_____ Search RATING FORM

Applicant's Name:

Reviewer:_____

PART I. Minimum/Required Criteria (Required in NOV). If not met, do not rate any further

_____1.

_____2.

_____ 3.

PART II. Screening Evaluation Criteria (from Notice of Vacancy)

	Does Not Meet/No Evidence	Weak	Avg.	Very Good	Excellent
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Weaknesses:

Rev. 3/2024