

JOB DUTIES & QUALIFICATIONS

To Project Directors: Complete this form and submit with the new hire packet, re-hire paperwork, transfer or promotion information.

Employee's /Candidate's Name _____

Job Title _____

Project # _____ Project Director's Name _____

Is this project associated with DOE, NYS Education Department, NYC DOE, DYCD, or OPWDD (OMDD)? Yes No

1. Is this: A new hire? Yes No

 A re-hire after a 120 day or more break in service? Yes No

 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 or signatory authority over funds of \$10,000 or more? 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

1. Involve contact, in any capacity, with children? Yes No

2. Involve contact, in any capacity, with LEP/ELL/ESL students? Yes No

3. Involve contact, in any capacity, with the elderly? Yes No

4. Involve contact, in any capacity, with the medically challenged? Yes No

5. Involve contact, in any capacity, with the disabled? Yes No

6. Involve contact, in any capacity, with individuals having a physical or mental condition, and Who are confined to a hospital, sanitarium, hospice, or other institution? Yes No

7. Involve handling or knowledge of sensitive personnel information? Yes No

8. Involve contact, in any capacity, with current or former prison inmates, parolees or probationers? Yes No

9. Involve contact, in any capacity, with any individual whose affairs are handled by a surrogate or court appointee? Yes No

10. Involve contact, in any capacity, use of, or access to, hazardous materials or drugs? Yes No

Qualifications Required _____

Project Director Signature

Employee / Candidate Signature

Date