Candidate Rating Form

Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: Posting Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each category is based on the minimum requirements specified in the advertisement. Please list requirements below.

1.

2.

3.

4.

5.

Please evaluate each requirement on the 4-point scale.

4 – Superior 3 – Good 2 – Satisfactory 1 – Acceptable 0 – Does not meet

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| Candidate Name | 1 | 2 | 3 | 4 | 5 | Total | Comments |
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