



New Hire Justification Form

Job Vacancy Title _____

Job Vacancy Number _____

Applicant Selection

List names and titles of interview committee members (all interviews must be conducted by at least two Harnett County employees):

List names of applicants contacted for interview (make note of those not actually interviewed):

Selection(s): *How does the selection meet the needs of the position? Please give a brief explanation. Justification should relate back to the qualification for the position. Please give specific (job/performance related) reasons based on quantitative statements*

Rank Order	Applicant's Name	Reason for Selection
1.		
2.		
3.		

Selections below the first ranked will not be contacted without prior consultation with the employing department.

Appointment Information

Desired appointment effective date: _____

I authorize HR to offer the candidate a starting salary of \$_____ per year or \$_____ per hour.

Check all that apply:

- ☐ The candidate meets the minimum requirements for the position and this offer is at the minimum rate for the position.
- ☐ The candidate has job-related education, experience and skill exceeding the minimum requirements of the position and this offer is commensurately higher than the minimum rate.
- ☐ The candidate has job-related education, experience and skill equivalent to those of individuals in similar positions who are considered "mid-career".
- ☐ An unusual market condition has put a premium on the knowledge and skills required to be successful in this position.

Special instructions or notes: (Example: Employee will receive increase upon successful probation or completion of required certification; or employee is to be offered credit for prior service for accrual purposes.)

Correspondence Verification

Please return the following with this form to Human Resources:

- ☐ Interview questions and answers.
- ☐ All completed civil/criminal release forms.
- ☐ Any notes or correspondence associated with this selection.
- ☐ Printed application of selected applicant

Certification

Supervisor Print/Type Name

Signature

Date

Department Director Print/Type Name

Signature

Date