

JOB ANALYSIS QUESTIONNAIRE
For Non-Union Employees

Name _____ **Date** _____

Department/Division _____

Years experience in this department/division _____

Present Classification _____

Years experience in this classification _____

INSTRUCTIONS:

Please read and answer the following item carefully, responding in as much detail as possible. Make your answer complete and clear as possible. Use additional sheets if necessary.

After you have completed the questionnaire, please sign and date it in the appropriate space below. Then return it to the Human Resources Department.

Signature _____

Date _____

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Please list in detail the duties and/or responsibilities that have been significantly changed to the point where you believe you are no longer properly classified.