APPLICANT EVALUATION FORM

Applicant Name _____
Date _____
Position applying for _____
Evaluated by _____

OFFICE USE ONLY

Rate the following on a scale of 1-5 (with 5 being the highest score possible).
(Questions 12-16 are applicable only if you are doing the Group Interview process)

_____ 1. Telephone Voice from original phone contact

_____ 2. Application Form Complete and Legible

_____ 3. Job Stability

_____ 4. Work Experience

_____ 5. Education

_____ 6. Appearance

_____ 7. Overall Communication skills

_____ 8. Motivation

_____ 9. Willingness

_____ 10. Literacy Level

_____ 11. Trainability

_____ 12. Questionnaire – grasp of what you said

_____ 13. Goals statement

_____ 14. Definition of the Purpose of the Practice

_____ 15. Collection Letter – communication effectiveness

_____ 16. First Interview Impression

_____ 17. Second Interview Impression