

REQUEST FOR AN EVALUATION FOR POSITIONS REQUIRING
SPECIAL TRAINING OR SPECIFIC EXPERIENCE

EVALUATION REQUESTED FOR POSITION AS:

See JOB DESCRIPTION HANDBOOK - page ()

A. PERSONAL INFORMATION

_____ Miss / Mrs. / Ms. / Mr. / Dr.
Surname Given Name, Initials

() - _____
Home Telephone Employee Number

_____ School Name Courier #

NOTE: Your application will only be processed if accompanied by supporting documentation.

B. MINIMUM ACADEMIC QUALIFICATIONS / EXPERIENCE:

(Please check the current Job Description Handbook and attach university transcripts. Where relevant coursework differs, please provide official course descriptions.) (Please highlight relevant courses)

C. PREFERRED QUALIFICATIONS / EXPERIENCE:

(Use reverse side if necessary)

D. OTHER RELEVANT INFORMATION:

(Use reverse side if necessary)

E. FOR OFFICE USE ONLY:

<input type="checkbox"/>	QUALIFIED	REASON	_____
<input type="checkbox"/>	NOT QUALIFIED		

Signature: _____ Date: _____

