**Candidate Materials Screening Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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