

Please use these instructions to help you fill out the JVA fillable form.

## **General Information**

The fillable JVA form can be found <u>here</u>.

The fillable form should *not* be printed and must be filled out on a computer. The form can be filled out in most browsers, or you can download <u>Adobe Acrobat Reader</u> for free.

Prior to filling out the form please ensure this position is budgeted.

Please ensure that all required fields have a value. Required fields are outlined in red on the fillable form. Below in the Field Descriptions section, required fields have an asterisk (\*). Incomplete forms may not be accepted and may be returned.

If you need guidance on how to fill out the form consult DPM Recruitment Team at 928-871-6153. Once the form is completed, email form to <u>recruitdocs@dpm.navajo-nsn.gov</u>.

## **Field Descriptions**

**\*POSITION NO:** Enter the six-digit position number for this position.

**\*POSITION TITLE:** Enter the position title for this position.

**\*DEPT. NAME:** Enter the department name for this position.

**\*POSITION SUPERVISOR NO:** Enter the six-digit position number of the supervisor for this advertised position.

**\*WORKSITE:** Enter where this position is located.

**\*EMPLOYMENT TYPE:** Select the employment type for this position.

\*WORKDAYS: Select the workdays for this position or enter a custom value.

**\*WORK HOURS:** Enter the work hours for this position.

**\*SENSITIVE:** Select whether this position is sensitive. Yes or no.

**EMPLOYMENT DURATION (TEMP):** Only enter the duration of employment for this position if the employment type is temporary.

**\*GRADE/STEP:** Enter the five-character grade/step for this position.

**\*DUTIES AND RESPONSIBILITIES:** Enter all required duties and responsibilities for this position.

**\*SPECIAL KNOWLEDGE, SKILLS, AND ABILITIES:** Enter special knowledge, skills, and abilities that are required for this position.

**ADDITIONAL INFORMATION APPLICANT SHOULD KNOW:** Enter any additional information the applicant should know about this position.

**\*SUBMISSION DATE:** Enter or select the date you are submitting this JVA to the DPM.

**\*PREPARED BY:** Enter the name of the person who prepared this form.

**\*TITLE:** Enter the title of the person preparing the form or the title of the person approving this form. Dependent on which row this field is located.

**\*EMAIL:** Enter the email of the person preparing the form, person approving this form, or the contact person. Dependent on which row this field is located.

\*APPROVED BY: Enter the name of the person who approved this form.

**\*CONTACT PERSON:** Enter who should be contacted with questions about this form.

**\*PHONE #:** Enter the contact persons phone number.

An \* indicates that the field is required