
WESTERN MICHIGAN UNIVERSITY

Job Profile Questionnaire Instructions

Please keep the following points in mind as you complete this questionnaire:

- The questionnaire is designed to get a broad overview of your job, not necessarily a list of tasks or an all-inclusive list of responsibilities.
- Respond to the items thoughtfully and completely so that someone not familiar with your job can get a clear idea of what it involves.
- Avoid using jargon, acronyms or abbreviations.
- Focus on the job itself, not your performance.
- Describe your job as it presently exists, not as it was in the past, or as it might be in the future.
- All responses must be in the space provided. **Please do not use additional pages or attachments.**

When you have completed the questionnaire, print it and give it to your immediate supervisor for his/her review. This will give both of you the opportunity to discuss the questionnaire before signing and returning it to Human Resource Services. Please make a copy of this questionnaire for your records and forward the signed original to HR.

Thank you for taking the time to complete this questionnaire. If you have any questions or concerns, please feel free to contact a member of HR Services at 7-3620.

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Job Profile Questionnaire

Employee Name _____
Employee Title _____
Department Name _____
Position Number _____

Major Duties

In the order of importance, list your **major job duties** and the percentage of time you spend on each. Think back on the past twelve months to make sure you capture all key responsibilities. The total percentage of time spent must not exceed 100 but may be less since **you are not to list all duties**.

1. _____

_____ %
2. _____

_____ %
3. _____

_____ %
4. _____

_____ %
5. _____

_____ %
6. _____

_____ %

Educational Background

Check the minimum level of education a person is **required** to have in order to perform your job (not necessarily your education level).

- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other (e.g., training, certifications)

List the preferred (but not required) level of education or training.

Position Related Experience

Indicate the minimum total number of years of experience in your field that is required to do your job. This may or may not equate to your personal experience level.

- No experience (i.e., capable person could quickly learn to do this job)
- Less than 1 year
- 1 to 3 years
- 3 to 6 years
- 6+ years

Why do you feel this level of experience is necessary to perform your job?

Scope of Responsibility

This question measures the managerial responsibility (direct and indirect) for achieving results through people. Check the single statement that best describes your job.

- No supervisory or lead responsibilities.
- Limited or indirect supervision of one or more people. Responsible for day-to-day work direction, not responsible for employment decisions.
- Direct supervision of one or more people.
- Direct supervision over a unit or department, involving responsibility for results in terms of budget management, methods of work, policy development and personnel issues.

Organizational Relationships

Please fill in the chart below as it applies to your job. Start with your job (shaded) and then complete the other jobs.

Next Management Level

Name
Title



Immediate Supervisor

Name
Title



Your job

Name
Title



List the titles of jobs directly reporting to you and indicate the number of employees in each job.

	(#)	Title
	(#)	Title
	(#)	Title
	(#)	Title

Work Environment

Identify your normal work environment; mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Office environment | <input type="checkbox"/> Extreme hot or cold (including out of doors) |
| <input type="checkbox"/> Heavy lifting | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Loud noise | <input type="checkbox"/> Biological hazards |
| <input type="checkbox"/> Other _____ | |

Employee's Comments

In the space below, please provide any additional information that is significant to your job.

Supervisor's Comments

After thoroughly reviewing the completed questionnaire, please discuss it with the employee. Then indicate whether or not you feel the job has been adequately described. Note below any additions or changes you would make to the information provided by the incumbent.

- I have reviewed the job profile questionnaire, discussed it with the employee and agree that the job has been adequately described.
- I have reviewed the questionnaire, discussed it with the employee and wish to make the following additions, changes, or comments:

Supervisor's signature: _____ Date: _____

Employee's Signature

Employee's signature: _____ Date: _____

Once again, thank you for completing the job profile questionnaire. Please return it to Human Resource Services.