**Candidate Evaluation Form NAME OF POSITION- CJC**

The purpose of this form is to help search committees evaluate candidates in a consistent manner. Please identify criteria to use when evaluating candidates for this position.

Candidate Name:

Please indicate which of the following are true for you (check all that apply):

 Read candidate’s prepared materials  Met with candidate over phone/Zoom

Please comment on the candidate’s strengths as it pertains to the qualifications:

Please comment on any concerns about the candidate’s qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Please rate the candidate on each of the following: | Acceptable | Unacceptable | N/A |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |
| Potential for/Evidence of SKILL/ABILITY |  |  |  |

Other comments:

1 | P a g e