

**Texas Department of Criminal Justice
Certification of Compliance**

Payroll Title	Unit/Department
Extended Working Title	Job Posting Date

CERTIFICATION STATEMENT:

By my signature I certify I am the selection reviewer for the identified position and have completed the required PD-71 Manager's Training relating to selection procedures. I further certify I have reviewed the selection process used for this position, as well as the qualifications of the applicant who was recommended for this position, if applicable, and find no evidence of deviation from PD-71. **The selection documentation reflects: (1) the selection process was conducted without regard to race, color, religion, sex (gender), national origin, age, disability, genetic information, or uniformed services status other than applicable veteran's employment preference or reinstatement; (2) if all factors taken into consideration were equal for two or more applicants and one of those applicants was entitled to the foster child employment preference, the applicant entitled to the foster child employment preference is the applicant recommended for selection; (3) if all factors taken into consideration were equal for two or more applicants and one of those applicants was entitled to veteran's employment preference, the applicant entitled to veteran's preference is the applicant recommended for selection; (4) if an applicant entitled to foster child employment preference was equally qualified with an applicant entitled to veteran's employment preference, the applicant entitled to foster child employment preference is the applicant recommended for selection; and (5) if all factors taken into consideration were equal, and more than one applicant was eligible for the veteran's employment preference, the applicants were selected in the following order of priority: (a) a veteran with a disability; (b) a veteran; (c) a veteran's surviving spouse who has not remarried; and (d) an orphan of a veteran if the veteran was killed while on active duty.** If this certification includes applicants recommended for subsequent selection by the interviewer(s), I have indicated this in the appropriate space(s) below. I further certify if a license or certification was required or was used as part of the screening or selection process, this license or certification was verified prior to my review and the related section of this form was completed prior to my review. I hereby authorize a conditional offer of employment be made following the required background clearance procedures. This certification shall be retained as part of the selection packet. The minimum qualifications screening process was certified by the minimum qualifications screener on the PERS 215, Minimum Qualifications Screening Instructions.

Name of Applicant Recommended for Selection: _____

This certification includes the following applicant(s) who have been recommended for subsequent selection:

VERIFICATION OF LICENSE OR CERTIFICATION, IF APPLICABLE:

License or Certification Information, if applicable	
Type of License or Certificate Required:	Licensing or Certifying Agent:
Name of Person Contacted: _____	
Title: _____	Phone Number: _____
<input type="checkbox"/> License or Certificate is Valid - Not expired or been cancelled, suspended, or revoked <input type="checkbox"/> License or Certificate is Fully Renewable - Not a temporary license <input type="checkbox"/> The Licensee or Certificate Holder is not restricted in the performance of functions allowed by the License or Certificate	
License or Certificate Expires: _____	License or Certificate Shall be Renewed: _____
(mm/dd/yyyy) Example: Annually	
Comments: _____	
Name of Departmental Human Resources Representative: _____	

SIGNATURE OF SELECTION REVIEWER:

Print Name

Signature Date

Title

Selection Reviewer Birth Month/Day (mm/dd)