

Candidate Interview Evaluation Form *(Optional)*

Name of Candidate

Position

Did you attend this candidate's seminar or presentation? NO YES

Did you personally interview this candidate? NO YES

Do you think that this candidate fits the advertised requirements for the position? (Explain, if not.)

Please use the following scales to indicate how well each statement fits your observations of this candidate:

1. This candidate will be an effective instructor.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
2. This candidate will be able to teach a variety of courses.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
3. This candidate has strong methodological skills in his/her area of expertise.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
4. This candidate will make significant intellectual contributions.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
5. The candidate will develop a strong funded research program.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
6. This candidate will integrate well into the Department.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
7. The candidate's presentation style is of a quality commensurate with the goals and expectations of the Department.	STRONGLY DISAGREE	DISAGREE	Neither AGREE nor DISAGREE	AGREE	STRONGLY AGREE
Remarks:					
8. Overall, my rating of acceptability of this candidate is:	Extremely Unacceptable	Unacceptable	No Opinion	Acceptable	Extremely Acceptable
Remarks:					

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Your response to the next two questions is critical to our selection process. Please use the back of this form to answer these questions.

9. What are the **strengths** of the candidate, based upon your observations of the candidate, the application packet, and any other information you have accessed? Please comment on the ways in which the candidate can contribute to the Department.

10. What are the **weaknesses** of the candidate, based upon your observations of the candidate, the application packet, and any other information you have accessed?

Additional remarks:

Interviewer Name:

Check: Faculty Staff Student Other

Signature (will be confidential):

Date:

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INSTRUCTIONS

- 1) Complete the Candidate Interview Evaluation Form and sign it.
- 2) DO NOT comment on applicant's age, race, sex, disability, national origin, religion, sexual orientation, and marital or family status.
- 3) Please submit all evaluation forms and resumes to the Search Committee Chair.