

Support Workers Pay Equity Program

Questionnaire Number



Job Analysis Questionnaire

Introduction

This Job Analysis Questionnaire is intended to collect information towards the pursuit of achieving pay equity for Support Workers who work in the New Brunswick Transition House sector.

The information you provide will not be used to assess your individual performance or your workload. The information will be analyzed only for the purpose of the pay equity program. All information gathered will establish the value of the job, to determine if any pay inequity exists in the Transition House sector.

While at work, you perform a set of duties that;

- requires skills,
- involves various types of responsibilities,
- requires efforts (physical and intellectual), and
- requires you to operate under certain working conditions.

EMPLOYEE – STEPS TO FOLLOW:

1. Please read the Job Analysis Questionnaire carefully, and complete each section using a **pen**. (Please print) If you find that some questions do not relate to your job, please write in "not applicable" N/A.
2. The information you provide should relate to the job as it is presently.
3. In completing each section, be as specific and concise as you can.
4. Once you have completed the Job Analysis Questionnaire, please complete the signature section and then forward it to your Executive Director, Coordinator or Immediate Supervisor for review.

EXECUTIVE DIRECTOR, COORDINATOR OR IMMEDIATE SUPERVISOR – STEPS TO FOLLOW:

1. Please review all sections of the completed questionnaire thoroughly and add any additional information or comments in the Executive Director, Coordinator or Immediate Supervisor's section.
2. **DO NOT CHANGE EMPLOYEE'S RESPONSES.**

Once your Executive Director, Coordinator or Immediate Supervisor has signed off on the Job Analysis Questionnaire, please keep a copy and send the original to the Women's Issues Branch using the enclosed envelope.

If you require assistance, please call our toll free number 1-877-253-0266 or email nbwagegap@qnb.ca.

Please complete the following information:

Second Stage Housing:

- Liberty Lane Inc.
- Second Stage Housing Inc.
- Crossroad for Women Inc.
- Maison Oasis

Language of Work:

- English
- French
- Both

Description of Key Work Activities:

The following section lists key work activities that may be performed by Support Workers in the Transition House sector. Please identify by placing a checkmark in the appropriate boxes, the activities that apply to your job:

Eligibility Assessment

- Meet with potential clients to evaluate their situation and to discuss the Second Stage residential program
- Determine with client whether or not the Second Stage residential program is suitable for the client's situation
- Determine if a client is admissible to the Second Stage residential program based on referral forms, potential client meetings, self-assessment questionnaires, and information provided by Health and other Service providers
- Refer clients who are not admissible to Community Services (Outreach Workers, Counselors, Mental Health, Family Services, NB Housing, etc.)
- Discuss with the Executive Director the results of the assessment and a decision is made as to whether or not a client meets eligibility requirements for the Second Stage residential program

Second Stage Residential Program Agreement and Lease Agreement

- Contact client to advise them that they have been accepted into the Second Stage residential program and determine whether or not they will accept the terms and conditions of the Second Stage residential program
- Meet with client to determine what their needs are (furniture, food, financial status, etc.)
- Accompany client to view apartment
- Provide client with contact information for the Department of Social Development, Victim Services, Child Protection Services, Salvation Army, etc.
- Collect damage deposit and submit to the Office of the Rentalsman (\$100)
- Advise client as to when they can move in

Description of Key Work Activities (con't):

Second Stage Residential Program Agreement and Lease Agreement (con't)

- Determine the rent to be paid based on a client's income
- Meet with client to explain the lease agreement
- Visit apartment with client to complete a condition report
- Provide clients with assistance in finding movers, furniture and household items
- Ensure that other clients are informed of new clients moving in and any other details that may concern them (male movers...)

Needs assessment

- Determine safety and security level
- Provide orientation to new clients
- Provide client with information concerning safety, transportation, change of address, contact information for other service providers, etc.
- Provide client with Resource Handbook

Case Management

- Develop, along with client an action plan (goals, what is needed to achieve goals, how to achieve goals, time lines...)
- Prepare and meet with clients to follow up on action plan
- Prepare and facilitate meetings with clients and children (group meetings, special topic meetings, etc.)
- Address noncompliance to rules and regulations and taking appropriate action (i.e. males in the building, alcohol and drug abuse, pets, breach of confidentiality...)
- Conflict resolution between clients

Description of Key Work Activities (con't):

Case Management (con't)

- Accompany clients to various appointments, if appropriate
- Determine whether or not client needs to be evicted
- Facilitate case meetings with clients and other service providers
- Record information in client's file and maintain it

Building Maintenance

- Prepare chore charts for clients and ensure that the chores assigned are being carried out
- Ensure that entrances and exits are clear of snow and ice
- Repairing household items (replace lightbulbs, unclog toilets, change light fixtures, etc.)
- Outdoor maintenance
- Contact service providers and contractors
- Inspections with NB Housing inspector

Administration

- Monitor and act upon incoming and outgoing communications (emails, mail, telephone...)
- Ensure that guidelines and standards are adhered to
- Financial responsibilities (collecting rent, damage deposits, bank deposits, coin-operated laundry facilities, etc.)
- Records management (client's files, children's files, etc.)
- Assist in emergency response (power outages, floods, fire, serious illnesses and/or injuries, etc.)

Description of Key Work Activities (con't):

Administration (con't)

- On-call for crises/emergencies
- Attend team meetings
- Maintaining website
- Prepare documentation (forms, letters, posters, pamphlets, etc.)
- Orientate and train new staff, co-workers, volunteers, interns, students, etc.
- Prepare and present information to various community groups and organizations
- Deal with complaints

Donations/Fundraising

- Accept, sort through and record donations (ensure that toy donations are safe and CSA approved)
- Write acknowledgment letters to donators
- Participate in fundraising events or activities
- Public relations (community groups and schools)
- Promote special events and dates related to domestic violence (Family Violence Month, International Women's Day)

Safety and Security

- Ensure that doors, windows, fenced-in gates are secured or locked at all times
- Ensure that safety guidelines are being followed (clear hallways and stairs, alcohol/drugs...)

Description of Key Work Activities (con't):

Safety and Security (con't)

- Monitor surveillance cameras and/or visual monitors
- Verify who is at the door before opening
- Contact emergency personnel (missing client, drug or alcohol support, suspicious activities, etc.)
- Safety assessments and planning
- Ensure that facility checks are carried out according to guidelines (i.e. check smoke detectors, fire extinguishers, emergency lights, etc.)

Please specify **any other** key work activities that you may perform:

Required Qualifications

Education

What do you think is the level of education or formal training required to be a Support Worker in the Transition House sector? **(Please note that this question is *not* referring to the education that you have, but what is required for the job.)**

(Please check one box only.)

- Less than High School
- Less than High School with related training
- High School or equivalent
- High School or equivalent with related training
- High School plus one-year post-secondary program (i.e. Certificate)
- High School plus two-year post-secondary program (i.e. Diploma)
- Undergraduate Degree in related field

Other courses/training required, please specify:

Experience

What do you think is the **minimum** amount of experience required for a new person to acquire the skills needed to carry out the requirements of this job?

(Experience may be acquired in any related work or in any pertinent life experience.)

- Less than 3 months
- From 3 months to less than 6 months
- From 6 months to less than 12 months
- From one (1) year to less than two (2) years
- From two (2) years to less than three (3) years
- From three (3) years to less than five (5) years
- Five (5) years or more

Dexterity and Coordination

Does your work require **accurate hand/eye or hand/foot coordination**?

- **Fine motor skills:** using small muscles, i.e. keyboard/writing skills, dressing children, repairing small toys/equipment, handing out oral medications, assembling objects, changing diapers, picking up small objects
- **Gross motor skills:** using large muscles, i.e. using long-handled tools such as mops and brooms, stocking shelves, folding laundry, sorting mail, lifting/carrying, climbing/bending, running

Using the chart below:

- Please provide examples of activities that require dexterity and coordination, that are applicable to your job.
- Please check off **fine** motor skills and/or **gross** motor skills where they apply.
- Place a checkmark in the chart below indicating the frequency of the activity.

Frequency Table:

- **Sometimes** – Once in a while, when necessary
- **Often** – Several times a day or at least five days per week

ACTIVITY EXAMPLES	DEXTERITY/ COORDINATION			FREQUENCY	
	Fine	Gross	Fine & Gross	Sometimes	Often
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responsibilities

Accountability / Decision Making

For each situation, please indicate the response that most appropriately describes your job.

When there is a situation you have not come across before, do you (check all responses that apply)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
Ask your Executive Director, Coordinator or Immediate Supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask your Executive Director, Coordinator or Immediate Supervisor for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask funders/stakeholders what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask funders/stakeholders for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask colleagues (crisis interveners, child support workers, outreach workers, support workers) for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read manuals and figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check guidelines and past practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide what to do based on your related experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accountability / Decision Making (con't)

For each situation, please indicate the response that most appropriately describes your job.

To what extent is the decision making of this job guided by others (check all responses that apply and provide examples)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
Executive Director, Coordinator or Immediate Supervisor Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funders/Stakeholders Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues (crisis interveners, child support workers, outreach workers, support workers) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Other Professionals (i.e. Social Workers, Police, Lawyers, Mental Health, etc.) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Resources (i.e. Family Resource Centers, Day Cares, Outreach Services, etc.) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication/Interpersonal Relations

Referring to the table below please specify all levels of Communication/Interpersonal Relations required on a regular and/or routine basis in performing your job. (Consider verbal or written communications or sign language)

Level of Communication	
A. <u>No Exchange.</u>	D. <u>Discussions:</u> To discuss problems with people in order to get approval, cooperation and/or coordinating activities.
B. <u>Exchanging:</u> To exchange information.	E. <u>Collaboration:</u> Working with people and providing guidance in order to help them by using your professional experience and specialized knowledge.
C. <u>Explanation and interpretation:</u> To explain information or ideas.	F. <u>Persuading and negotiating:</u> Presenting arguments to persuade people to take certain steps or to make decisions in order to come to an agreement or a solution.

CONTACT	A	B	C	D	E	F
Clients, residents, non residents, ex-residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues (crisis interveners, child support workers, outreach workers, support workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers/students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Director, Coordinator or Immediate Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, friends, other third parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers, contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community (i.e. Schools, Groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition House or other organizations (i.e. Sexual Assault Centre and/or other immediate partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Other Professionals (i.e. Social Workers, Lawyers, Mental Health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration (Networks, Executive Director)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Issues Branch, Violence Prevention Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Personnel (Police, Fire Department and Ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Supervision

Do your job duties involve one or more of the following activities? If so, please provide an example.

Activity	Never	Sometimes	Often	Most of the time	Not applicable (N/A)	Example
Provide orientation to coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide direction to others on how to carry out job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign and/or check work of other staff (i.e. volunteers, students, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervise a group of staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coach/mentor work of other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that work complies with standards and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule staff/coordinate replacements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluate staff performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish staff's workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible for taking staff disciplinary measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which statement best describes your responsibility for supervising the work of others?

- No responsibility for supervision of other staff
- Supervise other staff who do essentially the same work
- Supervise other staff who hold different positions within the same area of activity
- Other, please specify: _____

How many employees do you supervise? _____

Required Effort

Intellectual Effort

Please place **one** checkmark (✓) next to the statement that best describes the challenges of your job. Please consider how much judgment and thought is required to do your job, as well as how hard the duties are to do. Also think about whether procedures and standards are available to help you in making decisions.

- Job duties are very routine with little or no choice as to the procedures used in achieving results.
- Job duties are semi-routine with few choices as to what procedures should be followed. Requires some judgment in making minor decisions.
- Job duties are somewhat complex with some choices as to what procedures should be followed. Requires a moderate level of judgment in selecting appropriate procedures and standards.
- Job duties are complex with several choices as to what procedures should be followed. Requires the use of considerable judgment in adapting procedures and standards to fit facts and conditions.
- Job duties are difficult and complex. Requires a high level of judgment where answers and solutions can only be found after careful thought and analysis.

Please provide examples to support/describe the choice made above:

Example 1

Example 2

Concentration and Sensory Attention

Referring to the table below, please indicate the activities which you perform in your job that requires concentration and sensory attention (seeing, tasting, smelling, touching, hearing).

For each activity that pertains to your job, place a checkmark in the chart below indicating the duration and frequency.

- **Duration** how long you work on an activity each time.
- **Frequency** means **how often** each activity occurs within the day or week.
 - **Sometimes** – Once in a while, most days
 - **Often** – Several times a day
 - **Always** – Most working hours

ACTIVITIES REQUIRING CONCENTRATION & SENSORY ATTENTION	DURATION (cumulative)			FREQUENCY			N/A
	Up to and including 1 hr	Over 1 hr up to 2 hrs	More than 2 hrs	Sometimes	Often	Always	
Preparing written/electronic materials (i.e. log book, stats, reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with requests from clients, residents, non residents, ex-residents, children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration on precise work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intakes and/or discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting/observing children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting/observing clients, residents, non residents, ex-residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening/interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal and snack preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication (in person or telephone calls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering crisis calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concentration and Sensory Attention (con't)

In performing your job duties, please provide examples where you perform **two or more activities at once** (i.e. keyboarding and answering the telephone; listening and reading, observing and speaking, observing and writing) and/or where your attention must be shifted from one job duty to another.

Example 1:

Example 2:

Example 3:

Physical Effort

For each physical activity that pertains to your job, please specify the frequency, and corresponding duration using the levels indicated below. Also, for each physical activity selected, please specify the working situation.

Frequency

Sometimes: 2-3 times per week

Always: Everyday

Duration means **how long** you have to perform the activity each time

Physical Activity	Frequency		Duration (cumulative)			Working Situations
	Sometimes	Always	Up to & including 1 hr	Over 1 hr up to 2 hrs	More than 2 hours	
Lifting, pushing, pulling, holding or moving light weights/objects (less than 10kg/22lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving medium weights/objects (from 10kg/22lbs up to 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving heavy weights/objects (more than 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing (stairs, ladders, etc.), running, jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending over, hunching, squatting, kneeling, climbing over, crawling, reaching, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while seated (can get up from time to time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while standing (including walking) (i.e. making presentations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing repetitive motions (i.e. washing dishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining one position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bringing a person who is agitated or experiencing a crisis under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in confined spaces and/or awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mopping/sweeping/vacuuming	<input 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"/>	

Working Conditions

Please check the Unpleasant or Hazardous Environmental Conditions that you are exposed to and specify the frequency using the table below.

Frequency table: 1 – Rare (Condition seldom occurs)
 2 – Sometimes (Condition occurs weekly, monthly, etc)
 3 – Often (Condition occurs several times daily)
 4 – Continuous (Condition occurs almost all of the time)
 N/A – Not applicable

✓	<u>Unpleasant or Hazardous Environmental Conditions</u>	<u>Frequency</u> (1, 2, 3 or 4) or N/A
	<u>Noisy environment</u> Noise level such as that in a daycare, cafeteria, or common open air space with or without dividers, etc.	
	<u>Repulsive matter and odors</u> Vomit, waste matter, blood, etc.	
	<u>Confidentiality of information</u> Stress caused by the confidential nature of information.	
	<u>Time constraints</u> Tight, numerous, simultaneous, peak period, unforeseen deadlines, etc.	
	<u>Unpleasant or demanding verbal interactions</u> Interactions that are difficult, conflictual, hostile that require patience, comfort, tact, diplomacy.	
	<u>Situations involving violent physical interactions</u> Blows, bites, kicks, spits, etc.	
	<u>Threats and intimidation</u> Infringing on personal life.	
	<u>Isolation (Safety and Security risks)</u> Traveling alone, house calls, potentially threatening situations.	
	<u>Unpredictable schedule and tasks</u> Multiple unpredictable tasks and hours of work.	
	<u>Dust, vapours, and chemical odors</u> Requires ventilation or wearing of protective equipment or a protective apparatus.	
	<u>Hazardous materials, contaminants, contagious tissues</u> Close contact with, near work, or handled, such as cleaning products, blood, Hepatitis C, etc.	

Working Conditions (con't)

Frequency table: 1 – Rare (Condition seldom occurs)
 2 – Sometimes (Condition occurs weekly, monthly, etc)
 3 – Often (Condition occurs several times daily)
 4 – Continuous (Condition occurs almost all of the time)
 N/A – Not applicable

✓	<u>Unpleasant or Hazardous Environmental Conditions</u>	<u>Frequency</u> (1, 2, 3 or 4) or N/A
	<u>Significant temperature variations or bad weather</u> Going from warm inside to cold outside.	
	<u>High or low temperatures</u> Which make the situation uncomfortable or unpleasant.	
	<u>Difficult visual conditions (lighting, darkness, glare)</u> Which strain the eyes.	
	<u>Driving motor vehicles</u> Exposure to traffic, accidents and road conditions.	
	<u>Confined areas</u> Where air circulation makes it difficult to be there a long time.	
	<u>Limited space</u> Which restricts actions/motions.	
	<u>Dirt, grease</u> On skin or clothing.	
	<u>Shift work</u>	
	<u>On-call</u>	
	<u>Working in a locked facility</u> Safety and security risks, etc.	
	<u>Other (specify):</u>	

Executive Director, Coordinator or Immediate Supervisor's Comments

Please review all sections of the completed questionnaire thoroughly. It is important that the information provided serve as a fair representation of the job.

DO NOT CHANGE EMPLOYEE'S RESPONSES.

Please add any additional information or comments and **reference the specific section and question as appropriate.**

Name: _____

Signature: _____

Date: _____

PLEASE RETURN JOB ANALYSIS QUESTIONNAIRE TO THE EMPLOYEE

Respondent Identification

Questionnaire Number

Respondent's Name (First and Last): _____

I hereby confirm that the information I have supplied in this questionnaire accurately reflects my job to the best of my knowledge.

_____ _____
Date Respondent's signature

Note

We may have to contact you to get further information on your job. Please indicate:

Phone number (work): _____

Fax number: _____

E-mail address: _____

This identification sheet will be detached from the questionnaire prior to evaluation.

****Please mail Job Analysis Questionnaire to:**

**Women's Issues Branch
Executive Council Office
P.O. Box 6000, 551 King Street
Fredericton, NB
E3B 5H1**