

For use by currently certified employees covered by the Personnel Code and agencies under the Governor's jurisdiction.
Complete this form along with the appropriate application and submit directly to the contact person named in the posting.

Posted Information

Posting Identification Number: _____ Bargaining Unit: _____

Position Title Applied For: _____ Option, if applicable: _____

Agency/Bureau: _____ Division/Facility: _____ County: _____

Current Information

Name: _____ Last 4 Digits of Social Security Number: _____

Current Position Title: _____ Option, if applicable: _____

Agency/Bureau: _____ Division/Facility: _____ County: _____

Work Location Address: _____

Section/Unit/Shift, if applicable: _____ Bargaining Unit: _____

Work Phone Number: _____ Personal Phone Number: _____

Home Address: _____

I hereby apply for:

- | | |
|--|---|
| <input type="radio"/> Job Assignment/Shift Preference (same title) | <input type="radio"/> Upward Mobility Promotion |
| <input type="radio"/> Promotion | <input type="radio"/> Reinstatement |
| <input type="radio"/> Voluntary Reduction | <input type="radio"/> Merit System Transfer |
| | <input type="radio"/> Lateral Transfer |
| | <input type="radio"/> Parallel Pay Grade Movement |

Signature: _____ Date: _____

To be completed by Agency Personnel Only

Date Received: _____ Post Marked by Post Office: _____

Seniority Date: _____ Position Number: _____

Grade: _____ Promotional Upward Mobility List Date: _____

Job Assigned within Last year? Yes No Certified? Yes No Full Time Part-time