



GASTON COUNTY

Job Analysis Questionnaire

LAST NAME	FIRST NAME	INITIAL	EMPLOYEE ID#
JOB TITLE			POSITION #
Shelter Support Services Liason			
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
NAME OF IMMEDIATE SUPERVISOR			EMPLOYEE ID#
TITLE OF IMMEDIATE SUPERVISOR			POSITION #
CAC & Shelter Administrator			

Follow the directions provided on the Job Analysis Questionnaire Sheet. Describe below in detail the work you perform.

Rank	Work Performed	% Time
1	Crisis Line response including but not limited to assessment of crisis call criteria, donation coordination, community education regarding service provision, and referral coordination in both English and Spanish. This includes front desk coverage for security monitoring and safety of residents upon entry/exit of the building.	35
2	Assist staff members with provision of direct service needs for residents including but not limited to meal preparations, referral coordination, case management services and ensuring a safe, trauma reducing atmosphere. This includes assisting in locating or coordinating basic needs or requests while working at front desk work station in both English and Spanish.	35
3	Provide transportation services and childcare services for clients related to support group, parenting classes, job searching, seeking housing, or other approved appointments. Provide bilingual services upon request to serve clients within the department.	20
4	On an as needed basis, other duties to include: room cleaning, donation sorting, grocery pick-up, tracking activities for monthly reporting and attend team meetings/trainings. Additionally, staff may be asked to cover other shifts for holidays or to assist teammates.	10
5		
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10		

Attach additional sheets if necessary.



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How long have duties been the same as described? Years Months							
What is the nature and extent of instructions received? verbal, written memos, emails							
What other guides are used? Council for Women's DV guidelines, and any other policy and regulations governing the Shelter's operation							
How, and to what extent, is work reviewed? Work will be reviewed by supervisor.							
Describe your contacts with other departments, outside organizations, and the general public.							
List any machines you use regularly in your work and the percent of time spent operating each.							
Machine	Time	Machine	Time	Machine	Time	Machine	Time
computer	25%						
fax/copier	10%						
phone	25%						
automobile	20%						
Regular Daily Work Hours:		From: 8:00		To: 5:00			
Regular Days Off Each Week				Note:			
Total Hours per Week:		40		Explain any permanent 2 nd , 3 rd , or Rotation Shift:			
Staff member may be required to provide after-hours coverage as needed.							

I certify that I have read the instructions, that the information given is my own, and to the best of my knowledge it is accurate and complete.

Signature: _____

Date: _____

Statement of Immediate Supervisor

The statements of the employee are correct and complete with the following exceptions or additions:

Indicate the minimum qualifications which you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

Specify type and length

Minimum Education:	High School Diploma or GED
Minimum Experience:	2 year of experience working with trauma survivors or helping profession preferred.
Licenses or Certifications required:	Valid NC drivers license required. CDL preferred.
Special knowledge, abilities, skills, physical requirements, and other factors:	
Bilingual in Spanish and English Required.	

Immediate Supervisor's Signature: Heather Kowalski

Date: 5.6.24

Statement of Department Director: Tara J. Miller, Director

Date: 5.6.24

Comment on the above statements of the employee and supervisor. Indicate any inaccuracies or statement with which you disagree. Please comment on the qualifications suggested by the supervisor.

Department Director's Signature: Tara J. Miller

Date: 5.6.24