

POSITION ANALYSIS QUESTIONNAIRE

Name of Hospital or Location \_\_\_\_\_

We have been asked to obtain a description of the work you are performing in your present position. To do this we must have information about the work you are doing; What you do; How you do it; etc. You are the best person to give us this information; the individual who does the work. That is why you are requested to fill out this form.

The outline below will help you give the information requested. If there is any additional information which you feel will enable us to better understand your work, please feel free to tell us what it is. In describing your work, please be specific. Describe your duties in such a way that they can be understood by someone who is not familiar with your work or department. If you need any help in filling out the form, please ask your supervisor for assistance. Thank you for your cooperation.

I. Background and Identification Information

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Your Present Title \_\_\_\_\_

Your Department \_\_\_\_\_

How long have you been in your present position? \_\_\_\_\_

What is the name and title of the person to whom you report?  
\_\_\_\_\_  
\_\_\_\_\_

II. Briefly Summarise Your Job

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Describe your duties fully. Answer each question for each duty as follows:

A. What duties do you usually perform during your normal work day?

1. \_\_\_\_\_  
\_\_\_\_\_