UNIVERSITY OF SOUTH ALABAMA
USA HEALTHCARE MANAGEMENT, LLC
UNIVERSITY OF SOUTH ALABAMA HEALTHCARE AUTHORITY
Recruitment Finalist Selection Form

To be completed and signed by the hiring authority.

Job Title_____ Position _____ Date Posted _____

Department_____ Division _____

Interviewers/Search Committee Members _____

Advertisement (as applicable)

Source/Date _____

Source/Date _____

Source/Date _____

Total Number of Applications Received _____ Total Number of Qualified Applicants _____ Total Number of Applicants Interviewed _ _ ____

I. Finalist

Last/First	Interview Date(s)	Comments

II. Interviewed Applicants

Last/First	Interview Date(s)	Comments

III. Applicants Contacted/Not Interviewed

Last/First	Contact Date(s)	Comments

IV. Qualified Applicants/Not Interviewed
(applicants selected for interviews appear to have more appropriately related skills and/or experience)

Last/First	Last/First

V. Non-Qualified Applicants

(applicants did not appear to meet minimum posted requirements)

Last/First	Last/First

I confirm that the finalist meets the minimum requirements for the position and all applications have been reviewed and considered. I authorize Human Resources to initiate/evaluate a background investigation for the finalist.* I understand that a committed/official offer of employment may not be extended to the finalist until a satisfactory background investigation is completed.

* Contact Human Resources regarding a finalist who is a current employee.

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(Hiring Authority Signature/Date)