Interview Evaluation Form

Personal Information

Candidate Name _____ **Position Applied for** _____

Preferred Location / Unit _____ **Referred by employee** (if applicable) _____

Name /Designation of Interviewer	1st		**Interview Date**	
	2nd			06/04/24
	3rd			BDM

Rating Scale

Please Rate the applicant in relation to position applied for as per given ratings:

1 **Unsatisfactory** 2 **Improvement Required** 3 **Competent** 4 **Highly Competent**

Competencies	1st	2nd	3rd	Comments
Communication and Interpersonal Skills				
Respect				
Trust				
Initiative				
Performance				
Innovation				
Job Knowledge				
Customer Focus/Quality				
Team Work				
Overall Score				

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OTHER CRITERIA	COMMENTS
Availability and required notice period	
Current remuneration package Fixed/ Variable /Total	
Expectations on Remuneration	
Mobility and Family requirements for relocation (if any)	

Recommendations Please Tick in Relevant Box	1st	2nd	3rd	Comments
Selected				
On Hold				
Not Suitable				

Interviewer	Signature	Date
1st		
2nd		
3rd		

Final Approval

Name: _____ Signature: _____

Designation: _____