Department Letterhead

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LABOR SERVICE CERTIFICATION FORM

Certification Number		Certification Date	
Hiring Manager		Title	
Department/Division		Number of Vacancies	
Street Address		City	
Zip Code		State	
Position Title		Working Title	
New Position:	◯ Yes ◯ No	Signing Period	

Job Type	☐ Permanent	☐ Temporary	☐ Intermittent	☐ Full-Time	☐ Part-Time
Employee List Type	☐ Open Competitive	☐ Department Promotional	☐ Reemployment		
Selective Certification	☐ Gender	☐ Bilingual			

Physical Exam Required	◯ Yes	◯ No
Licenses Required	◯ Yes	◯ No
Specify		

Minimum Salary	
Maximum Salary	
Desired Start Date	
Office Hours	

Condition of Employment
Comments

Attachments	◯ Yes	◯ No