

PART II - INFORMATION ABOUT YOUR JOB DUTIES

Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job.

Job Title (from Part I)

- A. In your job did you:
- | | | |
|---|------------------------------|-----------------------------|
| Use machines, tools, or equipment of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use technical knowledge or skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do any writing, complete reports or perform similar duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any supervisory responsibilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did and the nature of any reports; and the number of people you supervised and the extent of your supervision.

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- | | | |
|------------------------------|--|--|
| Walking | Circle the number of hours a day spent walking | 0 1 2 3 4 5 6 7 8 |
| Standing | Circle the number of hours a day spent standing | 0 1 2 3 4 5 6 7 8 |
| Sitting | Circle the number of hours a day spent sitting | 0 1 2 3 4 5 6 7 8 |
| Bending | Circle how often a day you had to bend | Never - Occasionally - Frequently - Constantly |
| Lifting and Carrying: | Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried. | |

Heaviest weight lifted	Weight frequently lifted or carried
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> Up to 10 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Up to 25 lbs.
<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> Over 100 lbs.	

PART II - INFORMATION ABOUT YOUR JOB DUTIES

Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job.

Job Title (from Part I)

- A. In your job did you:
- | | | |
|---|------------------------------|-----------------------------|
| Use machines, tools, or equipment of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use technical knowledge or skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do any writing, complete reports or perform similar duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any supervisory responsibilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did and the nature of any reports; and the number of people you supervised and the extent of your supervision.

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- | | | |
|------------------------------|--|--|
| Walking | Circle the number of hours a day spent walking | 0 1 2 3 4 5 6 7 8 |
| Standing | Circle the number of hours a day spent standing | 0 1 2 3 4 5 6 7 8 |
| Sitting | Circle the number of hours a day spent sitting | 0 1 2 3 4 5 6 7 8 |
| Bending | Circle how often a day you had to bend | Never - Occasionally - Frequently - Constantly |
| Lifting and Carrying: | Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried. | |

Heaviest weight lifted	Weight frequently lifted or carried
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> Up to 10 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Up to 25 lbs.
<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> Over 100 lbs.	

PART II - INFORMATION ABOUT YOUR JOB DUTIES

Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job.

Job Title (from Part I)

- A. In your job did you:
- | | | |
|---|------------------------------|-----------------------------|
| Use machines, tools, or equipment of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use technical knowledge or skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do any writing, complete reports or perform similar duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any supervisory responsibilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did and the nature of any reports; and the number of people you supervised and the extent of your supervision.

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- | | | |
|------------------------------|--|---|
| Walking | Circle the number of hours a day spent-walking | 0 1 2 3 4 5 6 7 8 |
| Standing | Circle the number of hours a day spent standing | 0 1 2 3 4 5 6 7 8 |
| Sitting | Circle the number of hours a day spent sitting | 0 1 2 3 4 5 6 7 8 |
| Bending | Circle how often a day you had to bend | Never - Occassionally - Frequently - Constantly |
| Lifting and Carrying: | Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried. | |

Heaviest weight lifted	Weight frequently lifted or carried
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> Up to 10 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Up to 25 lbs.
<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> Over 100 lbs.	

PART II - INFORMATION ABOUT YOUR JOB DUTIES

Provide the following information (on pages 2-5) for each of the jobs listed in Part I starting with your usual job.

Job Title (from Part I)

- A. In your job did you:
- | | | |
|---|------------------------------|-----------------------------|
| Use machines, tools, or equipment of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use technical knowledge or skills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do any writing, complete reports or perform similar duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have any supervisory responsibilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B. Describe your basic duties (explain what you did and how you did it) below. Also, explain all "Yes" answers by giving a FULL DESCRIPTION of: the types of machines, tools, or equipment you used and the exact operation you performed; the technical knowledge or skills involved; the type of writing you did and the nature of any reports; and the number of people you supervised and the extent of your supervision.

C. Describe the kind and amount of physical activity this job involved during a typical day in terms of:

- | | | |
|------------------------------|--|---|
| Walking | Circle the number of hours a day spent walking | 0 1 2 3 4 5 6 7 8 |
| Standing | Circle the number of hours a day spent standing | 0 1 2 3 4 5 6 7 8 |
| Sitting | Circle the number of hours a day spent sitting | 0 1 2 3 4 5 6 7 8 |
| Bending | Circle how often a day you had to bend | Never - Occassionally - Frequently - Constantly |
| Lifting and Carrying: | Describe what was lifted, and how far it was carried. Check below heaviest weight lifted, and weight frequently lifted and/or carried. | |

Heaviest weight lifted	Weight frequently lifted or carried
<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> Up to 10 lbs.
<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> Up to 25 lbs.
<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> Up to 50 lbs.
<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> Over 50 lbs.
<input type="checkbox"/> Over 100 lbs.	

IF YOU NEED ADDITIONAL SPACE TO PROVIDE INFORMATION ABOUT OTHER JOBS LISTED IN PART I OF THIS FORM, USE PART III OR ASK THE DEPARTMENT OF HUMAN SERVICES FOR ADDITIONAL COPIES OF THIS FORM.

