

CANDIDATE RATING FORM

Candidate: _____ Committee Member: _____

| Job Related Selection Criteria | 4 | 3 | 2 | 1 |
|--------------------------------|----------------------|--------|---------------|---------------|
| | Exceptionally Strong | Strong | Meets Minimum | Below Minimum |
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OVERALL RATING:

NOTES (Continue on Reverse)

Signature: _____ Date: _____