

Department of Administration
Applicant Referral Record Documentation

Position Title: _____ **Position Number:** _____ - _____ - _____
Division: _____ **BEACON Position Number:** _____

The referral documents are attached for your review. Policy requires that you give priority consideration for any referral in Reduction-In-Force (RIF) status, and in certain circumstances to a state employee candidate and to an applicant eligible to be considered for Veteran's Preference.

For any hiring policy or procedural questions, see the Department of Administration's Merit Based Hiring Plan or the Office of State Personnel Manual sections on Recruitment and Selection and Equal Employment Opportunity, or call the Human Resources Management Office at (919) 807-2480.

As screening decisions are made on each referral, record reasons from the Non-Selection Reasons Checklist in the space provided under each referral's name. All candidates determined "highly qualified" must be interviewed. Policy requires that the hiring division check references on the selected referral. Signatures are required on each referral evaluation page and certify that you have complied with the Department of Administration's hiring and related policies.

First Choice Candidate: _____ **Interview Date:** _____
Job Related Reasons for Selection: _____

Second Choice Candidate: _____ **Interview Date:** _____
Job Related Reasons for Selection: _____

Third Choice Candidate: _____ **Interview Date:** _____
Job Related Reasons for Selection: _____

Authorized Division Representative: _____ **Date:** _____

Division Director: _____ **Date:** _____

For DOA Human Resources Management Office Use Only: Candidate #: _____ Effective Date: _____

Funding Source: State- Federal- Receipts- Salary: _____ Grade: _____ Step: _____

Action: _____ Appt. Type: _____ FLSA: Subject (Non-Exempt)- Exempt-

Race: _____ Sex: _____ HCP: _____ Vet: _____ ESC: _____ Vac. List: _____

Salary Administrator **Date**

EEO Officer **Date**

Notes:

Department of Administration
Applicant Referral Record Documentation Continuation Sheet

Applicant: _____ **Interviewed:** Yes No **Interview Date:** _____
Non-Selection Reasons Checklist Code(s): _____

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Division Director: _____ **Date:** _____

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