

Civil Service Appointment Form

Position: _____

Department: _____

Hiring Supervisor: _____

Signature: _____

Selected Applicant:

Name: _____

SSN: _____

Date of Hire: _____

Is this applicant from transferring from another state agency? Yes No

If so, Name of Agency: _____

HR Contact (if possible): _____

Is this applicant being reemployed from another state agency? Yes No

If so, Name of Agency: _____

HR Contact (if possible): _____

Please forward:

Completed Reference Checks

Completed Applicant Tracking Form

All applications

HR USE ONLY:

Certification of Compliance:

I certify that the above personnel action complies with the requirements of Article X of the Constitution of the State of Louisiana, the Civil Service Rules, the Uniform Classification and Pay Plans, and the polices and procedures issued by the Director of Civil Service. Furthermore, I certify I have reviewed the qualifications of this applicant and the applicant has met the qualifications of the position.

Appointing Authority

Date