



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

JOB DUTIES & QUALIFICATIONS

Please Print

EMPLOYEE'S/CANDIDATE'S NAME _____ SS# _____

PROJECT # _____ PROJECT DIRECTOR'S NAME _____

JOB TITLE _____

IS THIS: A NEW HIRE? YES ___ NO ___; A RE-HIRE AFTER A 30 DAY or more BREAK IN SERVICE? YES ___ NO ___;
A PROMOTION? YES ___ NO ___

LIST THE 5 MOST ESSENTIAL TASKS/DUTIES/FUNCTIONS OF THIS JOB:

1. _____
2. _____
3. _____
4. _____
5. _____

WILL THIS EMPLOYEE EVER BE REQUIRED TO DRIVE A MOTOR VEHICLE DURING WORK HOURS? YES ___ NO ___

WILL THIS EMPLOYEE HAVE FIDUCIARY RESPONSIBILITIES OR OTHERWISE BE HANDLING OR HAVE ACCESS TO MONIES? YES ___ NO ___

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 D.O.E. STUDENTS? YES ___ NO ___

INVOLVE CONTACT, IN ANY CAPACITY, WITH 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 ARE CONFINED TO A HOSPITAL, SANITARIUM, HOSPICE, OR OTHER INSTITUTION? 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 ___

LIST THE QUALIFICATIONS ADVERTISED FOR THIS POSITION IN ORDER OF IMPORTANCE TO THE JOB:

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PROJECTOR DIRECTOR'S SIGNATURE _____ / EMPLOYEE'S/CANDIDATE'S SIGNATURE _____ / DATE _____