Lori Knapp CHOICE™
Part of the AssuranceSD Family

JOB CANDIDATE INTERVIEW FORM

Date: _____

Applicant Name: _____ Position Requested: _____

Date Available: _____ Salary/Hrly Wage Requested: _____ Medicaid ID: _____

	Excellent	Good	Fair	Poor	Notes
Work Experience					
Applicable Skills					
Appearance					
Attitude					
Education					
Enthusiasm					

Why are you leaving your current position?

What has been the most challenging in your past/present job?

Tell me about a professional challenge you have had and how it was resolved:

What do you consider to be your weakness?

What do you consider to be your strengths?

What experience do you have in caregiving?

Tell me why you think you would be a good fit for this job?

Comments:

☐ Interested in Hiring ☐ Possibly interested in hiring ☐ NOT interested in hiring ☐ Candidate has no interest