

APPLICANT INTERVIEW FORM

LAST NAME

FIRST

MIDDLE

SOCIAL SECURITY NO.

1. Would your previous supervisors say you are consistently on time? Yes No
Why or why not? _____

2. Would your previous supervisors say that your attendance was:
 Excellent Good Fair Poor
Please explain: _____

3. Would your previous supervisors say that you are orderly? Yes No
4. What does "being orderly" mean to you? _____

5. Would those who know you best say your word can be trusted? Yes No
Why or why not? _____

6. Have you ever experienced a loss for doing what is right? Yes No
Please explain: _____

7. Was the previous company for which you worked a good company? Yes No
Please explain: _____

8. Was your previous employer fair with regard to pay? Yes No
Please explain: _____

9. Would your previous supervisor say that you were good at following instructions?
 Yes No Why or why not? _____

10. Would your previous supervisors say you get angry:
 Never Rarely Sometimes Often
11. What causes you to become upset on the job? _____

12. Have you ever asked for forgiveness for doing wrong? Yes No
Please explain: _____

13. Do you use alcohol or illegal drugs? Yes No
Please explain: _____

14. Would you have any difficulty in taking a drug/alcohol test at any time, if required by your supervisor? Yes No
If yes, please explain: _____

15. Have you ever been convicted of a felony? Yes No
If yes, please explain: _____

16. Please check three areas in which you are weakest:

<input type="checkbox"/> Contentment	<input type="checkbox"/> Diligence	<input type="checkbox"/> Dependability
<input type="checkbox"/> Gratefulness	<input type="checkbox"/> Loyalty	<input type="checkbox"/> Meekness
<input type="checkbox"/> Forgiveness	<input type="checkbox"/> Orderliness	<input type="checkbox"/> Punctuality
<input type="checkbox"/> Truthfulness	<input type="checkbox"/> Obedience	<input type="checkbox"/> Self-Control

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18. What are your goals? _____

19. How will this job help you achieve your goals? _____

20. Why do you want to work for this company? _____

DATE _____ SIGNATURE _____