The purpose of this form is to document the intent of your agency to participate in the Non-Competitive Hiring Program for Disabled Veterans. It is not a commitment to participate, but provides necessary information to begin the process. Please provide the completed form to the Recruitment Coordinator in the Department of Administrative Services – Human Resources Enterprise.

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| Agency Name: |  |

|  |  |
| --- | --- |
| Division or Work Unit: |  |

|  |  |
| --- | --- |
| Agency Contact: |  |

List the job classification identified for the training/placement opportunity. (Please list classification number and title, and use additional forms for additional classes.)

**Classification Number Classification Title**

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| --- | --- |
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Indicate how many vacancies are anticipated for this training/placement opportunity, and approximately when they will be available.

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Provide a brief description of the work unit in which this position will reside, and how this position fits into the organizational structure.

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Provide a brief description of special requirements or skill sets needed for the position(s).

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Please attach a draft PDQ for the position, if available.