



# APPLICANT APPRAISAL

Human Resources Management

<b>Department</b>	<b>Classification</b>	<b>Req #</b>

It is required that all applicants be evaluated based on established job related criteria necessary to perform the duties of the position. Upon completion of the interviews, the interviewer must complete the Applicant Appraisal form, contrasting and comparing all qualified selected candidates for interview, noting applicants that withdrew from the position or who did not respond to calls.

**JOB-RELATED SELECTION CRITERIA: (Refer to job announcement and description.)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>INTERVIEWS CONDUCTED</b>		<b>RATING</b>		
		UNACCEPTABLE	ACCEPTABLE/ MEETS CRITERIA	EXCEEDS CRITERIA
<b>Date</b>	<b>Name</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				
<b>Date</b>	<b>Name</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				
<b>Date</b>	<b>Name</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				
<b>Date</b>	<b>Name</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				
<b>Date</b>	<b>Name</b>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments</b>				

**REASON FOR SELECTION:** Compare and contrast all candidates, based upon information gained during the interview. These comments should clearly indicate why the selected candidate is the best qualified based upon skills and knowledge.

<b>Name of Selected Candidate:</b>	<b>Signature of Interviewer(s):</b>	<b>Date:</b> _____
_____	_____	_____
		<b>Date:</b> _____
		_____

ADDITIONAL INTERVIEWS		RATING		
		UNACCEPTABLE	ACCEPTABLE/ MEETS CRITERIA	EXCEEDS CRITERIA
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				
Date	Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

**REASON FOR SELECTION: (Continued)**