Georgia Department of Corrections **Qualification Review Form**

SECTION I: APPLICANT INFORMATION		
Name:		
Job Title Applied for:		
Job Number:		
Submit this form to Correction Human Resource Management - Job Evaluation	on Unit with a State of Georgia Application for Employment or Resume.	
SECTION II: CONTACT INFORMATION		
Contact Person:		
Telephone Number:		
Facility/Office:		
Date Requested:		
E-mail ID:		
Notice of qualification review decisions will be sent via E-mail. Decision docum	nentation must be attached to Personnel Action Request Form.	
DECISION DOCUMENTATION (FOR CHRM USE ONLY)		
Meets Minimum Qualifications:	() YES () NO	
Field Notified via E-mail:	() YES () NO	
NOTES:		
CHRM Reviewer's Name:	Date:	

Retention Schedule: Upon completion, this form shall be retained permanently in the local and official personnel file for the selectee and in the CHRM Job Evaluation Unit for six (6) calendar months.