Applicant Tracking Worksheet - Page 1

Job Family and Level:									Job Code:	
Facility/Unit:		Closing Date of Job Announcement:								
Applicant Last Name	FI	MI	Agency EOD	Intv ✓ if yes	1 st Intv Score	Seniority ✓ if yes		2 nd Intv Score		
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Instructions: HR Management Specialist: On page 1, list names and Agency EOD of applicants
Committee Chair: Complete page 1 (Intv, 1st Intv. Score, Seniority and Recmd.) and page 2 (top)

Complete page 1 (2nd Intv. Score) and page 2 (bottom) Appointing Authority:

HR Management Specialist: Complete page 1 (Date of Appointment)

Applicant Tracking Worksheet - Page 2

FIRST INTERVIEW:	Please attach a copy	of the KSAs, interview q	uestions an	d BARS used by the first i	nterview committee.
Date of First Interviews:	/ If intervi	ews were not held, state reas	son:		
		Interview Committe	ee Members		
Printed Name	Job Title	Facility/Unit	R/S	Signature	Chair (✔
			/		
					_
FINAL INTERVIEW: Date of Final Interviews:				d BARS used by the Appo	
			son:	d BARS used by the Appo	
	:/ If intervi	ews were not held, state reas	son:		-
Date of Final Interviews:	:/ If intervi	ews were not held, state reas	on: Ithority Facility/Unit		-
Printed Name	:/ If intervi	ews were not held, state reas Appointing Au bb Title	on: Ithority Facility/Unit		_
Printed Name	:/ If intervi	Appointing Au bb Title Additional Inter	athority Facility/Unit		