**Job Analysis definition:**

A job analysis is the process used to collect information about the duties, responsibilities, necessary skills, outcomes and work environment of a particular job.

A job analysis can be performed by the Bureau of Rehabilitation Services Business Relations Consultants as well as a Certified Community Rehabilitation Provider. This Job Analysis Form should be used in conjunction with the employer’s job description, and also can be used in coordination with the CRP Community Based Situational Assessment Report. The Job Analysis Report provides essential information to guide the CRP concerning what information they should be collecting during the Community Based Situational Assessment.                               

**Required Information: To be completed by Employment Specialist (ES):**

|  |
| --- |
| **Report Date:** |
| **CRP/Agency:** |
| **Employment Specialist/Business Relations Consultant:** |
| **Assessment Site:** |
| **Address:** |
| **Analysis Date(s):** |
| **Analysis Schedule:** |
| **Wage/Salary:** |
| **Work Schedule:** |

**Vocational Capacity**

The Vocational Capacity assessment identifies which factor or factors are required to perform a specific job/task function. Please describe in the comment section the performance required for essential job tasks.

1. Standing:

Not present

Occasional

Frequent

Constant

Comments:

1. Walking:

Not present

Occasional

Frequent

Constant

Comments:

1. Sitting:

Not present

Occasional

Frequent

Constant

Comments:

1. Driving:

Not present

Occasional

Frequent

Constant

Comments:

1. Lifting:

Not present

Occasional

Frequent

Constant

Comments: (above waist, below waist, pounds)

1. Carrying:

Not present

Occasional

Frequent

Constant

Comments: (pounds, distance)

1. Pushing:

Not present

Occasional

Frequent

Constant

Comments: (pounds)

1. Pulling:

Not present

Occasional

Frequent

Constant

Comments: (pounds)

1. Climbing:

Not present

Occasional

Frequent

Constant

Comments: (ladders, stairs, scaffolds, ramps, poles)

1. Balancing:

Not present

Occasional

Frequent

Constant

Comments:

1. Stooping:

Not present

Occasional

Frequent

Constant

Comments:

1. Kneeling:

Not present

Occasional

Frequent

Constant

Comments:

1. Crouching:

Not present

Occasional

Frequent

Constant

Comments:

1. Reaching:

Not present

Occasional

Frequent

Constant

Comments: (overhead, chest level)

1. Gross Motor Skills:

Not present

Occasional

Frequent

Constant

Comments:

1. Fine Motor Skills:

Not present

Occasional

Frequent

Constant

Comments:

1. Communication:

Not present

Occasional

Frequent

Constant

Comments: (oral/verbal, gestural, signing/verbal)

1. Hearing Required:

Not present

Occasional

Frequent

Constant

Comments: (regarding coworkers, phone, public)

1. Exposure to weather:

Not present

Occasional

Frequent

Constant

Comments:

1. Exposure to Cold Temperatures:

Not present

Occasional

Frequent

Constant

Comments:

1. Exposure to Hot Temperatures:

Not present

Occasional

Frequent

Constant

Comments:

1. Exposure to Wet and/or Humid:

Not present

Occasional

Frequent

Constant

Comments:

1. Noise Intensity Level:

Not present

Occasional

Frequent

Constant

Comments: (quiet, moderate, loud, very loud)

1. Vibration:

Not present

Occasional

Frequent

Constant

Comments:

1. Atmospheric Conditions:

Not present

Occasional

Frequent

Constant

Comments: (odor, dust, mist, gas, fumes)

1. Mechanical Parts Hazard:

Not present

Occasional

Frequent

Constant

Comments:

1. Toxic/Caustic Chemical Hazard:

Not present

Occasional

Frequent

Constant

Comments:

1. Other Environmental Conditions:

Not present

Occasional

Frequent

Constant

Comments:

1. Protective Clothing:

Not present

Occasional

Frequent

Constant

Comments:

1. Near Acuity: (under 20 inches)

Not present

Occasional

Frequent

Constant

Comments:

1. Far Acuity: (over 20 feet)

Not present

Occasional

Frequent

Constant

Comments:

1. Depth Perception:

Not present

Occasional

Frequent

Constant

Comments:

1. Color Vision (Need to distinguish colors):

Not present

Occasional

Frequent

Constant

Comments:

1. Lighting Level:

Dim

Bright

Fluctuating

Comments:

**Interpersonal Interaction**

Describe how this position will interact with each of the following, including specific skills required:

|  |
| --- |
| **Co-workers:** |
| **Supervisor:** |
| **Public:** |
| **Customers:** |

**Additional notes if applicable:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employment Specialist Signature** |  | **Date** |