

**USC Beaufort
APPLICANT REVIEW FORM**

Applicant Evaluation Information – Complete this section on all applicants

1. Position Title: _____
2. Applicant: _____ 3. Date of Application Review: _____
4. Was applicant selected for an Interview? Yes, No (If Yes, go to #6, If No, go to #5)
5. If you checked **NO** in # 4, Check the reason(s) and/or explain in the space provided
- | | |
|---|--|
| <input type="checkbox"/> Unsatisfactory work history | <input type="checkbox"/> Poor references received |
| <input type="checkbox"/> Accepted other employment | <input type="checkbox"/> Unable to contact |
| <input type="checkbox"/> Lacked preferred Work Experience | <input type="checkbox"/> Lacked preferred Education |
| <input type="checkbox"/> Position will not be filled at this time | <input type="checkbox"/> Position will be reclassified |
| <input type="checkbox"/> Qualifications not competitive with Other Applicants | |
| <input type="checkbox"/> Other (please explain in space provided below) | |
| <input type="checkbox"/> Other Reason Not Selected for an Interview- _____ | |
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Applicant Interview Information – Complete this section only if applicant selected for an Interview

6. If you checked **YES** in # 4, Please provide date of interview: _____
7. Was applicant selected for the Position? Yes No (If Yes, go to #8, If No, go to #9)
8. If you checked **YES** in # 7, Please provide Reason(s) for Selection in space provided below
Reason Applicant Selected for Position _____
9. If you checked **NO** in # 7, Check the reason(s) and/or explain in the space provided
- | | |
|---|---|
| <input type="checkbox"/> Unsatisfactory work history | <input type="checkbox"/> Unfavorable interview |
| <input type="checkbox"/> Poor references received | <input type="checkbox"/> Accepted other employment |
| <input type="checkbox"/> Unable to contact | <input type="checkbox"/> Did not keep scheduled appointment |
| <input type="checkbox"/> Lacked preferred work experience | <input type="checkbox"/> Lacked preferred educational requirement |
| <input type="checkbox"/> Applicant declined offer (attach offer letter) | <input type="checkbox"/> Unable to meet salary requirements |
| <input type="checkbox"/> Position will not be filled at this time | <input type="checkbox"/> Position will be reclassified |
| <input type="checkbox"/> Qualifications not competitive with other applicants | |
| <input type="checkbox"/> Other (please explain in space provided below) | |
- _____

Additional Explanation/Comments: _____

Hiring Official (please sign in blue)

Date

**Please retain a copy of this form for your files and submit to Human Resources.
Approved Mission Critical Request Form required BEFORE position can be advertised &
filled. A Completed I-9 required BEFORE Employee may begin work.**

USCB Applicant Review Form
Rev 2/2012