

**APPOINTMENT CERTIFICATION FORM FOR  
SKILLED SERVICE AND PROFESSIONAL SERVICE APPOINTMENTS**  
(Upload this form in Workday under Maintain Worker Documents for the Employee.)  
(This information must be provided.)

Name of Department/Agency: \_\_\_\_\_

Classification Title and Code: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Position Identification Number: \_\_\_\_\_

JobAps Requisition ID: \_\_\_\_\_ JobAps Recruitment Number \_\_\_\_\_

**I. RECRUITMENT DATA (All items **MUST** be completed)**

- A. Layoff candidate(s) cleared?     Yes     No     (There were no Layoff candidates)
- B. If Interview and Hire, was DHS contacted for TCA referrals?     Yes     No     NA
- C. Selection was made from a certified eligible list in accordance with SPPA Section 7-209     Yes     NA  
(if NA, please explain in COMMENTS section below).
- D. Date the Certified Eligible List was created: \_\_\_\_\_
- E. JobAps Requisition Date: \_\_\_\_\_
- F. Number of phone calls made/interview letters sent: \_\_\_\_\_ Date of phone calls or letters: \_\_\_\_\_
- G. Number of candidates interviewed: \_\_\_\_\_ (if < three (3), please explain in COMMENTS section below).
- H. Date employment offer made: \_\_\_\_\_
- I. Name of person selected: \_\_\_\_\_
- J.     This person is an *open* candidate                                     This person is a *promotional* candidate
- K.     This person was employed by a State Agency, but is not a promotional employee.

**COMMENTS:**

\_\_\_\_\_

**II. AGENCY PERFORMING TASKS**

	<u>DBM</u>	<u>Other Department</u>
A. Developed test	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Administered test	<input type="checkbox"/>	<input type="checkbox"/>
C. Established certified list or register	<input type="checkbox"/>	<input type="checkbox"/>

**III. METHOD USED TO FILL THE THIS VACANCY (check one.)**

- A.     Hired from a certified list as a “Best Qualified” candidate.
- B.     Hired from a tested category on a certified eligible list as a “Better Qualified” candidate.
- C.     Hired from a tested category on a certified eligible list as a “Qualified” candidate.
- D.     Layoff or separation reinstatement candidate selected.
- E.     Other reinstatement candidate selected.
- F.     Candidate certified by the Division of Rehabilitation Services.
- G.     Transfer candidate eligible for appointment selected (Layoff or separation candidates, if any, cleared).
- H.     Interview and Hire classification (Layoff or separation, if any, cleared).
- I.     Appointment from a Register.
- J.     Selection from an existing eligible list of a contractual employee not eligible for conversion under the Contractual Conversion Transfer Guideline.
- K.     Streamlined Certification
- L.     Streamlined Selection.
- M.     Other (please specify) \_\_\_\_\_

**IV. TYPE OF PROJECT COMPLETED (please select one).**

- A.  A JobAps Requisition and Planner were completed and approved by DBM RED to conduct a recruitment to establish a new list. (*complete Section V.*)
- B.  A PSP Lite requisition for: filling a vacancy using an existing list; recruiting for/hiring an at-will position; hiring a transfer, reinstatement, voluntary demotion, Interview and Hire. (skip Section V.)
- C.  A PSP Lite requisition was completed for a DBM approved Streamlined Selection recruitment. (complete Section VI.)

**V. CHECKLIST OF AGENCY WORK PERFORMED.**

- A.  Requisition and Planner submitted and approved by DBM RED.
- B.  Job Announcement posted for at least two (2) weeks before close date.
- C.  Notice of rating results (Band Score or “Not Qualified”) sent to applicants.
- D.  Notices sent to candidates at least 10 days before test administration date (when applicable).
- E.  Established job relatedness, reliability, and validity of the selection test(s).
- F.  Veterans', Seniority, Disability, and Residency preference points (and if applicable DPSCS or DJS) added to candidates' converted scores.
- G.  Certified eligible list established with candidates in the legally required order.
- H.  “Cert Action codes” entered for eligible list with appropriate Hire (H) noted, and completion of Hire Detail, including “Disposition” changed to H.

**VI. STREAMLINED SELECTION**

*(This section must be completed if this appointment was made using STREAMLINED SELECTION.) Note that items A, B, C, D and E must have been performed.*

- A.  Required approval for Streamlined Selection was received from DBM or Recruitment Authority is applicable.
- B.  Job Announcement, advertisement or other form of public solicitation.
- C.  Retention of all the applications or resumes submitted for this recruitment, including that of the selected candidate.
- D.  Evaluation of candidates in the form of interview questions with candidate responses; or a formal assessment/examination, such as a rating of training and experience; or other method of evaluation.
- E.  Verification of required licensure/certification, education and experience; and checks of references and criminal background, if required.
- F.  Completion of the EEO Applicant Data Form, if required.

VII. CERTIFICATION AND SIGNATURES -- *This section must be completed and include all signatures.*  
*Failure to do so may result in the appointment being rescinded.*

We certify that this recruitment and testing project and/or appointment was made in accordance with the applicable provisions of the State Personnel and Pensions Article. All appropriate records will be maintained for audit purposes.

Appointing Authority: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

EEO Officer: \_\_\_\_\_ Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_

Telephone Number: \_\_\_\_ / \_\_\_\_ E-mail address: \_\_\_\_ / \_\_\_\_

**\*Signatures of Appointing Authority and EEO Officer must be original signatures. If not, please check the box below and explain.**



\_\_\_\_\_

**ACF1002.doc**  
**Appointment Certification Form**  
**Revised 06/2017**