those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.                                    |
| <input type="checkbox"/> Mental Acuity: Ability to make rational decisions through sound logic and deductive processes.   | <input type="checkbox"/> Talking 2: Shouting in order to be heard above ambient noise level.  |
| <input type="checkbox"/> Pulling: Using upper extremities to exert force in order to draw, haul or tug objects in a sustained motion.   | <input type="checkbox"/> Visual Acuity 1: Have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; and/or extensive reading.   |
| <input type="checkbox"/> Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.   | <input type="checkbox"/> Visual Acuity 2: Including color, depth perception, and field vision.  |
| <input type="checkbox"/> Reaching: Extending hand(s) and arm(s) in any direction.   | <input type="checkbox"/> Visual Acuity 3: Visual Acuity to determine the accuracy, neatness, and thoroughness of the work assigned or to make general observations of facilities or structures.   |
| <input type="checkbox"/> Repetitive Motion: Substantial movements (motions) of the wrist, hands, and/or fingers.  | <input type="checkbox"/> Visual Acuity 4: Have visual acuity to operate motor vehicles and/or heavy equipment.  |
| <input type="checkbox"/> Speaking: Expressing or exchanging ideas by means of the spoken word including the ability to convey detailed or important spoken instructions to other workers accurately and concisely.                                | <input type="checkbox"/> Visual Acuity 5: Have close visual acuity to perform an activity such as: visual inspection involving small defects, small parts, operation of machines; using measurement devices; and/or assembly or fabrication parts at distances close to the eyes. |
| <input type="checkbox"/> Standing: Particularly for sustained periods of time.  | <input type="checkbox"/> Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.  |





---

---

Please provide below a brief explanation of why the physical abilities you selected are required in your job. You may reference specific job functions, descriptions of projects/programs, and/or any details about your job that will help clarify and support your selection(s).

---

---

---

---

---

## For Supervisors

Please review the employee's Job Assessment Tool and indicate for each section whether you agree or disagree with the information provided by the employee. Additional comments should be included in the space below and should be designed to help Evergreen Solutions gain a clear understanding of the employee's work. For any section with which you disagree, please include a detailed explanation of your disagreement.

<b>SECTION 1.0 JOB OVERVIEW</b>	<input type="checkbox"/> I agree with the information provided. <input type="checkbox"/> I disagree with the information provided.
<i>Supervisor Comments</i>	
<b>SECTION 2.0 ESSENTIAL FUNCTIONS</b>	<input type="checkbox"/> I agree with the information provided. <input type="checkbox"/> I disagree with the information provided.
<i>Supervisor Comments</i>	



<b>SECTION 3.0 JOB FACTORS</b>	<input type="checkbox"/> I agree with the information provided. <input type="checkbox"/> I disagree with the information provided.
Supervisor Comments	
<b>SECTION 4.0 EQUIPMENT AND MACHINERY</b>	<input type="checkbox"/> I agree with the information provided. <input type="checkbox"/> I disagree with the information provided.
Supervisor Comments	
<b>SECTION 5.0 PHYSICAL ABILITIES</b>	<input type="checkbox"/> I agree with the information provided. <input type="checkbox"/> I disagree with the information provided.
Supervisor Comments	
<b>ADDITIONAL COMMENTS</b>	
Supervisor Comments	

**Supervisor Name** \_\_\_\_\_  
**Supervisor E-mail Address** \_\_\_\_\_  
**Supervisor Job Title** \_\_\_\_\_

