



Human Resource Certification Program Application

Applicant Information Section

Date:	Applicant's Name in PHRST:	Applicant's Preferred Name:
Employee ID Number:	Email Address:	Preferred Pronouns:
Department / Division:		Job Title / Position:
Work Address:		Work Telephone Number
City	State	Zip Code
		State Location Code
HR Systems Access. Please indicate the HR systems that you use <u>and</u> how long you have utilized them: <input type="checkbox"/> PHRST: <input type="checkbox"/> DEL: <input type="checkbox"/> FSF: <input type="checkbox"/> Other (Specify):		
Current HR Duties. Please list your current Merit System HR/HR Supporting duties, responsibilities, and elaborate on your work experience for each:		
Goals. Please state your goals and objectives as a Human Resource professional and specify how the Human Resources Certification (HRC) program will help you attain these goals:		

Leadership Information Section

Supervisor's Approval			
Supervisor's Name:		Title:	
Email:		Work Telephone Number:	
Work Address:			
City:	State:	Zip Code:	State Location Code:
<input type="checkbox"/> I nominate this applicant for enrollment in the Human Resources Certification program, <input type="checkbox"/> This candidate currently meets or exceed performance expectations, and <input type="checkbox"/> I agree to meet with this candidate to discuss what they learn from each course and to mentor them throughout the program.			
Typing your name will constitute Approval:		Date:	
Agency Director's Endorsement			
Director's Name:		Title:	
Email:		Work Telephone Number:	
<input type="checkbox"/> I understand that most classes are free to executive branch participants when Blue Collar funds are available to the program. If funds are unavailable and the candidate is not a DHR employee, the agency is responsible to pay approximately \$250.00 for the program. By signing, I agree that my agency will pay for DLC access fees, course costs, and the materials that are required to administrate the HRC program.			
Typing your name will constitute Approval:		Date:	
Director's Comments (optional)			
Agency Human Resource Manager Endorsement			
HR Lead's Name:		Title:	
Email:		Work Telephone Number:	
<input type="checkbox"/> By checking this box, I agree to support the candidate's enrollment in the program, and I agree that the candidate works in a position that performs some HR functions or that the candidate will have access to an HR staff member to mentor the candidate throughout the program.			
Typing your name will constitute Approval:		Date:	