|  |  |
| --- | --- |
| Candidate evaluation forms are to be completed by the interviewer to rank the candidate’s overall qualifications for the position. Under each heading the interviewer should give the candidate a numerical rating and write specific job-related comments in the space provided. | Company Name |

# Interview Evaluation Form

CANDIDATE INFORMATION

| Name |  | Candidate ID |  | |
| --- | --- | --- | --- | --- |
| Job Title |  | Date |  |
| Department |  | Manager |  | |
| Interviewed By: |  |  |  |

## Ratings

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | 1 = Poor | 2 = Fair | 3 = Satisfactory | 4 = Good | 5 = Excellent |
| Does the candidate have the appropriate educational qualifications or training for this position? | |  |  |  |  |  |
| Comments |  | | | | | |
| Has the candidate acquired necessary skills or qualifications through past work experiences? | |  |  |  |  |  |
| Comments |  | | | | | |
| Does the candidate have the technical skills necessary for this position? | |  |  |  |  |  |
| Comments |  | | | | | |
| Does the candidate demonstrate the knowledge of these areas necessary for this position? | |  |  |  |  |  |
| Comments |  | | | | | |
| Did the candidate demonstrate the leadership skills necessary for this position? | |  |  |  |  |  |
| Comments |  | | | | | |
| Did the candidate demonstrate the knowledge and skills to create a positive customer experience/interaction necessary for this position? | |  |  |  |  |  |
| Comments |  | | | | | |
| How were the candidate’s communication skills during the interview? | |  |  |  |  |  |
| *Comments* | | | | | | |
| How much interest did the candidate show in the position? | |  |  |  |  |  |
| *Comments* | | | | | | |
| Final comments and recommendations for proceeding with this candidate. | | | | | | |
|  | | | | | | |
| Overall Rating (average the rating numbers above) | | [AVERAGE RATING] | | | | |

## Evaluation

|  |  |
| --- | --- |
| Additional Comments |  |
| Goals (as agreed upon by employee and manager) |  |

## Verification

|  |  |  |  |
| --- | --- | --- | --- |
| By signing this form, you confirm that you have done this evaluation in detail. Signing this form does not necessarily indicate that you agree with this evaluation. | | | |
| Employee Signature |  | Date |  |
| Manager Signature |  | Date |  |