

Licensed Practical Nurse

Candidate Evaluation Form Template

Candidate Name		Interview Date	
Position Title		Interviewer	
Desired Salary		Interview Start Time	
Available Start Date		Interview End Time	

Resonse Rating Scale	Interviewer Recommendation
1. No answer 2. Does not meet expectations 3. Meets expectations 4. Exceeds expectations 5. Outstanding Total Score: _____	Check one box below: <input type="checkbox"/> Hire <input type="checkbox"/> Needs additional interview <input type="checkbox"/> Possible fit for different position <input type="checkbox"/> Do not hire but keep on file <input type="checkbox"/> Do not hire Comments:

Questions	Rating	Notes
1. Why are you interested in working as an LPN at our facility?		
2. What are some personality traits that your patients would use to describe you?		

Questions	Rating	Notes
3. What are your long-term nursing career goals?		
4. Tell me about a time when you had a heavy patient assignment and felt overwhelmed. How did you handle it?		
5. Describe a time when your patient's condition declined rapidly and you had to adjust your care plan. What was the outcome?		
6. How would you handle complaints from a patient's family about the care you provide?		
7. What makes you the best candidate for this nursing position?		