

Interview Rating Sheet for Position #000000

Position Title - Department

Candidate's Name:

Date:

Name and Signature of Interviewer:

Interview Questions:

Evaluation of Responses

1 2 3 4 5

1.

2.

3.

4.

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6.

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9.					
10.					
11.					
12.					
Is there anything you would like to add that we have not discussed? Do you have any questions for us?					
Total Points:					
Comments:					