

**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: \_\_\_\_\_

\_\_\_\_\_