**Candidate Materials Screening Form**

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| **Candidate Name:** | Click here to enter text. |
| **Position:** | Click here to enter text. | **Department:** | Click here to enter text. |
| This form is to be used as a guide to evaluate a candidate’s application materials based on screening criteria. The numeric value corresponds to the candidate’s level of qualification. Check mark the column of each row accordingly. |
| **Scale:** | **3** – Excellent | **2** – Meets requirement | **1** – Does not meet requirement | **N/A** – Not applicable for position |
|  | **Rating** |
|  | **3** | **2** | **1** | **N/A** |
| **Education**Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Training** Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Relevant Job Experience** Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Supervisory/ Managerial Experience** *(if applicable)* Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Technical Skills** Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Leadership Skills** Screening criterion: Click here to enter text. |[ ] [ ] [ ] [ ]
| **Strengths** Comments: Click here to enter text. |
| **Weaknesses** Comments: Click here to enter text. |
| **Overall Evaluation**Comments: Click here to enter text. | **Advance** | **Advance with reservations** | **Do not advance** |
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