Candidate Evaluation Form (Template)

riew Start Time:
riew End Time:
Interviewer Recommendation
Hire Needs additional interview Possible fit for a different position Do not hire but keep on file Do not hire ments:

Question	Rating	Notes
What about our facility and this position inspired you to apply?		
2. What are your nursing strengths and weaknesses?		
3. Describe a time your current facility implemented changes. How were you affected and how did you adjust?		
4. How do you decide which tasks to delegate to licensed practical nurses (LPNs) and certified nurse assistants (CNAs)?		

5. Tell me about a time when you advocated for a patient or resident but received push-back from the medical team. How did you handle the situation, and what was the outcome?	
6. Have you ever made a medication or nursing error? Please explain what happened, how you handled the situation, and what the outcome was.	
7. What has been your proudest achievement as an RN?	
8. Have you ever held a nursing leadership position? Tell me about the experience.	
9. How would you handle an angry or upset patient/family member?	
10. How do you rest and recover from a difficult shift?	
Additional Questions	