

**[Church Name]**  
**Job Analysis Form**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Job Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

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1. **Summary of Duties:** State briefly in your own words the main job duties. If the position is responsible for filling out reports/records then also complete Section 8.

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2. **Special Qualifications:** List any licenses, permits, certifications, etc. required to perform duties assigned to the position.

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3. **Equipment:** List any equipment, machines, or tools (e.g., computer, vehicles, fork lifts, etc.) normally operated as a part of the position's duties.

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4. **Regular Duties:** Describe the job duties regularly performed in general terms. List the job duties in descending order of importance and percent of time spent on them per month. List as many job duties as possible and attach additional sheets if necessary.

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5. **Contacts:** Does the job position require any contacts with other department employees, other departments, outside companies or agencies? If yes, please define the job duties requiring contacts and how often.

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6. **Supervision:** Does the job position have supervisory responsibilities?  Yes  No

If there's responsibility for the work of others but no direct supervision, please explain:

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7. **Decision Making:** Please explain the decisions the person in this position will make while performing the regular job duties.

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What would most likely be the result of making a poor judgement or decision or improper actions?

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8. **Responsibility for Records:** List the reports and files the person would be required to prepare or maintain. Please state for whom each report is intended in general terms.

REPORT

INTENDED FOR

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FILES MAINTAINED

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9. **Frequency of Supervision:** How frequently must the person confer with a supervisor or other personnel in making decisions or in determining the proper course of action to be taken?

Frequently

Occasionally

Seldom

Never

10. **Working Conditions:** Please describe the conditions under which the person in this position works (e.g., inside, outside, air-conditioned area, etc.). Please list any disagreeable or unusual working conditions.

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11. **Job Requirements:** Please indicate the minimum requirements necessary to perform satisfactorily in the position.

a. **Education:**

Minimum schooling \_\_\_\_\_

Specialization on Major \_\_\_\_\_

b. **Experience:**

Type \_\_\_\_\_

Type \_\_\_\_\_

c. **Special Training:**

Type \_\_\_\_\_

Type \_\_\_\_\_

d. **Required Licenses:**

Type \_\_\_\_\_

Type \_\_\_\_\_

