



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

Table with 3 columns: Last/First, Interview Date(s), Comments. Row 1 is shaded.

II. Interviewed Applicants

Table with 3 columns: Last/First, Interview Date(s), Comments. Multiple rows for applicant tracking.

V. Non-Qualified Applicants
(applicants did not appear to meet minimum posted requirements)

<u>Last/First</u>	<u>Last/First</u>

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.

(Hiring Authority Signature/Date)