

**NOTICE OF IMPENDING HIRING FOR COVERED JOBS**

**Fourteen days prior to interviewing for a covered job, this form must be completed and sent to \_\_\_\_\_ (Name of Community).  
Business DUNS Number/ Unique Entity ID**

| <b>JOB TITLE/<br/>EDA JOB CLASSIFICATION</b> | <b>JOB DESCRIPTION</b> | <b>REQUIRED SKILLS/<br/>EDUCATION/EXPERIENCE</b> | <b>HRS/WK</b> | <b>SALARY/WAGE/<br/>HEALTH BENEFITS</b> |
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**To Be Completed By Employer**