



TO PROJECT DIRECTORS: Please complete this form and submit with the New Hire Package, Re-Hire paperwork, Transfers, or Promotion information

JOB DUTIES & QUALIFICATIONS

Please Print

EMPLOYEE'S/CANDIDATE'S NAME _____

SS# _____ JOB TITLE _____

PROJECT # _____ PROJECT DIRECTOR'S NAME _____

IS THIS PROJECT ASSOCIATED WITH DOE, DYCD or OPWDD (OMRDD)? YES ___ NO ___

DOES THIS PROJECT'S SPONSOR REQUIRE NOTIFICATION IF THE BACKGROUND CHECK REPORT CONTAINS A CRIMINAL CONVICTION HISTORY? YES ___ NO ___

1- IS THIS: A NEW HIRE? YES ___ NO ___;
A RE-HIRE AFTER a 120 DAY or more BREAK-IN-SERVICE? YES ___ NO ___; or
A PROMOTION? YES ___ NO ___
2- WILL THIS EMPLOYEE EVER BE REQUIRED TO DRIVE A MOTOR VEHICLE DURING WORK HOURS?....YES ___ NO ___
If yes, please attach a copy of the employee's driver's license
3- WILL THIS EMPLOYEE HAVE FIDUCIARY RESPONSIBILITIES OR OTHERWISE BE HANDLING OR HAVE ACCESS TO MONIES? YES ___ NO ___

LIST THE 5 MOST ESSENTIAL TASKS/DUTIES/FUNCTIONS OF THIS JOB:
1. _____
2. _____
3. _____
4. _____
5. _____

DOES THE PROJECT FOR WHICH THIS POSITION IS BEING CONSIDERED:
INVOLVE CONTACT, IN ANY CAPACITY, WITH CHILDREN? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH DOE, DYCD, or OPWDD (OMRDD) STUDENTS?..... YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH LEP/ELL/ESL STUDENTS? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH THE ELDERLY? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH THE MEDICALLY CHALLENGED? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH THE DISABLED? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH INDIVIDUALS HAVING A PHYSICAL OR MENTAL CONDITION, AND WHO ARE CONFINED TO A HOSPITAL, SANTARIUM, HOSPICE, OR OTHER INSTITUTION? YES ___ NO ___
INVOLVE HANDLING OR KNOWLEDGE OF SENSITIVE PERSONNEL INFORMATION? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH CURRENT OR FORMER PRISON INMATES, PAROLEES, OR PROBATIONERS? YES ___ NO ___
INVOLVE CONTACT, IN ANY CAPACITY, WITH ANY INDIVIDUAL WHOSE AFFAIRS ARE HANDLED BY A SURROGATE OR COURT APPOINTEE? YES ___ NO ___
INVOLVE, IN ANY CAPACITY, USE OF, OR ACCESS TO, HAZARDOUS MATERIALS OR DRUGS? YES ___ NO ___

QUALIFICATIONS REQUIRED: _____

PROJECT DIRECTOR'S SIGNATURE _____ EMPLOYEE'S/CANDIDATE'S SIGNATURE _____ DATE: _____