

**HIRING CERTIFICATION FORM FOR FINAL CANDIDATE**

REQUISITION #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMPL ID: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

**VERIFICATION OF WORK INFORMATION COMPLETED BY:**

For Academic hire: Hiring Department completes

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Date: \_\_\_\_\_

For Civil Service hire: The Department of Human Resources completes

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION OF DEGREE/LICENSE/CERTIFICATION COMPLETED BY:**

For Civil Service Hire: Hiring Department or UMD Department of Human Resources completes

For Academic hire: Hiring Department completes

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL FOR HIRE**

(Signatures required for both Civil Service and Academic hire)

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Date: \_\_\_\_\_

**For Civil Service hire: Supervisor or Designee SIGNATURE**

Name \_\_\_\_\_ Tel.# \_\_\_\_\_ Date: \_\_\_\_\_

**For Civil Service and Academic hire: Department Head/Director or Designee SIGNATURE**

**ACADEMIC HIRE: PROVIDE TO VCAA WITH CANDIDATE REFERRAL REQUEST**

**FOR CIVIL SERVICE HIRE: HR RETAINS WITH HIRE DOCUMENT FILES, FOR**

**LIST CONTACTS FOR WORK INFORMATION VERIFICATION AND  
DEGREE/LICENSE/CERTIFICATION VERIFICATION BELOW.**

1. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_

2. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_

3. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_

4. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_

5. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_

6. PERSON CONTACTED \_\_\_\_\_

Organization/Company \_\_\_\_\_

Information Verified \_\_\_\_\_

Define discrepancies \_\_\_\_\_