

SELECTION INFO

Position Title, Series, Grade(s) Organization and Location	Date Referred to Selecting Official	Date Received by HR Office from Selection Official
Name of Selecting Official		

NAME(S) OF CANDIDATE(S) SUBMITTED FOR CONSIDERATION

	Name	Score	Interviewed		Remarks	Action Taken
			Yes	No		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

A non-residency preference candidate cannot be selected if a residency preference candidate is available.

CERTIFICATION BY SELECTING OFFICIAL

By signing my signature below, I certify that I have not unlawfully discriminated in selecting the Best-Qualified candidate by the "S" in the ACTION TAKEN column.

No Selection (Briefly Explain):

Check Appropriate Box:

☐ Veterans Preference (including supporting docs) ☐ Request for Waiver of Time-in-Grade (including supporting docs)

Date	Signature of Designee who Conducted Selection Interviews	Date	Signature of Selecting Official
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Signature of HR Representative

Signature of Supervisory HR Representative

Received By: _____ Date: _____