

QUALIFICATIONS RATING FORM

A. NAME: _____ Vacancy Ann. # _____

Current Title, Series and Grade- (if Wage Schedule, include hourly rate): _____

Current Promotion Potential: _____

(What is the highest grade you can be promoted to in your current position?)

Title, Series and Grade of position applied for: _____

Lowest grade you are willing to accept: _____

B. Performance Rating: _____ Date _____

(Include a copy of your most recent performance evaluation dated within the last 13 months.)

C. EXPERIENCE (Title, Series, Grade, Location)

From To All experience credited here should be detailed in your application.

From	To	All experience credited here should be detailed in your application.	

D. EDUCATION: (Include college/university, degree, date, major subject areas. (A copy of your transcript if applicable.)

E. List any awards you have received within the last five years. Include the date and type of award.

Signature Date I certify that, to the best of my knowledge and belief, all information provided is true and correct.

***** ANNOUNCING OFFICE USE ONLY*****

F. Announcing Office Review Qualified Not Qualified

Under Operating Manual of Qualification Standards

Comments/Justification: _____

Signature of Application		Date
G. TIG Restrictions Met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		H. Proposed Nature of Action:

ALL APPLICATIONS MUST FILL IN ALL JOB ELEMENTS BELOW AS LISTED IN THE VACANCY ANNOUNCEMENT

I. Job Element Rating:	Applicant's Name	Vacancy Number:
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Knowledge, Skills, Abilities and Other Personal Characteristics Needed in the Job to be Filled (see crediting plan for instructions and elements).	General Schedule				Wage Schedule								
	H I G H L Y A C C E P T A B L E	A C C E P T A B L E	B A R E L Y A C C E P T A B L E	T O T A L	S U P E R I O R	S A T I S F A C T O R Y	B A R E L Y A C C E P T A B L E	P O T E N T I A L L Y S U P E R I O R	P O T E N T I A L L Y S A T I S F A C T O R Y	W E A K B U T O F S O M E V A L U E	O F N O V A L U E	I C A N N O T J U D G E	P O I N T V A L U E S
Element	5	3	1		4	3	2	3	2	1	0	1.5	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Points for KSA's													

First Rater's Signature & Title Date

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEETS REQUIREMENTS (Both boxes must be checked.) <input type="checkbox"/> At least 2 points on the screen-out element <input type="checkbox"/> Total score = ½ the number of possible points. (Possible points = 4 x number of elements.)	DOES NOT MEET REQUIREMENTS <input type="checkbox"/> Less than 2 points on the screen-out element <input type="checkbox"/> Total score less than 2 x number of elements.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

First Rater's Signature & Title Date