



## **JOB TRANSFER FORM**

**"Please Print"**

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Posting#:** \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Last) (First) (Initial)

Full Time Employment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Months in Current Position: \_\_\_\_

Current Position: \_\_\_\_\_ Shift: \_\_\_\_ Department's Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Shift: \_\_\_\_ Department's Name: \_\_\_\_\_

### **QUALIFICATIONS:**

Education: (Circle Highest Achieved) GED HS ASSOC BS Diploma: Yes/No

• If you have an Assoc. degree or higher provide the following:

Title of degree: \_\_\_\_\_ Date: \_\_\_\_\_  
College or School: \_\_\_\_\_ (Year)

Technical or Special Training: (Institution/Course/Date/Certificate Yes or No)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Previous Experience:

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Lead Assoc./Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by HR Representative: \_\_\_\_\_  
(Initials)

Meets Minimum Qualifications: Yes/No

Date 1<sup>st</sup> Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Advanced to 2<sup>nd</sup> Interview: Yes or No

Date 2<sup>nd</sup> Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Selected for New Position: Yes or No

Date Notified of Non-Qualification or Selection: \_\_\_\_/\_\_\_\_/\_\_\_\_

By (Initials): \_\_\_\_\_

Negotiated Date for Move to New Position: \_\_\_\_/\_\_\_\_/\_\_\_\_