

SCREENING QUESTIONNAIRE

Evaluation

CANDIDATE NAME: _____

INTERVIEW DATE: _____

POSITION APPLIED FOR: _____

INTERVIEWER: _____

INTERVIEW HISTORY

Have you ever interviewed with us or worked with us before? Yes No

If yes, get details and follow-up.

Details:

INCOME REQUIREMENTS

Base:

TECHNOLOGICAL LITERACY (COMPUTER, IPAD, ETC.)

Advanced Average Basic Why:

Programs used:

Smartphone Apps Used:

LEGAL HISTORY

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, offense:

County:

State:

Notes:

Do you have a driver's license? Yes No

Have you had 3 or more moving violations in the last 3 years? Yes No

Do you have reliable transportation? Yes No

EDUCATION

Do you have a High School diploma? Yes No GED Additional Education:

AVAILABILITY

Can you work evenings (5:00-9:00 p.m.)? Yes No

Can you work weekends (Saturday)? Yes No

Can you work tradeshows? Yes No

Are you willing to go door to door in residential areas to prospect for new business? Yes No

Are you willing and able to go into people's homes to present our products and services? Yes No

EXPERIENCE

Sales experience? Yes No

If yes, number of years experience:

What did you sell:

What do you like most about being in sales:

