

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: _____