

CANDIDATE SELECTION FORM

This page must be completed prior to offering the position

DEPARTMENT: _____ JOB TITLE: _____ SEARCH #: _____
POSITION CONTROL #: _____

1. SELECTED CANDIDATE RECOMMENDATION

NAME: _____
RACE: _____ SEX: _____ SALARY: _____
START-TO-WORK DATE: _____
 OFFER ACCEPTED OFFER REJECTED - REASON FOR REJECTION: _____

2. SUBSEQUENT CHOICE (To be offered position if first offer is refused)

NAME: _____
RACE: _____ SEX: _____ SALARY: _____
START-TO-WORK DATE: _____
 OFFER ACCEPTED OFFER REJECTED - REASON FOR REJECTION: _____

INTERVIEWER: _____ DATE: _____

COMMENTS: _____

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE RETURN THE SIGNED FORM TO HUMAN RESOURCES MC 4035