

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
JOB EXPERIENCE DESCRIPTION**

Contract Number: JOIN- _____ **CWEP -** _____ **EIP-** _____

Contractor/Sponsor's Name: _____ **Phone:** _____

Address: _____

Name Of Contractor/Sponsor's Designated Representative: _____

Job Title (New Page For Each Job Title): _____

Description Of Duties And Responsibilities (List each one. If more space is needed attach additional sheets.) _____

Special Training, License, Equipment Or Clothing Required (Provided By Contractor/Sponsor): _____

Contractor/Sponsor: _____

Minimum Experience Required: _____

Minimum Educational Requirements: _____

Physical Or Other Special Requirements: _____

Safety Concerns Of Hazardous Conditions: _____

Position/Individual Responsible For Supervision, Evaluation And Time Sheet: _____

Other Comments, Etc.: _____

Date Of Job Experience Description Review: _____

Signature/Title of Staff: _____