



**National Older Worker Career Center (NOWCC) & National Park Service (NPS)**

**Experienced Services Program (ESP) Job Description**

**Agreement Number:** Click or tap here to enter text.

**JOB INFORMATION**

|  |  |
| --- | --- |
| NPS Division/Office: Click or tap here to enter text. | Job Title: Click or tap here to enter text. |
| Job Level: Click or tap here to enter text. | Hourly Wage: $ Click or tap here to enter text. |

Average Hours/Week: Click or tap here to enter text.

*(Note: 60+ hours/pay period will result in the individual’s eligibility for health insurance)*

**Primary Location for Enrollee:**

Office Name: Click or tap here to enter text.

Office Address:Click or tap here to enter text.

Office Phone Click or tap here to enter text.

**Option to work remotely:** [ ]  **Yes** [ ]  **No**

1. **MONITORS**

|  |  |
| --- | --- |
| **Monitor Name** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:** Click or tap here to enter text. | **Alternate Monitor Name** Click or tap here to enter text.**Title:** Click or tap here to enter text.**Phone:** Click or tap here to enter text.**Email:** Click or tap here to enter text. |

1. **JOB DUTIES AND RESPONSIBILITIES**

**GENERAL FUNCTIONS: (brief, concise one or two sentence statement):**

Click or tap here to enter text.

**JOB DUTIES & RESPONSIBILITIES** (List duties and responsibilities in descending order of importance with anticipated percentage of time devoted to each major duty.)

|  |  |
| --- | --- |
| DUTIES/RESPONSIBILITIES | PERCENTAGE |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**III. QUALIFICATIONS**

1. Preferred Educational Requirements [ ]  Ph.D [ ]  J.D. [ ]  MA/MS [ ]  BA/BS [ ]  AA/HS Degree;

Area of study: Click or tap here to enter text.

1. Acceptable Work Experience and Training as Substitutes for Minimum Education Requirements

[ ]  Minimum of Click or tap here to enter text. years of experience in Click or tap here to enter text.

[ ]  Previously completed training in: Click or tap here to enter text.
2. Required Certifications (please list if applicable):

Click or tap here to enter text.

1. Special Skills, Licenses, and Professional Experience:

Click or tap here to enter text.

1. The duties performed in this job are not inherently governmental functions.
2. **OPERATIONAL SKILLS**
3. Computer Operating Systems: [ ]  Windows [ ]  Apple, [ ]  Other (specify):Click or tap here to enter text.
4. General Software: [ ]  MS Word [ ]  MS Excel [ ]  MS Access [ ]  PowerPoint

 [ ]  Other (please specific):Click or tap here to enter text.

**V. TRAINING**

1. Does this job require ongoing training as mandated by law? [ ]  YES [ ]  NO

If “YES”, please describe the training. Click or tap here to enter text.

1. Will training be available for candidates who have a few minor skill deficiencies to bring them up to par for this particular job? [ ]  YES [ ]  NO

**VI. TRAVEL:**

A. Does this job require travel? [ ]  YES [ ]  NO

 If yes, briefly describe travel requirements.

B. Does this job require overnight travel? [ ]  YES [ ]  NO

 If yes, how often (indicate period of frequency, i.e. # of day per week, month, etc.) Click or tap here to enter text.

C. Is travel by air anticipated? [ ]  YES [ ]  NO

 If yes, how often (indicate period of frequency, i.e. # of day per week, month, etc.) Click or tap here to enter text.

D. Will rental cars be required? [ ]  YES [ ]  NO

 If yes, how often (indicate period of frequency, i.e. # of day per week, month, etc.) Click or tap here to enter text.

E. Will enrollee require use of Government-owned vehicle? [ ]  YES [ ]  NO

**VII. SAFETY REQUIREMENTS**

A. REQUIRED SAFETY TRAINING FOR FIELD ACTIVITIES

Do the tasks described in Section III (Job Duties) have activities which have health and safety considerations?

[ ]  YES [ ]  NO

If yes, describe training that is required and describe how training requirements will be satisfied prior to the assignment of the Enrollee to job:

Click or tap here to enter text.

B. SAFETY EQUIPMENT REQUIRED

Will safety equipment be required for the ESP Enrollee to safely perform the responsibilities of this ESP Enrollee? [ ]  YES [ ]  NO

If “YES”, please complete the following sections:

Click or tap here to enter text.

 **VIII. PHYSICAL REQUIREMENTS**

If applicable, please describe physical requirements. Click or tap here to enter text.

**IX. JOB CERTIFICATION**

Monitor Name: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.\_\_\_\_\_\_ Date: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_