**IT System Development Services (SDS) Contracts**

**Conflict of Interest Statement**

**(to be completed by each interviewer)**

1. SDS Skills Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agency Requesting the Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Person Conducting the Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Indicate, by checking the appropriate box below, if you are a state employee or a contractor. Include the name of your agency or employer:
* State Employee

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Contractor (must have prior approval from supervisor to be an interview panelist)

SDS Vendor/Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I hereby certify the following:
* I am an interview panelist for the above SDS Skills Category Position.
* I understand as an interview panelist that it is my responsibility to recommend the best qualified candidate for this position.
* I will not discriminate against any candidate on the basis of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability, political affiliation, genetic information or veteran status.
* I have no knowledge of pre-selection of any candidate for this position and no one has pressured me to recommend any particular candidate.
* I will not provide a reference for any candidate that I am interviewing.
* I understand that the hiring process is confidential and I will not discuss the process with anyone outside of the interviewing process.
* The five (5) IT SDS vendors were contacted and resumes were received.
* The interviews will be conducted with an odd number of interview panelists (preferably 3).
* The interviews will be evaluated using criteria relevant to the Skills Category and the need of the agency.
* I do not have any conflicts of interest with any candidate for this position.

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