

Applicant Referral/Selection Form

Date: _____

Applicant Name	Position	Career Specialist
Applicant ID #	Extension	

This page to be completed by manager/supervisor.

The following information must be provided to assist us in complying with Americans with Disabilities Act requirements. New hires will not be placed on the payroll unless this form is completed and returned.

After completing this form, detach the yellow copy, and retain for your records. Submit the other copies of this form, with a copy of all your correspondence to the candidate, to: Office of Career Services, 98 N Broadway, 3rd floor. You may also fax them to 5-0890. Thank you for your time.

PART A: ADA Compliance: The following information must be reviewed with the candidate.

Job description/essential functions: Yes No If NO, please explain _____

Is the candidate able to perform the essential job functions with or without accommodations: With Without If accommodations are needed, please specify _____

PART B: Hiring decision: If interested in candidate, complete #1; if not, complete #2.

1. Interested in candidate. Interested in offering position Wish to interview others
 Candidate accepted offer Candidate undecided

2. Candidate not acceptable. Indicate specific job-related reason(s) for not selecting this candidate.

RC - Not certified NOSHOW - Did not appear for interview
 RD - Lacks preferred education Date: _____
 RE - Lacks preferred experience NOTAVL - Could not contact candidate
 RH - Work history/discipline/attendance
 RK - Lacks preferred skills REFUSE - Declined offer (specify reason) _____
 RM - Money/salary
 RO - Candidate no longer interested REJINT - Refused interview (specify reason) _____
 RR - Poor references
 RS - More qualified candidate being considered OTHER (please explain) _____
 RV - Unable to work shifts _____
 RW - Unable to work weekends _____

PART C: Position information.

1. Shift Day Evening Night Rotating

2. Position Type New Replacement of _____

3. Start Date _____

4. Interview Dates _____

5. Followup Letter Yes No **Letter #** _____

6. ADA Accommodation discussed with Human Resources Yes No

7. Supervisor comments re: ADA _____

Signature: _____ **Title:** _____ **Date:** _____

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This page to be completed by Career Services.

PART D: Position requirements.

Candidate meets minimum requirements for:

- Skills
 Experience
 Education
 Other

PART E: Discussion with candidate.

1. Experience _____ years _____ months

2. Education _____ years

Degree(s) _____

Major(s) _____

3. Salary Yes No

Benefits Yes No

References Yes No

Licensure / Certification Yes No

INS Requirements Yes No Not Applicable

Pre-employment processing Yes No

4. Copy of Job Description Provided Yes No

5. Base Hourly Rate \$ _____

Shift Differential \$ _____

Weekend Differential \$ _____

Shift Code _____

Annual Salary / Range \$ _____

Note: Quotes for Advanced Practice or "Special" positions are determined by the department and the Compensation Office.

6. Interviews

<i>Interviewing Department</i>	<i>Date & Time</i>
_____	_____
_____	_____
_____	_____
_____	_____

PART F: Approvals.

Comp: Signature: _____ Date: _____

EEO / AA: Signature: _____ Date: _____

Career Svc: Signature: _____ Date: _____