

# INTERVIEW QUESTIONNAIRE

Date \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

Present Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Explain work hours to applicant \_\_\_\_\_

2. How soon are you available to begin a new job? \_\_\_\_\_

3. Do you have bookkeeping experience? Y/N If so, what kind? \_\_\_\_\_

4. Are you comfortable with computers? Y/N If so, if the computer were to lock up, what would you do? \_\_\_\_\_

5. Have you ever received Chiropractic care? Y/N \_\_\_\_\_

6. What does Chiropractic mean to you? \_\_\_\_\_

7. Why do you want to work in the health care profession? \_\_\_\_\_

8. What would your most recent employer say was your greatest assets? \_\_\_\_\_

9. Are you able to work the hours stated without issue? Y/N

10. Do you have daycare backup? Y/N

11. What are your career goals? \_\_\_\_\_

- One year? \_\_\_\_\_
- Seven years? \_\_\_\_\_
- Twenty years? \_\_\_\_\_

12. We stand the entire morning and afternoon shifts, are you able to do that without issue? Y/N

13. Are you willing to work overtime if needed at lunch/end of the day/on occasion? Y/N

Remarks: \_\_\_\_\_

\_\_\_\_\_