

Applicant Tracking Worksheet – Page 1

Attachment D
OP-110235

Job Family and Level: _____ Job Code: _____

Facility/Unit: _____ Closing Date of Job Announcement: _____

Applicant Last Name	FI	MI	Agency EOD	Intv ✓ if yes	1 st Intv Score	Seniority ✓ if yes	Recmd ✓ if yes	2 nd Intv Score
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____
_____	_____	_____	____/____/____	_____	_____	_____	_____	_____

**TO BE COMPLETED BY
HRMS AFTER INTERVIEWS**

Date of Appt. if applicable	Date of Birth	Race/ Gender
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____
____/____/____	____/____/____	____/____

Instructions: HR Management Specialist: On page 1, list names and Agency EOD of applicants
 Committee Chair: Complete page 1 (Intv, 1st Intv. Score, Seniority and Recmd.) and page 2 (top)
 Appointing Authority: Complete page 1 (2nd Intv. Score) and page 2 (bottom)
 HR Management Specialist: Complete page 1 (Date of Appointment, Date of Birth, Race/Gender)

RACE: W = White B = Black
 I = Indian H = Hispanic A = Asian

Applicant Tracking Worksheet – Page 2

FIRST INTERVIEW: Please attach a copy of the KSAs, interview questions and BARS used by the first interview committee.

Date of First Interviews: ____/____/____ If interviews were not held, state reason: _____

Interview Committee Members

Printed Name	Job Title	Facility/Unit	R/S	Signature	Chair (✓)
_____	_____	_____	____/____	_____	_____
_____	_____	_____	____/____	_____	_____
_____	_____	_____	____/____	_____	_____

FINAL INTERVIEW: Please attach a copy of the KSAs, interview questions and BARS used by the Appointing Authority.

Date of Final Interviews: ____/____/____ If interviews were not held, state reason: _____

Appointing Authority

Printed Name	Job Title	Facility/Unit	Signature
_____	_____	_____	_____

Additional Interviewers

_____	_____	_____	_____
_____	_____	_____	_____

Additional factors used in the selection process: _____

(R 06/21)