

Appeal Form

To Whom It May Concern:

I, _____, hereby appeal my disqualification to take the examination for: _____ [Examination Title]

Date notified of disqualification: _____

Disqualified Under CIVIL SERVICE RULE (C.S.C.) and/or HUMAN RESOURCES (HR) POLICY:
Check all boxes that are applicable.

Lacks Minimum Qualification – Rule 5.1.(a) <input type="checkbox"/>	Convicted of a felony, or a misdemeanor – Rule 5.1.(b) <input type="checkbox"/>
Human Resources Policy: Dismissed from Public Service <input type="checkbox"/>	Dismissed from City Employment <input type="checkbox"/>
OTHER <input type="checkbox"/> _____ (write specific C.S.C. Rule or HR Policy you are appealing)	

C.S.C. Rule 5.1.(a) Applicant Does Not Meet Minimum Qualification	YES	NO
Do you meet the educational requirements as stated in the job specification for this position?	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide official proof of Education or other requirements, official transcripts, original or certified copies of diplomas?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the minimum required experience as stated in the job specification for this position?	<input type="checkbox"/>	<input type="checkbox"/>
Did you list your education and/or experience on your application?	<input type="checkbox"/>	<input type="checkbox"/>

Detail your qualifying experience (use additional paper if necessary)

C.S.C. Rule 5.1.(b) Conviction of Felony or Misdemeanor	YES	NO
Is your conviction job related to the position sought?	<input type="checkbox"/>	<input type="checkbox"/>
Will the conviction hinder your ability to perform the duties of this position?	<input type="checkbox"/>	<input type="checkbox"/>

Please detail why your conviction will not affect your job performance. Please submit any supporting documentation regarding this issue.

HR Policy: Dismissed from Public Service	YES	NO
HR Policy: Dismissed from City Employment		
Are the circumstances of your dismissal related to the duties of the position being sought?	<input type="checkbox"/>	<input type="checkbox"/>
Please detail the circumstances involving your dismissal from public service. Please provide any supporting documentation regarding this issue.		
Other _____ (cite specific Rule or HR Policy you are appealing).		
Please explain what you are appealing		

Name: _____	Address: _____	City/State/Zip _____
Telephone: _____	Person ID #: _____	(Neogov) _____
Applicant Signature: _____	Date: _____	Received by CSC
Please note: In accordance with the <u>Texas Public Information Act</u> , information from your application and/or résumé is subject to release to the public.		
The electronic transmission of this appeal form via e-mail will constitute a signature:		
Check signifies electronic signature <input type="checkbox"/>		