

ATTACHMENT B

APPLICANT REFERRAL FORM

JOB TITLE _____

DEPARTMENT MAKING REQUEST _____

POSITION VACATED BY _____

Note: Return this form and accompanying material to Human Resources Department

Signature of Human Resources Department Representative

INTERVIEW Date / Time	APPLICANT'S NAME	EVALUATIVE RATING				EMPLOYMENT PRIORITY RANKING	EVALUATIVE COMMENTS RELATIVE TO RANKING AND RATING OF APPLICANT
		Exceed Requirements	Meet Requirements	Below Requirements	Unacceptable		

Department Director's Signature

Human Resources Department Use Only:

Comments: _____
