

Resume Assessment Form

Candidate Information

Full Name

Position Applied

Reviewer

Date

 YYYY-MM-DD

Assessment Criteria

Criteria	Rating (1-5)	Comments
Education Qualification	<input type="text"/>	<input type="text"/>
Relevant Experience	<input type="text"/>	<input type="text"/>
Skills Match	<input type="text"/>	<input type="text"/>
Achievements	<input type="text"/>	<input type="text"/>
Clarity & Formatting	<input type="text"/>	<input type="text"/>

Strengths

Weaknesses / Improvement Suggestions

Overall Recommendation

Select

 -- Choose Option --

Comments

