

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
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