

PLEASE COMPLETE PRIOR TO YOUR INTERVIEW

Name _____ Social Security# _____ - _____ - _____
(Print) Last First Middle

How did you find out about our opening? _____

What interests you about our position/agency? _____

What were your specific duties in your previous jobs? _____

What size was the hospital/agency? _____

How many patients were cared for on your unit or caseload? _____

What was your usual patient load? _____

Did you supervise any employees? ____ Yes ____ No How Many? _____

What were their positions? _____

What did you like best about your last job? _____

List briefly some of the difficult problems encountered on the job? _____

How did you resolve them? _____

If you could have made one suggestion to management in your previous jobs, what would it be? _____

What makes you ready for a change at this time? _____

Where do you want to be professionally a year from now? _____

Five years from now? _____

How do you feel about patients receiving chemotherapy, ventilator support, dialysis, oxygen or antibiotics in the home? _____

What are your feelings about caring for a variety of patients in all kinds of environments? _____

How do you feel about driving to different parts of the city? _____

Employment Interview

Name _____ Social Security# _____ - _____ - _____
(Print) Last First Middle

What areas or counties will you be willing to work? _____

Describe your experience/expertise with:

Catheter insertion and care _____

Feeding tubes _____

Trach care, suctioning _____

Vents _____

Venipuncture, IV medicines _____

Drawing blood _____

Hickman or central lines _____

Sterile and aseptic dressing _____

Nasogastric tubes insertion and use _____

Teaching s/s of hypertension, etc. _____

Do you have any special skills or training not already discussed? _____

What would you say are your strengths? _____

What have you done that you are most proud of? _____

What would you say your previous supervisors would indicate are your weaknesses? _____

Briefly describe your experience in completing documents relating to patient care? _____

What deadlines did you have to meet? _____

Describe any problems you may have had in meeting those deadlines and/or in accurate documentation. _____

How comfortable are you with the elderly? _____

With pediatric patients? _____

With AIDS patients? _____

What are your salary requirements? _____

When would you be available for work? _____

Days and hours available? _____

I AM UNIQUE Special Care and Case Management
Employment Interview

Name _____ Social Security# _____ - _____ - _____
(Print) Last First Middle

Have you ever been convicted of a crime? _____
Has your license to practice ever been revoked or limited? ____ Yes ____ No
If yes, please explain. _____

Have you had an opportunity to review the job description? ____ Yes ____ No
Do you have any questions about the job description? ____ Yes ____ No
If so, please name _____

Have you ever sustained an injury on the job that caused you to miss work? _____

Do you see any reason you may not be able to meet the daily requirements of this position? _____

What else should I know about your qualifications? _____

About you? _____

What else would you like to know about this job/agency? _____

Applicant:

Signature **Date**

Interviewer:

Print / **Signature** **Date**