

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

SAMPLE

Attachment C

**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:** \_\_\_\_\_