INTERVIEW GUIDE

NAME

AUTHORIZED TITLE

FUNCTIONAL TITLE

AGENCY Division

IMMEDIATE SUPERVISOR’S NAME

SUPERVISOR’S AUTHORIZED TITLE

**RELATIONSHIPS WITH OTHERS.** WHAT PEOPLE OR GROUPS OF PEOPLE DO YOU COME IN CONTACT WITH IN THE PERFORMANCE OF YOUR JOB WITHIN AND OUTSIDE YOUR AGENCY? INDICATE WHERE APPROPRIATE JOB TITLES OR FUNCTIONS OF YOUR CONTACTS. ALSO DESCRIBE THE NATURE AND PURPOSE OF YOUR INTERPERSONAL RELATIONSHIPS.

**BASIC PURPOSE OF POSITION.** BRIEFLY DESCRIBE (IN TWO OR THREE SENTENCES) THE OVERALL BASIC PURPOSE OF YOUR JOB.

**JOB CHANGES.** HAVE THERE BEEN ANY SIGNIFICANT JOB CHANGES SINCE YOUR APPOINTMENT? IF SO, INDICATE THE CHANGES THAT TOOK PLACE AND BRIEFLY DESCRIBE THE NATURE OF THE CHANGES.

**SPECIFIC DUTIES.** WHAT DO YOU DO? (LIST MOST IMPORTANT FIRST – AND CLEARLY INDICATE PERCENTAGE OF TIME SPENT ON EACH.)

**PROBLEM SOLVING:**  BRIEFLY DESCRIBE THE MAJOR PROBLEMS THAT YOU FACE IN THE PERFORMANCE OF YOUR JOB AND ALSO INDICATE WHAT YOU DO IN ORDER TO RESOLVE THEM.

**ASSIGNMENT, REVIEW AND APPROVAL OR WORK.**  WHO ASSIGNS, REVIEWS, AND APPROVES YOUR WORK? HOW DO YOU RECEIVE IT?

**SUPERVISORY RESPONSIBILITY.** WHOSE WORK DO YOU SUPERVISE\*? (INCLUDE TITLES.) \*THIS MEANS YOU DO THEIR PERFORMANCE EVALUATION.

**THEIR SUBORDINATES:** INDICATE BY AUTHORIZED TITLE THOSE POSITIONS WHICH REPORT TO YOU THROUGH YOUR IMMEDIATE SUBORDINATES:

**FUNCTIONAL SUPERVISION:** INDICATE BY AUTHORIZED TITLE THOSE POSITIONS WHICH REPORT TO YOU FOR ONLY A PORTION OF THEIR TOTAL JOB ASSIGNMENTS.

**EQUIPMENT OPERATION**: WHAT EQUIPMENT DO YOU OPERATE OR REPAIR?

**WORKING CONDITIONS.** BRIEFLY EXPLAIN ANY UNUSUAL WORKING CONDITIONS SUCH AS PHYSICAL EFFORT, HAZARDS, ENVIRONMENT, TIME DEMANDS, OR STRESS THAT ARE IMPORTANT ELEMENTS FOR ANYONE IN THIS JOB.

**SPECIAL REQUIREMENTS:** DOES YOUR JOB REQUIRE A CERTIFICATE, LICENSE, GRADUATE DEGREE OR OTHER SPECIAL REQUIREMENT?

**ADDITIONAL INFORMATION:** EXPLAIN ANY ASPECT OF YOUR JOB WHICH YOU FEEL HAS NOT BEEN COVERED BY THE PREVIOUS QUESTIONS AND WHICH YOU FEEL IS IMPORTANT IN UNDERSTANDING YOUR DUTIES.

Signature of Employee: Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interviewer: Date: