

**U.S. Department of Labor  
Bureau of Labor Statistics**

**Occupational Requirements  
Survey**



**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 will hold the information provided on this survey form in confidence.

*This report is authorized by law, 31 United States Code §§ 1535/FAR 17.5 of the Economy Act. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.*

O.M.B. #1220-0189  
Expires XXXX

We estimate that it will take an average of 66 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 (1220-0189), 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.

<b>Schedule number:</b>	<b>Start:</b>	<b>End:</b>
<b>Total Employment:</b>		

	<b>Selected Occupations</b>	<b>Occ. Emp.</b>	<b>FT/PT</b>	<b>SOC</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				

**PRINT ADDITIONAL COPIES OF PAGES 3-16, AS NEEDED.**

# Notes

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Quote Details**

Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Quote Details**

Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Quote Details**

Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Quote Details			
Job Title:		Job Description: (Y/N)	
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Quote Details			
Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Quote Details**

Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?



Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**Quote Details**

Job Title:	Job Description: (Y/N)		
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Quote Details			
Job Title:		Job Description: (Y/N)	
Job Observation (select):	Yes - requested	Yes - offered	No
Critical Job Function:			

**SVP**

**Critical Tasks/Notes**

Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Critical Tasks**

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

**Additional notes:**

**COGNITIVE ELEMENTS - Work Review**

1. How frequently is work checked in this job by a supervisor or lead worker?

- (A) More than once per day
- (B) Once per day
- (C) Less often than once per day, but at least once per week
- (D) Less often than weekly

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Work Rev Freq								

2. Are supervisors or lead workers generally present in the same physical work area as workers?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								

**COGNITIVE ELEMENTS - Pace**

1. What most controls the work load of this job (Select one)?

- (A) Machinery, Equipment, or Software
- (B) (Company determined) numerical performance targets
- (C) People (such as customers, supervisor, etc.)
- (D) Self-paced by Worker
- (E) Other (specify)

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Work Load								

2. How would you describe the pace of work for this job? Would you say that in a typical day or week...

- (A) The pace is consistent, and generally fast
- (B) The pace is consistent, and generally slow
- (C) The pace varies

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Work Pace								

3. Can workers step away from their work area easily outside of scheduled breaks?

<b>Quote Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Yes</b>								
<b>No</b>								

**COGNITIVE ELEMENTS - Personal Contacts**

1. How often does this occupation require verbal, work-related interactions?

- (A) Constantly, every few minutes
- (B) Not constantly, but more than once per hour
- (C) Not every hour, but more than once per day
- (D) Once per day or less often

Enter the appropriate letter answer for each quote.

<b>Quote Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Verbal Interact</b>								

2. The next question is about “people skills.” We define people skills as the ability to listen, communicate, and relate to others. In a job where basic people skills are required, workers often work alone, or usually are only expected to engage in simple, brief work-related communication and to treat other with respect. Does this job require basic or more than basic people skills?

<b>Quote Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Basic</b>								
<b>More than Basic</b>								

**COGNITIVE ELEMENTS – Problem Solving**

1. The next question is about “problem solving” tasks that the worker does in his/her job. Think of “problem solving” as what happens when workers are faced with a new or difficult situation which requires them to think for a while about what to do next. How often is the worker responsible for solving problems that take more than 5 minutes to think of a good solution?

- (A) More than once per day
- (B) Once per day
- (C) Not every day, but at least once per week
- (D) Not every week, but at least once per month
- (E) Less often than monthly, including never

Enter the appropriate letter answer for each quote.

<b>Quote Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Problem Solving</b>								



















4. Excluding weather, how much of their day do employees in this job generally come in contact with water or other liquids?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

5. How much of their day do employees in this job generally work in non-weather related humidity?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

6. How much of their day do employees in this job generally encounter heavy vibration (exposure to a shaking object or surface that causes a strain on the body or extremities)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

7. How much of their day do employees in this job generally come in contact with hazardous contaminants (substances that may have a negative impact upon respiration, eyes, skin, or other living tissue via inhalation, ingestion, or contact)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\*Document the use of Personal Protective Equipment (PPE) if the element is present.

8. How much of their day do employees in this job generally work in conditions where bodily injury from moving, mechanical parts of equipment, tools, or machinery is possible?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.

9. How much of their day do employees in this job generally work in high, exposed places?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.

**10. How would you describe the noise level where employees in this job typically work?**

<b>Quote Number</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Quiet</b> - Library, Golf Course								
<b>Moderate</b> - Office, Retail Store, Light Traffic								
<b>Loud</b> - Heavy Traffic, Manufacturing								
<b>Very Loud</b> - Jack Hammer, Front Row at a Rock Concert								
<b>Unknown</b>								
<b>PPE*</b> (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.