

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
**NATIONAL SEARCH SUMMARY FOR PROPOSED  
FACULTY/STAFF APPOINTMENTS**

Position No. \_\_\_\_\_

1. College \_\_\_\_\_ Department \_\_\_\_\_

2. Rank \_\_\_\_\_

3. Was a written position description prepared? ☐ Yes ☐ No

If no, indicate why not: \_\_\_\_\_

\_\_\_\_\_

4. Was the position advertised? ☐ Yes ☐ No

If yes, state the name and dates of the publications/websites in which the advertisement appeared:

\_\_\_\_\_

If no, indicate why not: \_\_\_\_\_

\_\_\_\_\_

5. Was the position announced to other colleges, departments, groups? ☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

6. Was an applicant scoring system used? ☐ Yes ☐ No

7. Was the controlling factor in the recommended appointment: ☐ Personal and professional judgment of department or unit head?

☐ Evaluation by supervisory personnel or selection committee? ☐ Other (specify)? \_\_\_\_\_

8. How many completed applications were received? \_\_\_\_\_

9. How many applicants were seriously considered beyond the preliminary screening? \_\_\_\_\_

10. How many applicants were interviewed? \_\_\_\_\_

11. Provide the names of applicants who declined an interview:

\_\_\_\_\_

12. Provide the name of applicant selected for appointment:

\_\_\_\_\_

13. Provide the name of each candidate interviewed but not selected:

-For each candidate, check one or more boxes indicating areas in which the rejected applicant was less qualified.

-Please indicate if the candidate was offered the position but declined

A. Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational background | <input type="checkbox"/> Relevant experience            | <input type="checkbox"/> Professional references |
| <input type="checkbox"/> Required salary        | <input type="checkbox"/> Area of professional specialty | <input type="checkbox"/> Other (specify)         |
- 

B. Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational background | <input type="checkbox"/> Relevant experience            | <input type="checkbox"/> Professional references |
| <input type="checkbox"/> Required salary        | <input type="checkbox"/> Area of professional specialty | <input type="checkbox"/> Other (specify)         |
- 

C. Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational background | <input type="checkbox"/> Relevant experience            | <input type="checkbox"/> Professional references |
| <input type="checkbox"/> Required salary        | <input type="checkbox"/> Area of professional specialty | <input type="checkbox"/> Other (specify)         |
- 

D. Name: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Educational background | <input type="checkbox"/> Relevant experience            | <input type="checkbox"/> Professional references |
| <input type="checkbox"/> Required salary        | <input type="checkbox"/> Area of professional specialty | <input type="checkbox"/> Other (specify)         |
- 

14. Identify search committee membership: Total number of members: \_\_\_\_\_

SUBMITTED \_\_\_\_\_ Date \_\_\_\_\_  
Search Committee Chair

APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
Department Chair (if required)

APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
Dean

APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
Affirmative Action / Equal Opportunity

APPROVED \_\_\_\_\_ Date \_\_\_\_\_  
Provost