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Civil Service Commission, 1979

Lowell M. Hardy DO

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Notice of Rating

United States Civil Service Commission

WASHINGTON, D.C. AREA OFFICE 1900 "E" STREET, N.W. WASHINGTON, D.C. 20415

(Issuing Office)

NAME AND ADDRESS (Number, Street, City, State and ZIP Code)	I.D. No.	EWH
		ANNOUNCEMENT TITLE AND NUMBE

Dr. Lowell M. Hardy P.O. Box 83 Hampton Falls, N.H. 03844 Medical & Dental Officers Announcement No. 442

PERIOD OF CONSIDERATION
FROM ABOVE ISSUE DATE

6 MONTHS X 12 MONTHS

SEE REVERSE SIDE

This is NOT a notice of appointment. It is a record of your rating.

It is important that you keep it.

ONLY the section checked below refers to your rating. Disregard section Your rating is ELIGIBLE for all occupations and grades	
above announcement or for the following: Medical Officer (General Internal Medicine) GS-12/13	-14/15 9
Numerical ratings have not been assigned. See reverse side. The letters appearing above (if any) show 5-point (TP) or 10-point (XP or CP) veteran preferen	21/25

- The letters appearing above (if any) show S-point (TP) or 10-point (XP or CP) veteran preference is included.

 You may not enter on duty until completion of required education.

 You must maintain the required grade point average during your senior year.
 - Your qualifications statement has been carefully reviewed and we regret that we cannot refer your name to departments and agencies for employment consideration under the above announcement or for the following occupation(s) and/or grades(s): (Reasons are checked in the appropriate boxes below)
- You indicated that you would not accept the minimum salary for this grade(s).
- 2 You did not obtain a passing score on the written test.
- Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement.
- Your qualifications statement does not indicate you possess the skills and abilities required of the position.
- 5 Your elegibility is suspended pending proof of correction of physical condition shown on the attached notice.
- 6 You did not answer official correspondence.
 - Your qualifications statement is returned for your possible future use.

See Important Message on Reverse

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Notice of Rating

United States Civil Service Commission

WASHINGTON, D.C. AREA OFFICE 1900 "E" STREET, N.W. WASHINGTON, D.C. 20415

(Issuing Office)

NAME AND ADDRESS (Number, Street, City, State and ZIP Code)

Dr. Lowell M. Hardy P.O. Box 83

Hampton Falls, N.H.

I.D. No. EWH

ANNOUNCEMENT TITLE AND NUMBER

Medical & Dental Officers Announcement No. 442

DATE ISSUED:

8/3/79

PERIOD OF CONSIDERATION FROM ABOVE ISSUE DATE

6 MONTHS

X 12 MONTHS

This is NOT a notice of appointment. It is a record of your rating.

It is important that you keep it.

SEE REVERSE SIDE

Carlot Control of the						
V	Your rating is ELIGIBLE for all occupations and grades covered under the above announcement or for the following:					
-	Medical Officer (General Internal Medicine) GS-12/13 99 GS-14/15 94					
1	Numerical ratings have not been assigned. See reverse side.					
2	The letters appearing above (if any) show 5-point (TP) or 10-point (XP or CP) veteran preference is included.					
3	3 You may not enter on duty until completion of required education.					
4	You must maintain the required grade point average during your senior year.					
5						
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	sideration under the above announcement or for the following occupation(s)					
4	and/or grades(s): (Reasons are checked in the appropriate boxes below)					
1	and/or grades(s): (Reasons are checked in the appropriate boxes below) You indicated that you would not accept the minimum salary for this grade(s).					
1						
1 2						
2 2	You indicated that you would not accept the minimum salary for this grade(s).					
	You indicated that you would not accept the minimum salary for this grade(s). You did not obtain a passing score on the written test. Your qualifications statement does not show that you meet the basic requirements as to experience or					
	You indicated that you would not accept the minimum salary for this grade(s). You did not obtain a passing score on the written test. Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement. Your qualifications statement does not indicate you possess the skills and abilities required of the position.					
3 4	You indicated that you would not accept the minimum salary for this grade(s). You did not obtain a passing score on the written test. Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement.					
3 4 5	You indicated that you would not accept the minimum salary for this grade(s). You did not obtain a passing score on the written test. Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement. Your qualifications statement does not indicate you possess the skills and abilities required of the position. Your elegibility is suspended pending proof of correction of physical condition shown on the attached notice. You did not answer official correspondence.					
3 4 5	You indicated that you would not accept the minimum salary for this grade(s). You did not obtain a passing score on the written test. Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement. Your qualifications statement does not indicate you possess the skills and abilities required of the position. Your elegibility is suspended pending proof of correction of physical condition shown on the attached notice.					



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(Issuing Office)

	NAME AND ADDRESS (Number, Street, City, State and ZIP Code) I.D. No.	EWH			
	Dr. Lowell M. Hardy P.O. Box 83 Hammton Falls N. H. 03844	ANNOUNCEMENT TITLE AND NUMBER Sedical & Dental Officers Innouncement No. 442 DATE ISSUED: 8/3/79			
Th	is is NOT a notice of appointment. It is a record of your rating. It is important that you keep it.	PERIOD OF CONSIDERATION FROM ABOVE ISSUE DATE 6 MONTHS X 12 MONTHS SEE REVERSE SIDE			
	ONLY the section checked below refers to your rating. Disregard s	ection not checked.			
	Your rating is ELIGIBLE for all occupations and grades covered under the above announcement or for the following: Medical Officer (General Internal Medicine) GS-12/13 99 GS-14/15 94 Numerical ratings have not been assigned. See reverse side.				
Constant and Designation of the Party of the	Your qualifications statement has been carefully reviewed and we regret that we cannot refer your name to departments and agencies for employment consideration under the above announcement or for the following occupation(s) and/or grades(s): (Reasons are checked in the appropriate boxes below)				
Andrew School Land	You indicated that you would not accept the minimum salary for this grade(s).				
AND THE COMPANY OF THE PARTY OF	You did not obtain a passing score on the written test. 3 Your qualifications statement does not show that you meet the basic requirements as to experience or education as specified in the announcement.				

See Important Message on Reverse

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