PRE-SCREENING CRITERIA

Applicant's Name | Date

Class Title | PCN

Division/Office | Reviewer's Name

Minimum Qualifications For Entry:

Yes No

Yes No

Yes No

Yes No

Yes No

Related Education And/or Experience:

1. Yes No
2. Yes No
3. Yes No
4. Yes No
5. Yes No
6. Yes No
7. Yes No
8. Yes No
9. Yes No
10. Yes No

Total Points

Reviewer's Signature

DNR 1230