



APPLICANT ASSESSMENT

Position Title:	
Applicant Name:	
Committee Member:	

Using the table below, please assess the applicant's qualifications in relationship to the minimum requirements listed in the Position Available Notice.

1. Education:	<input type="checkbox"/> Does Not Meet	<input type="checkbox"/> Meets	<input type="checkbox"/> Exceeds
2. Certifications/License:	<input type="checkbox"/> Does Not Meet	<input type="checkbox"/> Meets	<input type="checkbox"/> Exceeds <input type="checkbox"/> N/A
3. Related Work Experience	<input type="checkbox"/> Does Not Meet	<input type="checkbox"/> Meets	<input type="checkbox"/> Exceeds
4. Related Job Knowledge:	<input type="checkbox"/> Does Not Meet	<input type="checkbox"/> Meets	<input type="checkbox"/> Exceeds
5. Overall Assessment:	<input type="checkbox"/> Does Not Meet	<input type="checkbox"/> Partially Meets	<input type="checkbox"/> Meets <input type="checkbox"/> Exceeds

Based on your assessment of the applicant's minimum qualifications, do you recommend that the applicant be considered for an interview: Yes No
 If you answered "No", please provide your reason:



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