ENTRY LEVEL CERTIFICATION

Requisition Number:	Date:	
Appointing Authority:	Department:	
Address:		
Municipality:	Number of vacancy:	

Selection must be made within 2n+1:

NAME OF ELIGIBLE CANDIDATES

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	-

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

			Declined appt	Bypassed	Selected for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	-

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

Requisition Number:	Date:

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

			Declined appt	Bypassed	Selected for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	-

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:			Date:		

		J J	Declined appt	Bypassed	Selected for hire
	0.8.1	accept appe			
Signature of applicant:				Date:	•

	Failed to	Willing to	Declined	Bypassed	Selected
	sign	accept appt	appt		for hire
Signature of applicant:				Date:	

Signature of Appointing Authority:_____

Name:_____

Title:_____