

Application Screening Criteria Sheet

Position Title

Enter position title

Department

Enter department name

Screening Date

Applicant Information

Name	Email	Phone	Date Received

Screening Criteria

Criteria	Description	Meets?	Comments
Education		<input type="checkbox"/>	
Experience		<input type="checkbox"/>	
Required Skills		<input type="checkbox"/>	
Certifications		<input type="checkbox"/>	
Other		<input type="checkbox"/>	

Overall Assessment

Summary or recommendation

Screened By

Enter screener's name