## **Staff Applicant Eligibility Certification**

Applicant Name: _	
Position Title: _	
Position Number: _	
Minimum Qualifications: (Cut and paste minimum qualifications from job posting.)	
<u>APP</u>	LICANT BACKGROUND VERIFICATION INFORMATION
	Education
Degree:	
Institution/Location:	
Date Awarded:	
	Applicant should request official, sealed transcript be mailed to Human Resources, 11000 Building 20E, Pensacola, FL 32514 OR emailed to <u>hr@uwf.edu</u> for electronic
	Experience  Must certify experience to meet minimum qualifications.
Position Title:	
Position Duties:	

Revised: 10/01/2018

## **Experience (Continued)**

Employment Dates:	
Employer Name:	
City, State:	
Contact Name/Title/	Date:
Position Title:	
Position Duties:	
Employment Dates:	
Employer Name:	
City, State:	
Contact Name/Title/	Date:
Position Title:	
Position Duties:	
Employment Dates:	
Employer Name:	

Revised: 10/01/2018

## **Experience (Continued)**

City, State:				
Contact Name/Title/Date:				
Comments:				
I certify that I verified the above education and experience requirements.				
Printed Name	Signature	Date:		
Selection Committee Members (if applicable)				
Chairperson:	Members			

Revised: 10/01/2018