

Registered 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. What about our facility and this RN position inspired you to apply?		
2. Describe a time your current facility implemented changes. How were RNs affected and how did you, specifically, adjust?		

Questions	Rating	Notes
3. How do you decide which tasks to delegate to licensed practical nurses (LPNs) and certified nurse assistants (CNAs)?		
4. 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?		
5. Have you ever made a medication or nursing error? Please explain what happened, how you handled the situation, and what the outcome was.		
6. How would you handle an angry or upset patient/family member?		
7. What has been your proudest achievement as an RN?		