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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Foodservice Interview Evaluation Form Template** | | | | |  |  |  |
|  |  |  | | |
| **Candidate Name:** | **Name of Interviewer:** | |
| **Interviewed for Job Role:** | **Date / Time of Interview:** | |
|  | ***Poor*** | ***OK*** | ***Great*** |  |  |
| Q1 | Was the candidate prepared for the interview? |  |  |  | *Describe:* | |  |
|  | (Researched our menu, dressed appropriately, clean nails, body art covered, arrived on time?) |  |
| Q2 | Do they have food service certification, or prior experience? |  |  |  | *Describe:* | |  |
| Q3  Q4 | (Work experience, life experience, or volunteer work?) |  |
| Do they have cash/credit handling & POS experience?  (For example, can they do basic math, run a cash register, or use a POS system?) |  |  |  | *Describe:* | |
| How are their interpersonal skills? |  |  |  | *Describe:* | |
|  | (Friendly, smiling, outgoing, kind, fun, interactive?) |  |
| Q5 | How good are their communication skills? |  |  |  | *Describe:* | |  |
|  | (Written skills, i.e. resume, application, as well as verbal skills) |  |
| Q6  Q7 | How well do their prior job skills match the job requirements?  (Specific technical tools, approaches, examples?) |  |  |  | *Describe:* | |  |
| How well did they answer teamwork job-related questions?  (Likes working with others, good rapport?) |  |  |  | *Describe:* | |
| Q8 | How well did they answer customer service-related questions? |  |  |  | *Describe:* | |  |
|  | (Customer focused, good listener, problem solver?) |  |
| Q9 | How open did they appear to be to learning new things? |  |  |  | *Describe:* | |  |
| Q10 | (Willing to learn, attend training, accept feedback?) |  |
| How interested did the candidate seem in getting the job?  (In the job, the pay, the work schedule, days & hours, the overall work requirements?) |  |  |  | *Describe:* | |
|  |  |  |  |  |  |
|  | ***# of checkmarks for each rating, poor, ok, great (total should = 10) -->*** |  |  |  | *Additional notes to support your recommendation:* | |  |
|  | **What was YOUR overall impression of the candidate? (circle one)** | Poor | OK | Great |  |  |  |
|  |  |  | **No** | **Yes** |  | |  |
|  | **Do YOU recommend we move forward with this candidate? (circle one)** |  |