



City of Clarksville  
Essential Function and Job Analysis Form



Job Title

Date

Short Description

EF CODE

Physical Requirements Maximum Hours/Day	0	2	4	6	8	Physical Requirements Maximum Hours/Day	0	2	4	6	8
Heavy carrying – 45 lbs +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy lifting – 45 lbs +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate carrying – 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate lifting – 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying – under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight pulling of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling hand over hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bending / Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling / kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping – one hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing stairs/ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping – both hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment Requirements	Remarks / Adaptations
Outdoors - all seasons	<input type="checkbox"/>
Exposure to dust / fumes	<input type="checkbox"/>
Exposure to heat / cold	<input type="checkbox"/>
Exposure to water	<input type="checkbox"/>
Exposure to noise	<input type="checkbox"/>
Exposure to vibration	<input type="checkbox"/>
	<input type="checkbox"/>

Cognitive Skills	Remarks / Adaptations
Advanced math skills	<input type="checkbox"/>
Basic math skills	<input type="checkbox"/>
Problem solving / Reasoning	<input type="checkbox"/>
Reading technical documents	<input type="checkbox"/>
Reading – newspaper level	<input type="checkbox"/>
Special language skills	<input type="checkbox"/>
Interpersonal speaking	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>
Independent work	<input type="checkbox"/>
Ability to supervise others	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>
Ability to drive (non-CDL)	<input type="checkbox"/>
Ability to drive (CDL)	<input type="checkbox"/>
Use of firearm	<input type="checkbox"/>
Use of power tools	<input type="checkbox"/>
Ability to see objects	<input type="checkbox"/>
Ability to hear speech	<input type="checkbox"/>

Comments: