



# ELIGIBLE LIST CERTIFICATION REQUEST

The Personnel Officer shall determine the eligible list most nearly appropriate for the position to be filled. Certification will be valid for 30 days only. It may be extended for an additional 30 days with prior approval.

**CHAUTAUQUA COUNTY  
DEPARTMENT OF HUMAN RESOURCES**  
3 North Erie St., Mayville, NY 14757-1007  
716 753- 4237 or 716 753-4682  
cchr-municipal@chqgov.com

**Before completing this form check with our office about availability of OPEN POSITION(S) and CURRENT ELIGIBLE LIST**

1) **DATE OF REQUEST:** (mm/dd/yyyy)

2) **AGENCY NAME:**

3) **VACANCY LOCATION:**

Building/Facility Name:

Address:

City:

State:

Zip:

4) **VACANCY INFORMATION:** (If this is a new position, please attach a New Position Duties Statement)

Civil Service Position/Title Name:

Last Employee Holding Position/Title:

Number of Vacancies:                      Average Hours Per Week:

Pay Rate/Range                      to                      **All Appointments From This Certification Have to be Within This Pay Range**

Type of Vacancy:                      Full-time- For How Many Months?                      Part-time - For How Many Months?

Temporary **3 to 6 Months**

Temporary **Over 6 Months**

5) **TYPE OF CERTIFICATION REQUESTED:** Agencies may be bound to a **Resident List, Preferred List or Promotional List**

RESIDENT LIST                      OR                      FULL LIST                      Canvass Letters? YES                      NO

**Please Provide the Following for REPLY Options on Canvass Letters:**

Fax Number:

Email Address:

6) **NAME & TITLE OF APPOINTING AUTHORITY OR DESIGNEE:**

Date:

7) **CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES ONLY:**

**PROVISIONAL SERVING?**                      YES                      NO                      Is Pay Rate Lower than Provisional Start Rate?                      YES                      NO

**AVAILABILITY:** *Is There a Valid Eligible List ?*                      YES                      NO                      IF YES, Enter Expiration Date

*Agency bound to a Preferred List or Resident List?*                      YES                      NO                      Open Roster Position Number(s)

**TYPE OF ELIGIBLE LIST CERTIFIED:**

PREFERRED                      YES                      NO                      RESIDENT LIST                      YES                      NO                      PROMOTIONAL                      YES                      NO

OPEN COMPETITIVE                      YES                      NO                      **Eligible List Certified Through Rank of**

**CERTIFICATION DATA ENTRY:** Eligible List Title

Certification No: C20                      -                      Eligible List Number #                      Date of Certification/Canvass Letter

Certification Return Date                      Canvass Return Date

**CERTIFICATION TRACKING :**

*Date Certification Extended*                      Date Certification Received                      Was Action Taken                      YES                      NO

Is Agency Able to Seek a Provisional Candidate?                      YES                      NO                      Candidate Name

Canvass Letters Re- Canvass?                      YES                      NO                      Letters Return Date

NOTES:

**Canvass Results Entered in DB**

**Application Tracking Updated**

**RPC Received**