

# **SUFFOLK COUNTY CIVIL SERVICE DEPARTMENT CLASSIFICATION QUESTIONNAIRE**

## **INSTRUCTIONS**

- a) Read this entire questionnaire before answering so that you will not duplicate your replies.
- b) The information gathered will be used to detail your work duties and responsibilities only and not your efficiency.
- c) Your replies should be complete, concise and factual. Do not copy other people's answers even though their work may be similar to your own. You may attach additional sheets if necessary.
- d) Your completed questionnaire should be given to your supervisor, and must also be reviewed and signed by the appointing authority. This questionnaire may be completed during office time
- e) Please print or type your response. It is advisable for you to retain a copy of the completed questionnaire for your records.
- f) Please detach cover sheet before returning completed questionnaire to the Classification Division of the Department of Civil Service.

**SUFFOLK COUNTY CIVIL SERVICE DEPARTMENT  
CLASSIFICATION QUESTIONNAIRE**

1. NAME: 2. SOC. SEC. #
  
3. CIVIL SERVICE TITLE:
  
4. BY WHAT OTHER TITLE ARE YOU KNOWN?
  
5. NAME OF EMPLOYER (COUNTY, TOWN, SCHOOL, ETC.):
  
6. NAME OF DEPARTMENT OR AGENCY:
  
7. NAME OF DIVISION:
  
8. BUSINESS ADDRESS: ROOM NO.
  
9. NUMBER OF HOURS WORKED PER DAY: DAYS PER WEEK: WEEKS PER YEAR:  
HOURS WORKED: AM PM to AM PM
  
10. IMMEDIATE SUPERVISOR'S NAME:  
TITLE: PHONE:
  
11. HOW LONG HAVE YOU BEEN EMPLOYED BY THIS AGENCY?
  
12. HOW LONG HAVE YOU BEEN DOING YOUR PRESENT WORK?
  
13. INDICATE THE NAME AND TITLES OF ANY OTHER EMPLOYEES PERFORMING SIMILAR DUTIES:
  
  
  
  
  
  
  
  
  
  
14. WHO GIVES YOU YOUR ASSIGNMENTS?
  
15. WHO REVIEWS YOUR WORK?
  
16. LIST SPECIALIZED TOOLS/EQUIPMENT/MACHINES USED:
  
  
  
  
  
  
  
  
  
  
17. LIST LICENSES/CERTIFICATES/SPECIALIZED TRAINING/SPECIALIZED EDUCATION REQUIRED:
  
  
  
  
  
  
  
  
  
  
18. INDICATE PHYSICAL DEMANDS/DANGEROUS CONDITIONS:
  
  
  
  
  
  
  
  
  
  
19. INDICATE KNOWLEDGES REQUIRED FOR THIS POSITION:

20a. INDICATE ABILITIES REQUIRED FOR THIS POSITION:

20b. INDICATE TEMPERAMENT REQUIRED FOR THIS POSITION:

21. PLEASE DESCRIBE THE DUTIES PERFORMED DAILY OR ALMOST EVERYDAY, IN ORDER OF THEIR IMPORTANCE. INDICATE APPROXIMATE AMOUNT OR PERCENTAGE OF TIME SPENT ON EACH DUTY. (Example: Typing Correspondence = 10%)

22. LIST ASSIGNMENTS PERFORMED WEEKLY, MONTHLY, ANNUALLY. INDICATE APPROXIMATE TIME REQUIRED TO COMPLETE THE ASSIGNMENT. (Example: Annually - take inventory of supplies - two days)

23. LIST ASSIGNMENTS PERFORMED OCCASIONALLY, AND LONG TERM PROJECTS.

24. IS IT NECESSARY TO APPLY OR INTERPRET FEDERAL, STATE OR LOCAL LAWS OR REGULATIONS IN PERFORMING ASSIGNMENTS: YES NO IF YES, PLEASE INDICATE WHICH ONES AND HOW THEY ARE APPLIED OR INTERPRETED.

25. WHAT DECISIONS AND RECOMMENDATIONS DO YOU MAKE AND TO WHOM?

26. DOES YOUR WORK REQUIRE YOU TO COME IN CONTACT WITH OTHER DEPARTMENTS, OUTSIDE ORGANIZATIONS OR WITH THE GENERAL PUBLIC? YES NO IF YES, PLEASE DESCRIBE.

27. DO YOU SUPERVISE OTHER WORKERS?      YES      NO    IF YES, GIVE NAMES AND TITLES.

28. PLEASE DESCRIBE THE NATURE OF YOUR SUPERVISORY DUTIES:

29. DOES YOUR WORK REQUIRE THAT YOU COMPOSE CORRESPONDENCE, DRAFT REPORTS, ETC.?      YES      NO  
IF YES, PLEASE DESCRIBE.

30. ARE YOU EXPECTED TO INITIATE IDEAS OR DEVELOP PROCEDURES FOR THE PERFORMANCE OF YOUR OWN  
WORK OR FOR THE WORK OF OTHERS?      YES      NO    IF YES, EXPLAIN BRIEFLY.

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I certify that the answers on this questionnaire are my own and are complete.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEW BY SUPERVISOR AND APPOINTING AUTHORITY:

Please make specific comments on accuracy and completeness of the above responses.

SIGNATURE OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF  
APPOINTING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_