

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 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 documentation 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:** _____