

**DOÑA ANA COUNTY HEAD START**  
**Applicant Screening Instrument**

Date: \_\_\_\_\_ Position: \_\_\_\_\_ Signature of Screener: \_\_\_\_\_

Review all applications and evaluate application materials. List comments for each item below.

Name of Applicant	App. Complete Y / N	Education	Work Experience	Knowledge, Skills & Abilities	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					