

Applicant Summary Form			
Reference Number 19.00 Forms	Board Approval	Effective Date 11/01/2015	Page 1 of 1

**Part I**

\_\_\_\_\_ Position Title

Please use this form to screen the applicant's qualifications for the position (Attach to applicant's documents)

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Primary Phone #: \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_ Transcripts: Official \_\_\_ Unofficial \_\_\_

Teaching Discipline (faculty): \_\_\_\_\_

Highest degree earned:

AA/AS \_\_\_ BA/BS \_\_\_ MS/MA \_\_\_ MFA \_\_\_ Ed.D \_\_\_ D.B.A. \_\_\_ PhD \_\_\_

Did applicant submit all required documents? Yes \_\_\_ No \_\_\_

Does applicant have minimum experience? Yes \_\_\_ No \_\_\_

Does applicant have minimum education? Yes \_\_\_ No \_\_\_

What sets this applicant apart from others?: \_\_\_\_\_

Why was this applicant chosen? \_\_\_\_\_

Applicant did not meet criteria. Give reason(s) below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Phone Interview? Yes \_\_\_ No \_\_\_

**Part II**

Campus Interview Extended? Yes \_\_\_ No \_\_\_ Accepted \_\_\_ Declined \_\_\_  
If yes, and if accepted, please fill out Form 15, Interview Requisition

Date of Visit: \_\_\_\_\_

**Person completing this form**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_