# Position Description Questionnaire (PDQ) Instructions

**Purpose**

The position description questionnaire (PDQ) is designed to obtain information about jobs within the organization for classification purposes only.

The goal of the PDQ is to capture a ***current*** and ***accurate*** picture of the work being performed within a specific position. The information collected will be used to update classifications as necessary and make recommendations to management. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

**Process**

1. Employee completes the PDQ and emails to immediate Supervisor and kzaragoza@sbccd.cc.ca.us by Tuesday, April 2, 2019.
2. Supervisor/Manager reviews employee’s PDQ and completes Supervisor/Management Statement and also check the appropriate boxes for 1A: Duties (needed at entry) on pages (2-3) and check the appropriate boxes for 2A: Knowledge and 2B: Abilities (needed at entry) column on page on page (5).
3. Supervisor/Manager sends to Human Resources Department Karla Zaragoza at kzaragoza@sbccd.cc.ca.us by Tuesday, April 9, 2019.
4. SBCCD Human Resources staff sends all PDQs and attachments to CPS HR.

**Employee**

There are response boxes at the end of each section where you may write in new or additional duties/tasks/functions, explain changes or corrections that need should be made, and provide any other feedback to be considered during the review process. Leave these sections blank if you do not have any additions.

***When completing the PDQ, you may*** use your existing job description for reference: <http://www.sbccd.org/Human_Resources-Jobs/Job_Descriptions/Classified>

# EMPLOYEE INFORMATION

|  |  |  |
| --- | --- | --- |
| **Name\*** |  | **Work Phone Number:** |
|  |  |  |
| **Work Location:**  |  | **Work E-mail Address:** |
|  |  |  |
| **Current Classification Title:** |  | **Length of Time in Current Position:** |
|  |  |  |
| **Supervisor’s Name:**  |  | **Supervisor’s Classification Title:** |
|  |  |  |

# SECTION 1: REPRESENTATIVE JOB DUTIES

List the representative job duties of your classification and a brief summary of the main purpose of your job.

As you provide a description of your duties, please use terms that anyone reviewing this form will be able to understand. Avoid abbreviated, vague, or abstract words, such as “assists”, “handles”, “keeps”, or “prepares”, unless you describe how you assist, what you prepare, etc. Be specific. Please use terms that anyone reviewing this form will be able to understand.

In addition to writing the representative job duties, please rate each on frequency, importance, % of time spent on the task, where does work come from, and work with whom to complete.

**Representative Job Duty Rating**

* **Frequency:** How frequently do you perform this task?
	+ **Never**. I do not perform this task in my job.
	+ **Infrequently**. I perform this task no more than once a month.
	+ **Somewhat frequently**. I perform this task no more than once a week.
	+ **Frequently**. I perform this task several times a week, but no more than once a day.
	+ **Very frequently**. I perform this task several times each day.
* **Importance:** How important is this task for successfully performing your job?
	+ **Not important**. This task is not important to my job. Failure to successfully perform this task typically has no consequence.
	+ **Minor importance**. This task is of minor importance to my job. Failure to successfully perform this task has little or no consequence.
	+ **Important**. This task is important to my job. Failure to successfully perform this task has some negative consequences.
	+ **Critical**. This task is one of the most essential tasks of my job. Failure to successfully perform this task has significant negative consequences.
* **% of Time Spent on Task:** Provide the approximate percent of time spent on each essential function. The total of all percentages should equal 100%. If the total percent of time spent on tasks totals more than 100% due to overlap in duties, please explain in the “additional comments” box.
* **Needed at Entry (supervisor only):** Is it necessary to know how to perform this task upon entry into this job?
	+ **No** = Success in this job does not require proficiency in this task prior to entry. Job demands allow a newly hired person to acquire task proficiency through training or experience on the job.
	+ **Yes** = Success in this job requires experience performing this task prior to entry. Job demands require task proficiency soon after hire (for example, in the first week or so) and there is no opportunity to learn to perform this task through training or experience on the job.

| **#** | **1A: Representative Job Duties** | **Frequency** | **Importance** | **% of time Spent on Task** | **Where Does Work Come From?** | **Work with Whom to Complete?** | **Needed at Entry****(Supervisor Only)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 2 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 3 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 4 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 5 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 6 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 7 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 8 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 9 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |
| 10 |  | [ ]  Never [ ]  Infrequently[ ]  Somewhat Frequently[ ]  Frequently[ ]  Very Frequently | [ ] Not Imp.[ ] Minor Imp.[ ] Important[ ] Critical |  |  |  | [ ]  Yes[ ]  No |

Please provide any additional comments for review regarding **representative job duties.**

|  |
| --- |
|  |

Please provide a **brief summary** of the main purpose of your job. (1-2 sentences)

|  |
| --- |
|  |

What is the total amount and type/name of any budget or funds for which you have direct accountability for?

|  |
| --- |
|  |

Please mark an “X” in any box that applies to your responsibility level for the budget.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Monitoring | [ ]   | Development | [ ]   | Recommend Purchases | [ ]   | Authorize Expenditures | [ ]   |

# SECTION 2: QUALIFICATIONS: KNOWLEDGE/ABILITIES

Knowledge and Abilities (KAs) are defined as:

* **Knowledge:** A body of information that an individual must know to perform an activity; understanding gained through experience or education.  (Examples: Knowledge of College District Rules and Regulations, and Knowledge of programming language/protocols)
* **Ability:** The potential to apply a knowledge or skill to a given situation; abilities usually involves cognitive processing.   (Examples: mathematical ability, ability to orally communication, writing ability, and ability to read blueprints)

Briefly and accurately report the KAs needed to perform this position. After reading the KAs, rate each statement on the following:

* **Importance:** How important is this KA for successfully performing your job?
	+ **Not important**. This KA is not important to successful performance.
	+ **Minor importance**. This KA is of minor importance to successful job performance.
	+ **Important**. This KA is important for successful performance.
	+ **Critical**. This KA is essential to the job and is critically important to successful performance.
* **Needed at Entry (supervisor only):** Is this KA needed upon entry into this job? In other words, must an individual be competent in a particular area before entering the job, or is an individual expected to gain competence through training or experience on the job.
	+ **No** = Successful job performance does not require proficiency in this KA prior to entry. Competence in this area must be developed over time through training or experience on the job.
	+ **Yes** = Successful job performance requires this KA prior to entry. Competence in this area is difficult to acquire, and job demands require this KA soon after hire (for example, in the first week or so).

| **#** | **2A: Knowledge**  | **Importance** | **Needed at Entry****(Supervisor Only)** |
| --- | --- | --- | --- |
| **1** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **2** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **3** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **4** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **5** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |

| **#** | **2B: Ability** | **Importance** | **Needed at Entry****(Supervisor Only)** |
| --- | --- | --- | --- |
| **1** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **2** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **3** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **4** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |
| **5** |  | [ ] Not Imp.[ ] Minor Imp. | [ ] Important[ ] Critical | [ ]  Yes[ ]  No |

#

# 6B: MINIMUM QUALIFICATIONS

## Education

Check the education that is minimally required to perform the job:

|  |  |
| --- | --- |
| [ ]  Less than High School | [ ]  Bachelor’s Degree (Undergraduate) |
| [ ]  High School Diploma or Equivalent (GED) | [ ]  Graduate Degree |
| [ ]  Technical School | [ ]  Other Degree |
| [ ]  Associate Degree |  |

Describe any specific education required to perform the job. (For example, what type of background would you expect a successful job applicant to have?)

|  |
| --- |
|  |

## Experience

Check the minimum number of years of experience that is needed to proficiently perform the job:

|  |  |
| --- | --- |
| [ ]  No experience needed [ ]  6 months or less | [ ]  1 year |
| [ ]  2-4 years [ ]  5 years + | ☐ Other (enter length of time and specify months/year) \_\_\_\_\_\_\_ |

Describe any specific work experience required to perform the job. Also, list any desirable experience. (For example, what type of background would you expect a successful job applicant to have?)

|  |
| --- |
|  |

## Licenses & Certifications

1. Does the job require a Driver’s License? [ ]  YES [ ]  NO If yes, specify type: \_\_\_\_\_\_\_\_\_
2. Please list any other licenses or certificates required by law or your employer to perform your job.

| **#** | **License or Certificate** | **Required by:** |
| --- | --- | --- |
|  |  | **Law** | **Employer** |
| 1 |  |[ ] [ ]
| 2 |  |[ ] [ ]
| 3 |  |[ ] [ ]

## 2C: Equipment Used

List electronic equipment, software, machines, tools, instruments, equipment, protective or vehicles used in performing the essential duties of the job.

| **#** | **Equipment** | **#** | **Equipment** |
| --- | --- | --- | --- |
| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

# SECTION 3: SUPERVISION/DIRECTION

## 3A: Supervision/Direction Received

1. Please select **one** of the following that best describes the type and amount of supervision that the position receives (even if already describe above).

|  |
| --- |
|[ ]  Supervisor frequently checks job activities. |
|[ ]  Works alone on routine or regular work assignments and checks with supervisor on non-routine assignments or when in doubt as to the correct procedures to follow. |
|[ ]  Receives occasional supervision while working toward a definite objective that requires use of a wide range of procedures. Plans and/or determines specific procedures or equipment required to meet assigned objectives and solves non-routine problems. Refers only unusual matters to supervisor. |
| [ ]   | Works from broad policies and towards general objectives. Refers specific matters to superior(s) only when interpretation or clarification of organizational policies is necessary. |
|[ ]  Works from general directives or broadly defined missions of the organization. |

1. From whom are work assignments received?

| **#** | **Work Assignment(s)** | **Assigned By** | **Title** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

##

## 3B: Supervision/Direction Given

1. Does the position directly supervise employees? [ ]  YES [ ]  NO

|  |
| --- |
| Indicate the total number of employees supervised directly \_\_\_\_ OR indirectly \_\_\_\_\_\_. |

1. Does position perform “Lead” duties? [ ]  YES [ ]  NO If “NO”, skip to Section 5

(Lead duties generally include providing work direction and/or ongoing guidance to staff; assigning and monitoring work; and assisting in providing information to the supervisor in areas such as employee selection and coverage schedules. Lead workers are not responsible for hiring/firing, corrective action, or preparing performance evaluations though they may provide input for the evaluations.)

1. List the employees directly supervised (include name, classification, and status). If position supervises more than ten employees, list only the job titles and number of people supervised:

Abbreviations:

* FTE = Full-time/Part-Time Permanent Employee
* PTE = Student Workers, Short-Terms, Professional Experts
* TEMP = External Temporary or Contracted Employee (ie. Independent contractors)

| **#** | **Job Title** | **Name(s)** | **# FTE** | **# PTE / TEMP** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**3B: What type of supervision/lead is provided?** Please select all of the supervisory/lead duties performed, the level of authority, and indicate whether the activity is performed for employees, non-employees (e.g. vendors), or both.

| **Duty** | **No Authority** | **Recommend** | **With Prior Approval** | **On Own Authority** | **Employee or Non-Employee****(EE or NE)** |
| --- | --- | --- | --- | --- | --- |
| Train others |[ ]  [ ]  |[ ] [ ]   |
| Hire employees |[ ]  [ ]  |[ ] [ ]   |
| Plan and/or schedule work for others **on specific projects**  |[ ]  [ ]  |[ ] [ ]   |
| Plan and/or schedule work for others **on a daily basis** |[ ]  [ ]  |[ ] [ ]   |
| Assign or delegate work to others **on specific projects** |[ ]  [ ]  |[ ] [ ]   |
| Assign or delegate work to others on a daily basis |[ ]  [ ]  |[ ] [ ]   |
| Monitor work of others on specific projects or on a daily basis (please specify) |[ ]  [ ]  |[ ] [ ]   |
| Establish rules, procedures, and/or standards |[ ]  [ ]  |[ ] [ ]   |
| Approve overtime and/or leave |[ ]  [ ]  |[ ] [ ]   |
| Evaluate performance |[ ]  [ ]  |[ ] [ ]   |
| Take corrective action |[ ]  [ ]  |[ ] [ ]   |
| Resolve complaints and/or grievances |[ ]  [ ]  |[ ] [ ]   |
| Other |[ ]  [ ]  |[ ] [ ]   |

# SECTION 4: Physical Requirements, Working Environment & Hazards (ADA)

Please review the definitions and check box that indicates how often you perform each physical requirement listed.

**Frequency:** This factor considers the frequency in which the physical requirements are performed as part of the essential functions of the job.

|  |  |
| --- | --- |
| **Rarely**: once or twice, or never | **Frequently**: weekly basis |
| **Seldom:** quarterly to yearly basis | **A few times per day**: 1-4 times per day |
| **Occasionally**: monthly/bi-monthly basis | **Several times per day**:5+ times per day |

**4A: Physical Requirements/Frequency**

| **Activity** | **Rarely** | **Seldom** | **Occasional** | **Frequently** | **Few Times/Day** | **Several Times/Day** |
| --- | --- | --- | --- | --- | --- | --- |
| **CLIMBING**: Ascends or descends ladders, stairs, scaffolding, ramps, poles, etc. using feet and legs and/or hands and arms |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **STOOPING**: Bends body downward and forward by bending spine at waist |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **KNEELING**: Bends legs at knee; comes to rest on a knee or knees |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **CROUCH**: Bends body downward and forward by bending leg and spine |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **CRAWLING**: Moves about on hands and knees or hands and feet |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **REACHING**: Extends hand(s) and arm(s) in any direction |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **STANDING**: Stands for long periods of time |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **WALKING**: Moves about on feet |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **SITTING**: Sits for extended periods of time |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **PUSHING**: Uses upper extremities to press against something with steady force to thrust object forward, downward or outward |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **PULLING**: Uses upper extremities to exert force to draw, drag, haul or tug objects in a sustained motion |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **LIFTING:** Raising objects from a lower to a higher position and moving objects horizontally from position-to-position. Please indicate amount of weight below:Up to 10 pounds [ ] 11 to 25 pounds [ ] 26 to 50 pounds [ ] 51 to 75 pounds [ ] 76 to 100 pounds [ ] Over 100 pounds [ ]  |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **FINGER DEXTERITY**: Picks, pinches, types, or otherwise primarily works with fingers rather than the whole hand or arm |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **GRASPING**: Applies pressure to an object with the fingers and palm |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **FEELING**: Perceives attributes of objects, such as size, shape, temperature, texture, by touching with skin, particularly that of fingertips |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **TALKING**: Expresses or exchanges ideas by means of the spoken word |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **HEARING**: Receives detailed information through oral communication |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **SEEING:** Ability to perceive the nature of objects by the eye as part of visual requirements performed as part of the essential job duties. |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |
| **BALANCING**: Maintains body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces (Exceeds that needed for ordinary locomotion and maintenance of body equilibrium) |[ ]  [ ]  |[ ] [ ] [ ]  [ ]  |

**4B: Working Environment:** What is the work environment or location in which you perform your duties? Please mark an “X” for the working conditions associated with this classification.

|  |  |  |
| --- | --- | --- |
| Primarily Office |[ ]  Primarily Indoor |[ ]  Primarily Outdoor |[ ]
| Indoor/Outdoor Split |[ ]  Driving a Vehicle for Work |[ ]  Adverse or Seasonal Weather |[ ]
| Constant Interruptions |[ ]  Noise (Equipment Operation) |[ ]  Fumes/Dust/Odors |[ ]
| Evening/Variable Hours |[ ]  Remain On-Call |[ ]   |  |
| Other/Comments: |  |

**4C: Hazards:** Please list hazardous or unpleasant working conditions in your job

|  |  |  |
| --- | --- | --- |
| **Hazards** | **Conditions under which hazard exists** | **Frequency** |
| Chemicals |  |  |
| Working around and with machinery having moving parts |  |  |
| Working at heights |  |  |
| Dissatisfied or hostile individuals |  |  |
| Extreme weather conditions |  |  |
| Blood/Bodily Fluids |  |  |
| Other |  |  |

# SECTION 5: EMPLOYEE STATEMENT

**EMPLOYEE’S STATEMENT**

If there are other aspects of your job not covered in this questionnaire that are important in understanding your job content, please describe below. You may also attach additional information or pages if needed. This includes any previous PDQs or job-related documents.

|  |
| --- |
|  |

[ ]  By checking this box, I confirm that I consent to participating in the interview/focus group process if requested.

[ ]  By checking this box, I certify that I am the individual named below who has completed this questionnaire.

|  |  |  |
| --- | --- | --- |
| **Printed Name:** |  | **Date:** |
|  |  |  |

**Please send to your immediate Supervisor**

**and HR (****kzaragoza@sbccd.cc.ca.us****) by Tuesday, April 2, 2019.**

***Thank you for your participation!***

# SECTION 6: SUPERVISOR STATEMENT

**IMMEDIATE SUPERVISOR STATEMENT**

Please review this employee’s questionnaire carefully to ensure and validate the accuracy of the information by completing this form.

Do not fill in these items unless you supervise the employee directly. Your certification below means that you accept responsibility for the accuracy and completeness of the entire questionnaire which describes the duties and responsibilities of the job.

If the Employee’s Statement does not match the duties, responsibilities and other requirements that you have assigned the employee, please clarify or elaborate below.

There are two essential cautions you should observe:

* **Under no circumstances** should the employee’s entries in the Employee’s Statement section be altered.
* Do not make any statements or comments about the employee’s work performance, competence, or qualifications. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

# 6A: PDQ validation

1. Do the **job duties** accurately reflect the general responsibilities and work performed by this classification? If not, please clarify.

|  |
| --- |
|  |

1. Do you agree with the **knowledge/abilities** and the ratings provided by the employee? If not, please clarify.

|  |
| --- |
|  |

1. Do you agree with the **equipment used that is described by the employee**? If not, please clarify.

|  |
| --- |
|  |

1. Do you agree with the **supervision given/received** as described by the employee? If not, please clarify.

|  |
| --- |
|  |

1. Is there any additional information that should be considered in evaluating the appropriate classification for this position?

|  |
| --- |
|  |

# 6B: MINIMUM QUALIFICATIONS

## Education

Check the education that is minimally required to perform the job:

|  |  |
| --- | --- |
| [ ]  Less than High School | [ ]  Bachelor’s Degree (Undergraduate) |
| [ ]  High School Diploma or Equivalent (GED) | [ ]  Graduate Degree |
| [ ]  Technical School | [ ]  Other Degree |
| [ ]  Associate Degree |  |

Describe any specific education required to perform the job. (For example, what type of background would you expect a successful job applicant to have?)

|  |
| --- |
|  |

## Experience

Check the minimum number of years of experience that is needed to proficiently perform the job:

|  |  |
| --- | --- |
| [ ]  No experience needed [ ]  6 months or less | [ ]  1 year |
| [ ]  2-4 years [ ]  5 years + | ☐ Other (enter length of time and specify months/year) \_\_\_\_\_\_\_ |

Describe any specific work experience required to perform the job. Also, list any desirable experience. (For example, what type of background would you expect a successful job applicant to have?)

|  |
| --- |
|  |

## Licenses & Certifications

1. Does the job require a Driver’s License? [ ]  YES [ ]  NO If yes, specify type: \_\_\_\_\_\_\_\_\_
2. Please list any other licenses or certificates required by law or your employer to perform your job.

| **#** | **License or Certificate** | **Required by:** |
| --- | --- | --- |
|  |  | **Law** | **Employer** |
| 1 |  |[ ] [ ]
| 2 |  |[ ] [ ]
| 3 |  |[ ] [ ]

## Knowledge & Abilities

1. Please check the appropriate boxes for 1A: Duties (needed at entry) on pages (2-3).
2. Please check the appropriate boxes for 2A: Knowledge and 2B Abilities (needed at entry) on page (5).

[ ]  By checking this box, I certify that I supervise the employee who has completed this questionnaire.

|  |  |  |
| --- | --- | --- |
| **Printed Name:** |  | **Classification Title:** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** |
|  |  |  |

**Supervisor-Please return completed PDQ to SBCC Human Resources Department Att: Karla Zaragoza at kzaragoza@sbccd.cc.ca.us by Tuesday, April 9, 2019.
*Thank you for your participation!***