



**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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_