APPLICANT SCREENING CRITERIA
Selection for Interviews

Reset Form

Position: _____ Position # _____ Department: _____ Search Chair: _____ Date Returned: _____

Allowable time per interview: _____ Location of Interview: _____ Selection Committee: _____

Interview Schedule (Please indicate available Dates & Times for interviews) _____

(Please list all applicants that WILL be interviewed) _____

_____

_____

Please Return to OHR-Employment, Box 15, before interviews are scheduled.

Applicant Name	Contact Date & Time *(OHR use only)*	Interview Time & Date *(OHR use only)*

Employment: _____ Date: _____ Employment: _____ Date: _____