

Applicant:  
Vacancy:

### Applicant Score Sheet

Your Name

Score	Recommendation
<i>Enter score here</i>	<p><b>5 points:</b> I highly recommend this applicant as a member of the Miami-Dade HIV/AIDS the Partnership.</p> <p><b>4 points:</b> I recommend this applicant as a member of the Miami-Dade HIV/AIDS the Partnership.</p> <p><b>3 points:</b> I cannot decide on a recommendation for this applicant.</p> <p><b>2 points:</b> I do not recommend this applicant as a member of the Miami-Dade HIV/AIDS the Partnership.</p> <p><b>1 points:</b> I strongly do not recommend this applicant as a member of the Miami-Dade HIV/AIDS the Partnership.</p>

Comments (optional)
SAMPLE