**Local Health Department Selection Process**

**Conflict of Interest Statement**

This selection process is for the position of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY THE FOLLOWING AS A SELECTION PANEL MEMBER:

* I understand it is my responsibility to consider the criteria established by statute and regulation during my participation in the selection of a candidate to fill the vacancy.
* I understand it is my responsibility not to discriminate against any applicant on the basis of race, color, sex, national origin, sexual orientation, or gender identity, ancestry, age, disability, political affiliation, genetic information or veteran status in support of the Commonwealth of Kentucky’s affirmative action plan and equal employment opportunity efforts.
* I have no knowledge of pre-selection of an applicant for this position, and no person has pressured me to recommend a particular applicant.
* I agree to remove myself from the interview panel if a family member or other person of similar relationship is to be interviewed for the position.
* I understand that I cannot provide a reference for any of the applicants interviewed for any vacancies for which I participate as an interview panelist.
* I understand that the hiring and selection process and subsequent discussions regarding such hiring are confidential, and I will not discuss any aspect of the process with any individual outside of the interview panel other than my personnel representative or the Appointing Authority.

By signing this form, I acknowledge that I have read and understand this Conflict of Interest Statement and will present any questions or concerns I have to my Human Resources Manager or the Appointing Authority. Any violation of this Conflict of Interest Statement will subject me to disciplinary action, up to and including dismissal.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_