

REQUEST TO FILL VACANT POSITION

To: Director			
From:		Phone:	Date:
NDOW Pos. ID:	State Pos. Control No.	Class Title:	Class Code:
This Position is Critical to: <input type="checkbox"/> Public Safety <input type="checkbox"/> Essential Services <input type="checkbox"/> Client Care			
Date Position Became Vacant:			
Previous Incumbent:		Location of Vacancy:	
How did the position become vacant? (Termination/Retirement/Transfer/etc.)			
Reason for the urgency to fill and/or consequences of not filling vacancy:			
Work Standards Review-Are Standards Current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you anticipate any change in duties, location, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please summarize. If position change is requested, an NPD-19 will be required at submittal.			
What is the position funding source?			
<input type="checkbox"/> Wildlife Funds <input type="checkbox"/> Federal Funds <input type="checkbox"/> Gift Funds <input type="checkbox"/> General Funds			
What is the status of the vacant position? <input type="checkbox"/> Perm/Full Time <input type="checkbox"/> Perm/Part Time <input type="checkbox"/> Seasonal			
Immediate Supervisor Approval (Signature):		Date:	
Section Head Approval:		Date:	
Bureau Chief Approval:		Date:	
Deputy Director Approval:		Date:	
Director Approval:		Date:	

Successful Candidate Letter Template

Date

Ms. Lucy Lucky
445 Main Street
Somewhere, NV 89911-1234

Dear Ms. Lucky:

I am pleased to offer you the _____ position in the _____
(bureau/section) located in _____ (city/town). You have been selected for this
position based on your qualifications and work experience.

In order to proceed with employment, I will need a letter indicating your acceptance and the date
you will be able to assume your duties.

Congratulations and welcome to the Nevada Department of Wildlife.

Sincerely,

Joe Brown
Supervisor

cc: _____ Bureau Chief
Human Resources

Unsuccessful Candidate Letter Template

Date

Mr. John Doe
1234 West River Street
Anywhere, Nevada 89933-0202

Dear Mr. Doe:

Thank you for your time and effort in interviewing for the _____ position at the Nevada Department of Wildlife in the _____ (bureau/section). This letter is to inform you that we have selected another candidate with qualifications that more closely match the vacancy.

Please continue to apply for those positions in your area of interest and I wish you well in your career goals.

Sincerely,

Joe Brown
Supervisor

cc: _____ Bureau Chief
Human Resources

Essential Functions

Class Title	
Budget Account	Position Control No.
Date Prepared	
Interviewer(s)	

Candidate Name _____

1.

2.

3.

4.

5.

Candidate's Signature
Date

PHYSICAL CHARACTERISTICS QUESTIONNAIRE

Class Title	
Budget Account	Position control No.

This questionnaire asks about the physical abilities and working conditions of state jobs. It should be completed in conjunction with the Essential Functions Job Analysis. For each characteristic rated OE, F or C, indicate which essential functions relate to that requirement.

PHYSICAL ABILITY REQUIREMENTS

INSTRUCTIONS:

Look at the following items and decide which ones apply to the position you are evaluating. Please rate each item according to the scale below:

O	OE	F	C
Occasional: Up to 33% of the time	Occasional: (up to 33%) but essential to the job	Frequent: 34-66% of time	Continuous: over 66% of time

“OE” should be used for physical abilities that are required only occasionally, but are absolutely essential to be able to do the job. (For example, a lifeguard swims only occasionally, but it is absolutely essential that a lifeguard be able to swim.)

“O” should be used for non-essential abilities that are required only once in a while.

If the item is not a requirement of the job, highlight or circle N/A.

		O Occasional: Up to 33% of the time	OE Occasional: (up to 33%) but essential to the job	F Frequent: 34-66% of time	C Continuous: over 66% of time	
						ESSENTIAL FUNCTION #S
Stamina						
1.	Sitting	N/A	O	OE	F	C
2.	Walking	N/A	O	OE	F	C
3.	Standing	N/A	O	OE	F	C
4.	Sprinting/Running	N/A	O	OE	F	C
Flexibility						
5.	Bending or twisting at the neck more than the average person	N/A	O	OE	F	C
6.	Bending or twisting the trunk more than the average person	N/A	O	OE	F	C
7.	Squatting/stooping/kneeling	N/A	O	OE	F	C

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							ESSENTIAL FUNCTION #S
8.	Reaching above the head	N/A	O	OE	F	C	
9.	Reaching forward	N/A	O	OE	F	C	
10.	Repeating the same hand, arm, or finger motion many times (i.e., typing, taking items off a moving conveyor belt, etc.)	N/A	O	OE	F	C	
Activities							
11.	Climbing (on ladders, into large trucks, etc.)	N/A	O	OE	F	C	
12.	Hand/grip strength	N/A	O	OE	F	C	
13.	Driving on the job	N/A	O	OE	F	C	
14.	Typing <u>non-stop</u>	N/A	O	OE	F	C	
Use of Arms and Hands							
15.	Manual dexterity (i.e., using a wrench or screwing a lid on a jar)	N/A	O	OE	F	C	
16.	Finger dexterity (i.e., typing or putting a nut on a bolt)	N/A	O	OE	F	C	
The following section asks about the LIFTING REQUIREMENTS of this job. Please indicate the lifting levels required, and the frequency of lifting each number of pounds.							
17.	Lifting 10-25 lbs.						
	Frequency	N/A	O	OE	F	C	
Lifting 10-25 lbs. occurs for which of the following levels? (Check all that apply)							
<input type="checkbox"/> Floor to waist <input type="checkbox"/> Shoulder to overhead <input type="checkbox"/> Waist to shoulder							
18.	Lifting 26-50 lbs.						
	Frequency	N/A	O	OE	F	C	
Lifting 26-50 lbs. occurs for which of the following levels? (Check all that apply)							
<input type="checkbox"/> Floor to waist <input type="checkbox"/> Shoulder to overhead <input type="checkbox"/> Waist to shoulder							
Examples of items that weigh 26-50 lbs.:							
19.	Lifting 51-75 lbs.						
	Frequency	N/A	O	OE	F	C	

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				ESSENTIAL FUNCTION #'S			
Lifting 51-75 lbs. occurs for which of the following levels? (Check all that apply)							
<input type="checkbox"/> Floor to waist <input type="checkbox"/> Shoulder to overhead <input type="checkbox"/> Waist to shoulder							
Examples of items that weigh 51-75 lbs.:							
20.	Lifting 76-90 lbs.						
	Frequency	N/A	O	OE	F	C	
Lifting 76-90 lbs. occurs for which of the following levels? (Check all that apply)							
<input type="checkbox"/> Floor to waist <input type="checkbox"/> Shoulder to overhead <input type="checkbox"/> Waist to shoulder							
Examples of items that weigh 76-90 lbs.:							
21.	Can loads/items over 50 lbs. That are lifted or carried be shared or reduced into smaller loads?						
	N/A NEVER SOMETIMES USUALLY ALWAYS						
Pushing/Pulling							
22.	Over 90 lbs.:	N/A	O	OE	F	C	
23.	76-90 lbs.:	N/A	O	OE	F	C	
24.	51-75 lbs.:	N/A	O	OE	F	C	
25.	26-50 lbs.:	N/A	O	OE	F	C	
26.	What are examples of items over 50 lbs. that are pushed/pulled:						
27.	When pushing/pulling occurs, are the times on wheels?						
	N/A NEVER SOMETIMES USUALLY ALWAYS						
28.	What types of terrain are items pushed/pulled on? (Check all that apply. If none apply leave blank.)						
	<input type="checkbox"/> carpeted floor <input type="checkbox"/> tiled floor <input type="checkbox"/> concrete <input type="checkbox"/> blacktop/paved road <input type="checkbox"/> dirt road <input type="checkbox"/> other rough outdoor surfaces						
Carrying							

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							ESSENTIAL FUNCTION #S
29.	Over 90 lbs.:	N/A	O	OE	F	C	
30.	76-90 lbs.:	N/A	O	OE	F	C	
31.	51-75 lbs.:	N/A	O	OE	F	C	
32.	26-50 lbs.:	N/A	O	OE	F	C	
33.	10-25 lbs.:	N/A	O	OE	F	C	
34.	What distances are items over 50 lbs. carried, if any? (Check all that apply.)						
<input type="checkbox"/> 6 feet or less <input type="checkbox"/> 7-25 feet <input type="checkbox"/> 26-50 feet <input type="checkbox"/> over 50 feet							
Examples of items over 50 lbs. that are carried:							
Working Conditions							
1.	Working Inside	N/A	O	OE	F	C	
2.	Working Outside	N/A	O	OE	F	C	
3.	Working in temperatures below 32°	N/A	O	OE	F	C	
4.	Working in temperatures above 100°	N/A	O	OE	F	C	
5.	Walking on slippery surfaces	N/A	O	OE	F	C	
6.	Being soaking wet	N/A	O	OE	F	C	
7.	Working over 6 feet off the ground	N/A	O	OE	F	C	
8.	Working in confined spaces and/or cramped body positions	N/A	O	OE	F	C	
9.	Working in loud noise areas (where you have to raise your voice to be heard)	N/A	O	OE	F	C	
10.	Exposure to welding flash or microwaves while doing the job	N/A	O	OE	F	C	
11.	Close exposure to VDT's, CRT's or UV rays (other than sunlight)	N/A	O	OE	F	C	
12.	Exposure to sunlight	N/A	O	OE	F	C	
13.	Handling or being in machinery that is vibrating	N/A	O	OE	F	C	

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14.	Working where there are sudden temperature changes (changes of greater than 50°)	N/A	O	OE	F	C	
15.	Working where there are sudden changes in air pressure, or very high or low air pressure.	N/A	O	OE	F	C	
16.	Risk of getting a minor injury (minor cut, bruise, scrape, burn).	N/A	O	OE	F	C	
17.	Risk of getting a major injury (broken bone, major burn, deep cut, etc.)	N/A	O	OE	F	C	
18.	Risk of being bitten by animals or insects	N/A	O	OE	F	C	
19.	Exposure to infection (germs, bacteria, viruses)	N/A	O	OE	F	C	
20.	Exposure to silica or asbestos dust (cement or concrete powder)	N/A	O	OE	F	C	
Is there enough of this dust that you need to wear a mask?							
21.	Exposure to other types of dust, other than ordinary surface or household dust	N/A	O	OE	F	C	
22.	Exposure to environmental allergens (grasses, weeds, pollens, trees)	N/A	O	OE	F	C	
23.	Exposure to x-rays or radioactive isotopes	N/A	O	OE	F	C	
24.	Contact with oils or other petroleum	N/A	O	OE	F	C	
25.	Exposure to solvents, degreasers, pesticides and/or herbicides	N/A	O	OE	F	C	
26.	Exposure to gases, fumes, sprays, etc.	N/A	O	OE	F	C	
27.	Meeting deadlines with severe time constraints	N/A	O	OE	F	C	
28.	Interacting with the public, other workers, etc.	N/A	O	OE	F	C	
29.	Irregular work hours	N/A	O	OE	F	C	

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	ESSENTIAL FUNCTION #S						
30.	Working alone (not within shouting distance of others)	N/A	O	OE	F	C	
31.	Direct responsibility for the safety, well-being, or work output of other people	N/A	O	OE	F	C	
32.	Multiple demands from several people	N/A	O	OE	F	C	
Physical abilities/activities							
Instructions: Please indicate whether or not each of the following are required to do this job. Your answers should reflect the requirements of the job, not necessarily your abilities. For example, while you may be able to see things at a distance, if the job involves only seeing close work, you should highlight "N/A" on item number 1.							
Vision							
1.	Seeing objects/persons at a distance, for example, when driving	N/A	O	OE	F	C	
2.	Seeing close work such as typed or handwritten material	N/A	O	OE	F	C	
3.	Being able to tell differences among colors	N/A	O	OE	F	C	
4.	Having very good depth perception (fine muscle control)	N/A	O	OE	F	C	
Hearing							
5.	Hearing conversation in a quiet environment	N/A	O	OE	F	C	
6.	Hearing conversation in a noisy environment	N/A	O	OE	F	C	
7.	Ability to tell where a sound is coming from	N/A	O	OE	F	C	
8.	Hearing differences among bells, buzzers, beeps, horns, etc.	N/A	O	OE	F	C	
Speech/Communication:							
9.	Communicating through speech	N/A	O	OE	F	C	

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				ESSENTIAL FUNCTION #'S			
Use of protective equipment							
Highlight/circle the number next to any of the following protective equipment that is used on the job.							
1.	Mask	2.	Filter respirator				
3.	Respirator (similar to SCUBA tank setup)	4.	Goggles or safety glasses				
5.	Gloves	6.	Hard hat				
7.	Chaps	8.	Ear plugs/muffs				
9.	Lead apron	10.	Face shield				
11.	Steel-toed shoes	12.	Chemical apron				
13.	Body suit	14.	Other: Please list below				
	Other	N/A	O	OE	F	C	
		N/A	O	OE	F	C	