

Ohio Department of Medicaid  
**SELECTION PACKAGE CHECKLIST**

*The following is a checklist of needed items when submitting your recommendation for filling a posted position vacancy. Please refer to this checklist to ensure a prompt & successful process.*

**I. SUBMIT SELECTION PACKAGE WITH THE FOLLOWING DOCUMENTS:**

- Completed (Sections I, II, III) Selection Approval Form
- All Applications Printed by Office
- All Test Documentation (Oral Interviews/Assessments) for Each Applicant Assessed\*
- Cover Memo from Employment Processing Section
- Qualified Applicant List\*\*
- Completed Security & Confidentiality of Testing Documents Agreement
- Any Withdrawal Letter or email from Applicants
- Signed Working Conditions Acknowledgement
- Signed last page of Civil Services Application  
(AN ORIGINAL SIGNATURE IS REQUIRED)
- Signed Supplemental Nepotism Statement

**\* Do Not Return Answer Key - Please Shred**

\*\* Please annotate Applicant Roster as applicable  
(e.g. Did not Interview due to....., No Show, Applicant Declined Interview)