



TOP CANDIDATE FORM

REGULAR

TEMPORARY

SEASONAL

PROMOTION

LATERAL

DEMOTION

Complete ALL sections prior to submittal.

Candidate Name		Submit Date	
Department		Full-time	Part-time
Requisition Number		Requested Start Date	
Position Title		Employee Replacing	
Supervisor Name		New budgeted position number	
Current/ Former CORR Employee		Seasonal Applicants Only	FOR HR USE ONLY
___ Yes ___ No	Is top candidate a previous/current City of Round Rock employee?		Salary
___ Yes ___ No	Eligibility for rehire status confirmed by HRD	___ Candidate is a minor (under 18)	Pay Grade:
Departments are responsible for verifying previous work history and conducting reference checks for top candidates		___ Candidate is over the age of 18	Placement Based on Experience:
MINIMUM QUALIFICATIONS VERIFICATION		CREDENTIAL VERIFICATION	
___ Yes ___ No	Does the top candidate meet the education and work experience requirements for this position?	High School/GED	___ Yes ___ No
___ Yes ___ No	Is a transcript required for this position?	College/University/ Trade/Business School	(Diploma, degree certificate)
NOTE: If yes, transcript should reflect appropriate semester hours required for position and should be attached. Department should mark on transcript the specific hours being considered for position.			
___ Yes ___ No	Does this position require a CDL driver's license?	Other Licenses, Certificates or Registrations (Indicate types and dates received)	
NOTE: If yes, a driving record is required, must meet standards for position, and should be attached.		Type	Expiration Date
		Type	Expiration Date
I have verified all of the above information regarding this individual's qualifications. If applicable, I have conducted a credential verification check for this top candidate, and understand if this is a lateral transfer, there will be no change in pay. Based on the information provided by this top candidate, this individual meets all of the requirements for the above referenced position and qualifies for the salary offered.			
Hiring Department Liaison/Supervisor:			Date
FOR EXCEPTIONS: Department Director (or designee)			Date
FOR HRD/COMP USE ONLY:			Date
FOR EXCEPTIONS: Department Assistant City Manager			Date
EXCEPTION JUSTIFICATION			
If requested rate offered is an exception to pay rate, provide justification: HRD must review prior to submission to ACM			
BUSINESS NEEDS:			
HR RECOMMENDATION:			
FINANCIAL/BUDGET EFFECTS:			