University Support Staff Position INITIAL EVALUATION OF APPLICATION

To be completed by each committee member.

Position Title:					
Applicant Name:					
Minimum Requiren	nents and/or Educa	ation if substituted:			
Required:					
🗌 Yes	🗌 No	Need More Information			
Preferred:					
🗌 Yes	🗌 No	Need More Information			
Preferred Skills:					
Preferred:					
🗌 Yes	🗌 No	Need More Information			
Preferred:					
🗌 Yes	🗌 No	Need More Information			
Committee Member's Comments:					
Please rate applicar	nt on the following sc	cale (from 0 to 5) – p l	ace check in box un	der appropriate	number:
Excellent	Above Average	Average	Below Average	Poor	Unqualified
5	4	3	2	1	0
Reviewer:					

Print Name

Signature

Date:

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