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| --- | --- | --- | --- |
| Job Title: |  | Date: |  |
| Job Code: |  | Grade: |  |
| Dept/Group Name: |  | Full-Time/Part-Time |  |
| Location(s) Name: |  | Year-Round/Seasonal: |  |
| Resort(s): |  | | |
| Reports to Title: |  | | |
| Prepared By: |  | | |
| Exempt / Non Exempt: | Exempt Non-Exempt | | |

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| SUMMARY OF JOB: *(In about four sentences, describe the primary purpose of this position.)* |
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| ESSENTIAL JOB RESPONSIBILITIES: *(List the 8 – 10 most important responsibilities, from most significant to least. “Tab” to new bullet.)* |
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| SCOPE: | |
| Expense Budget Responsibility: |  |
| # of Departments & Locations Responsible for: |  |
| # Direct Reports & Titles: |  |
| # People Managed: |  |

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| **JOB REQUIREMENTS:** *(Identify the* ***MINIMUM*** *education, experience, etc. required to perform the job.*  *Be specific. Example for Supervisory Experience: 5 years experience in managing staff at supervisory level.)* | | | |
| Education: |  | | |
| Work Experience: |  | | |
| Supervisory Experience: |  | | |
| Licenses/Accreditations: |  | | |
| Computer Skills: |  | | |
| Language(s) Skill: |  | | |
| Other Requirements: |  | | |
| Preferred Skills: |  | | |
| **PHYSICAL REQUIREMENTS:** *(****MINIMUM*** *requirements to perform job. Check all that apply. Does not have to add up to 100% of time.)* While the following attempts to communicate the traditional physical demands associated with this position, the company will consider varying such requirements whenever necessary to provide individuals with disabilities an equal employment opportunity. | | | |
| Maximum Weight Lifted: | | | 0 – 10 lbs  11 – 25 lbs  26 – 50 lbs  51 – 100 lbs |
| Lifting Frequency (up to maximum weight): | | | Not Required  1/3  2/3  More than 2/3 |
| Standing Frequency: | | | Not Required  1/3  2/3  More than 2/3 |
| Walking Frequency: | | | Not Required  1/3  2/3  More than 2/3 |
| Sitting Frequency: | | | Not Required  1/3  2/3  More than 2/3 |
| Using Hands to Finger: | | | Not Required  1/3  2/3  More than 2/3 |
| Using Hands to Feel: | | | Not Required  1/3  2/3  More than 2/3 |
| Reaching w/ Hands/Arms: | | | Not Required  1/3  2/3  More than 2/3 |
| Climb or Balance: | | | Not Required  1/3  2/3  More than 2/3 |
| Stoop, Kneel, Crouch or Crawl: | | | Not Required  1/3  2/3  More than 2/3 |
| Talk or Hear: | | | Not Required  1/3  2/3  More than 2/3 |
| Taste or Smell: | | | Not Required  1/3  2/3  More than 2/3 |
| Vision: | | | Close  Distance  Color  Peripheral  Depth Perception  Ability to adjust focus |

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| **OTHER REQUIREMENTS:** *(Indicate specifics of other job requirements.)* | |
| Indoor/Outdoor: |  |
| Hazardous Materials/Noise: |  |
| Equipment Used in Job: |  |
| Holidays/Weekends/Evenings: |  |
| Other: |  |

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| **JOB DESCRIPTION APPROVERS** | |
| **The individual preparing this document is responsible for gaining approval/agreement on the accuracy of this job description.**  **Please indicate the names & dates of who approved, and can be contacted if needed, regarding this description. The Compensation department will only evaluate job descriptions that have gone through all the approvals.**  **Signatures are not required, as this form is to be submitted electronically.** | |
| Manager/Supervisor Name & Title: |  |
| Department Director Name & Title: |  |
| HR Manager or Director Name & Title: |  |

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| **JOB EVALUATION COMMITTEE USE ONLY** | |
| Experience/Education: |  |
| Skill: |  |
| Duties and Tasks: |  |
| Autonomy: |  |
| Area of Responsibility: |  |
| Employees Supervised: |  |
| Budget Responsibility: |  |