# Occupational Requirements Survey

| State and local government   |  |           |         |     |     |           |
|--|--|-----------|---------|-----|-----|-----------|
| Schedule Number  |  | Start     |         | F   | nd  |           |
| Total Employment   |  | PSO Em    | ploymen | it  |     |           |
| Selected Occupations   |  | Occ. Emp. | FT/PT   | U/N | T/I | Observed? |
| 1  |  |           |         |     |     |           |
| 2  |  |           |         |     |     |           |
| 3  |  |           |         |     |     |           |
| 4  |  |           |         |     |     |           |
| 5  |  |           |         |     |     |           |
| 6  |  |           |         |     |     |           |
| 7  |  |           |         |     |     |           |
| 8  |  |           |         |     |     |           |
| State and local government   |  |           | •       |     | -   |           |
| The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS  This report is authorized by law, 29 U.S.C. 9. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely. |  |           |         |     |     |           |

We estimate that it will take an average of 76 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-XXXX), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

ORS Form 4 PPD-4G (XXXX-2014)

will hold the information provided on this survey form in

confidence.

| Quote # |
|---------|
|---------|

| JOB DETAILS     |      |     |      |                 |   |   |
|-----------------|------|-----|------|-----------------|---|---|
| Job Title       |      |     |      |                 |   |   |
| Job Code        |      | SOC |      |                 |   |   |
| Work Schedule   |      |     |      | Job Description | Y | N |
| Non-Supervisory | Lead |     | Supe | rvisory         |   |   |

# SPECIFIC VOCATIONAL PREPARATION

| JOB TASKS/NOTES | EDUCATIONAL REQUIREMENTS   |
|-----------------|--|
|                 | <ol> <li>Minimum education required? If no minimum, must workers be able to read and write?</li> </ol> |
|                 |  |
|                 | 2. Prior work experience required? How much?   |
|                 |  |
|                 | 3. Post-employment training (OJT, mentoring, etc.) required? Type and how much?                        |
|                 |  |

4. Professional certification, state or industry license, other preemployment training required? Type and time to obtain?

#### **COGNITIVE ELEMENTS**

- 1. How complicated are the tasks of the occupation?
  - € **Very simple** (Clear cut tasks, requiring little or no decision-making)
  - € **Simple** (Deciding between a limited number of easily recognizable or established choices)
  - **€ Moderate** (Deciding between many different alternatives)
  - € Complex (Judgment required to make decisions regarding many different and unrelated work methods and processes)
  - € **Very complex** (Substantial depth of analysis required to make decisions in many areas of uncertainty in approach, methodology, interpretation, or evaluation)
- 2. How closely controlled is the occupation's work?
  - € **Very closely** (Detailed directions, strict guidelines)
  - € Closely (Limited instruction on recurring assignments; supervisor assistance with unusual situations)
  - € **Moderately** (General guidelines provided; makes minor adjustments; refers unforeseen situations to supervisor)
  - € Loosely (General objectives; supervision minimal, makes adjustments)
  - € **Very loosely** (Goals, priorities and deadlines determine tasks)

- 3. How often are there deviations from the norm in:
  - a. Work tasks?

Use the following options for 3a, b, and c: **Hourly** (At least once every hour of a typical work day)

**Daily** (Less than hourly but at least once per day)

Weekly (Less than daily but occurs at least

| b. | Work schedule? |  |
|----|----------------|--|
|    |                |  |

c. Work location?

**Regular Contacts:** People with whom there **is** an established working relationship

**Other:** People with whom there **is no** established working relationship, includes

- 4. How often does the occupation verbally interact (work related) with regular contacts?
  - **€ Hourly** (At least once every hour of a typical work day)
  - € **Daily** (Less than hourly but at least once per day)
  - € Weekly (Less than daily but occurs at least once per week)
  - € **Monthly** (Less than weekly but occurs at least once per month)
  - € Less Often than Monthly (includes never)
- 5. What type of work-related interactions does the occupation have with **regular contacts**?
  - € **Very structured** (Exchanging straightforward, factual information)
  - € **Structured** (Coordinating, routine problem-solving)
  - € **Semi-structured** (Problem-solving, discussing, some gentle persuading, soft-selling)
  - € **Unstructured** (Influencing, persuading, hard-selling, controlling situations)
  - € **Very unstructured** (Defending, negotiating, resolving controversial or long-term issues)
- 6. How often does the occupation verbally interact (work related) with people **other** than regular contacts?
  - **€ Hourly** (At least once every hour of a typical work day)
  - € **Daily** (Less than hourly but at least once per day)
  - € **Weekly** (Less than daily but occurs at least once per week)
  - € **Monthly** (Less than weekly but occurs at least once per month)
  - € Less Often than Monthly (includes never)
- 7. What type of work-related interactions does this occupation have with people **other** than regular contacts?
  - € **Very structured** (Exchanging straightforward, factual information)
  - € **Structured** (Coordinating, routine problem-solving)
  - € **Semi-structured** (Problem-solving, discussing, some gentle persuading, soft-selling)
  - € Unstructured (Influencing, persuading, hard-selling, controlling situations)
  - € **Very unstructured** (Defending, negotiating, resolving controversial or long-term issues)

# PHYSICAL DEMANDS

Capture duration unless otherwise indicated

| Sitting/Standing or Walking  | Notes: |
|--|--------|
| Sitting  |        |
|  |        |
|  |        |
| Standing/Walking   |        |
|  |        |
|  |        |
| Sitting vs. Standing/Walking at will (Yes/No)                              |        |
|  |        |
| Tities (Collect much of collect  |        |
| <b>Lifting/Carrying</b> (Collect number of pounds)  Most weight ever       |        |
| wiost weight ever  |        |
|  |        |
| More than 2/3 of the time  |        |
|  |        |
|  |        |
| 1/3 to 2/3 of the time   |        |
|  |        |
|  |        |
| 2%to 1/3   |        |
|  |        |
|  |        |
| Seldom (<2%)   |        |
|  |        |
| Ducking/Dulling (Callect duration and ana/hath)                            |        |
| <b>Pushing/Pulling</b> (Collect duration and one/both) Hand/Arm (One/Both) |        |
|  |        |
|  |        |
| Foot/Leg (One/Both)  |        |
|  |        |
|  |        |
| Foot Only (One/Both)   |        |
|  |        |
|  |        |

| Reaching (Collect duration and one/both)  | Notes: |
|---|--------|
| Overhead (One/Both)   |        |
|   |        |
|   |        |
| At/Below Shoulder (One/Both)  |        |
|   |        |
| Keyboarding   |        |
| • Traditional   |        |
| 40.17   |        |
| • 10-Key  |        |
| Touch Screen  |        |
| 0.1 (1 )  |        |
| Other (document)  |        |
| <b>Manipulation</b> (Collect duration and one/both)                                     |        |
| Gross (One/Both)  |        |
|   |        |
| Fine (One/Both)   |        |
| Tille (Olle/Boul)   |        |
|   |        |
| Foot/Leg Controls (One/Both)  |        |
|   |        |
|   |        |
| Getting Low   |        |
| Stooping  |        |
|   |        |
| Crouching   |        |
|   |        |
| Kneeling  |        |
|   |        |
| Crawling  |        |
| Crawing   |        |
|   |        |
| Climbing  |        |
| Ramps/Stairs, related to job duties or structure, collect duration for job duty related |        |
| concertaintion for job daty related   |        |

|                         | 22 | P11 C5 2 1/2 1/2 1/2 1/2 1 |
|-------------------------|----|----------------------------|
| Ladders/Ropes/Scaffolds |    |                            |
|                         |    |                            |
|                         |    |                            |

## **Driving**

- Yes/No
- Vehicle Type

## **Communicative Requirements**

Communicating Verbally (Capture Duration)

#### Hearing:

- Hear and understand one-on-one in person Hear and understand one-on-one in person (Yes/No)
- Hear and understand in a group or conference in person (Yes/No)
- Hear and understand on the telephone (*Yes/No*)
- Hear and understand other sounds (*Yes/No*)
- Passage of hearing test required (Yes/No)

### Vision:

- Near Visual Acuity (Yes/No)
- Far Visual Acuity (Yes/No)
- Peripheral Vision (Yes/No)

## **ENVIRONMENTAL CONDITIONS**

Capture duration unless otherwise indicated

| Noise Intensity Level                                | Notes: |
|--|--------|
| Select from: Quiet, Moderately Loud, Loud, Very Loud |        |
|  |        |
|  |        |
| Outdoors   |        |
|  |        |
|  |        |
|  |        |
| Extreme Heat (non-weather related)                   |        |
| Externe freat (non-weather related)                  |        |
|  |        |
|  |        |
| Extreme Cold (non-weather related)                   |        |
| Extreme Cold (non-weather related)                   |        |
|  |        |
|  |        |
| 717 ( ) ( ) ( ) ( ) ( ) ( ) ( )                      |        |
| Wetness (non-weather related)                        |        |
|  |        |
|  |        |
|  |        |
| Humidity (non-weather related)                       |        |
|  |        |
|  |        |
|  |        |
| Heavy Vibration                                      |        |
|  |        |
|  |        |
|  |        |
| Fumes, Noxious Odors, Dusts, Gases                   |        |
|  |        |
|  |        |
|  |        |
| Toxic, Caustic Chemicals                             |        |
|  |        |
|  |        |
|  |        |
| Proximity to Moving Mechanical Parts                 |        |
| , o  |        |
|  |        |
|  |        |
| High, Exposed Places                                 |        |
| O, —F 0000 2 10000                                   |        |
|  |        |
|  |        |
|  |        |

O.M.B. #1220-XXXX Expires X/XX/XX