

CHECKLIST FOR WOC APPOINTMENTS

Complete all items inserting N/A if not applicable.

NAME: _____ SSN: _____
Last, First, MI

DOB: _____ VETERAN STATUS: VIETNAM
 OTHER ()
 NON-VETERAN

CITIZENSHIP: U. S. Other - Specify: _____
(If not a U.S. citizen, attach documentation to verify efforts to recruit qualified citizen and show Visa status.)

POSITION TO WHICH CANDIDATE
WILL BE APPOINTED: _____

BRIEF DESCRIPTION OF DUTIES: _____

RENEWAL? Yes No (If yes, DO NOT complete beyond this point.)

APPLICATION FORM ATTACHED:

- OF 612, Optional Application for Federal Employment
- VA Form 10-2850, Application for Physicians, Dentists, Podiatrists and Optometrists
- VA Form 10-2850a, Application for Nurses and Nurse Anesthetists
- VA Form 10-2850c, Application for Associated Health Occupations
- OTHER (Identify)

CREDENTIALING COMPLETED? Yes No

CLINICAL PRIVILEGES? Yes No

IF CANDIDATE IS A STUDENT, HAS HE/SHE BEEN INFORMED OF ELIGIBILITY FOR
DIRECT-HIRE APPOINTMENT WITH THE VA WITHIN ONE YEAR OF GRADUATION?
 Yes No

IS THE STUDENT ATTENDING AN AFFILIATED UNIVERSITY?
 Yes If so, check one SLU WU Other _____

TO BE COMPLETED BY HUMAN RESOURCES MANAGEMENT SERVICE

DRUG TEST SCHEDULED? Yes Not Required

PHYSICAL SCHEDULED? Yes Not Required

ALL NECESSARY APPROVAL OBTAINED? Yes No

MEETS TECHNICAL REQUIREMENTS - reviewed by:

Human Resources Specialist

Date