USC Beaufort APPLICANT REVIEW FORM

Applicant Evaluation Information – Complete this section on all applicants

1. Position Title:	
2. Applicant:	3. Date of Application Review:
4. Was applicant selected for an Interview? Yes	s, \square No (If Yes, go to #6, If No, go to #5)
5. If you checked NO in # 4, Check the reason(s) and	nd/or explain in the space provided
Unsatisfactory work history Accepted other employment Lacked preferred Work Experience Position will not be filled at this time Qualifications not competitive with Other Ap Other (please explain in space provided below Other Reason Not Selected for an Interview-	ow)
Applicant Interview Information – Complete	te this section only if applicant selected for an Intervie
6. If you checked YES in # 4, Please provide date of	<u></u>
7. Was applicant selected for the Position? Yes	es \square No (If Yes, go to #8, If No, go to #9)
8. If you checked YES in # 7, Please provide Reason Reason Applicant Selected for Position	n(s) for Selection in space provided below
9. If you checked NO in #7, Check the reason(s) and	nd/or explain in the space provided
Unsatisfactory work history Poor references received Unable to contact Lacked preferred work experience Applicant declined offer (attach offer letter) Position will not be filled at this time Qualifications not competitive with other applications (please explain in space provided below	Position will be reclassified pplicants
Additional Explanation/Comments:	
Hiring Official (please sign in blue)	Date

Please retain a copy of this form for your files and submit to Human Resources.

Approved Mission Critical Request Form required BEFORE position can be advertised & filled. A Completed I-9 required BEFORE Employee may begin work.

USCB Applicant Review Form Rev 2/2012