

## Interview Paperwork Checklist

Items to be turned in to HR to complete the hiring process:

- Reference Check Form
- Interview Disclosure Statement (if applicable)
- Completed Applicant Review Form-this must be signed by Accounting Director and DHD if salary exceeds the advertised amount.
- Interview Questionnaire with answers from each interviewed applicant
- Effective Hiring Phone Screen Form for each applicant screened
- Completed Interview Schedule Form
- Business Reference Form
- Professional Reference Release Form
- Official Transcripts, Licenses, and/or Diplomas
- All applications and/or resumes



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**Reference Check Form**

Applicant Name: \_\_\_\_\_

Date of Reference Check: \_\_\_\_\_

Reference requested by: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position applied for \_\_\_\_\_

Relationship to Applicant:      Supervisor      Peer

Other (Specify) \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s) Held:

What was the nature of the applicant's job?

Reason for Separation:     Voluntary                       Involuntary

Please rank the candidate based on the following areas:

Responds to Supervision	Poor	Fair	Good	Very Good	Excellent	N/A
Attendance	Poor	Fair	Good	Very Good	Excellent	N/A
Dependability	Poor	Fair	Good	Very Good	Excellent	N/A
Willingness to assume responsibility	Poor	Fair	Good	Very Good	Excellent	N/A
Ability to follow instructions	Poor	Fair	Good	Very Good	Excellent	N/A
Quality of work	Poor	Fair	Good	Very Good	Excellent	N/A
Teamwork	Poor	Fair	Good	Very Good	Excellent	N/A

Additional Questions:

What are the candidate's strong points?

What are the candidate's weak points?

If given the opportunity, would you re-employ this individual?     Yes                       No

Any additional comments?

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**INTERVIEW DISCLOSURE STATEMENT**

Persons serving on an interview panel must notify Human Resources in advance by e-mail if they are a relative or friend of an interviewee(s). In addition, the Interview Disclosure Statement is to be filled out and returned to Human Resources with the hire packet at the end of the process.

Interview Panel for Position: \_\_\_\_\_

with County/Program: \_\_\_\_\_

I am a relative, friend or acquaintance of one or more of the applicants interviewed for this position.

Please list applicant(s) name and describe the nature of the relationship(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

PLEASE PRINT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**District 2 Public Health**  
**EFFECTIVE HIRING PHONE SCREEN**



Public Health  
 District 2

<b>Position:</b>		
<b>Applicant Name:</b>		
<b>Date: of Phone Screen</b>		<b>Attempts to Contact – date &amp; time</b> 1. 2. 3.
<b>Program Title</b>		<b>Travel</b>
<input type="checkbox"/> <b>Record Program within which this position falls</b>		<input type="checkbox"/> <b>Does the job require travel?</b>

<b>Voice Mail Message Script: (speak slowly and clearly)</b>  I am calling with regard to _____'s (applicant's name) application for the position of _____ with District 2 Public Health / _____ County Health Dept. Please call _____ (phone number) by the end of business on _____ (day) _____ (date) to schedule an initial phone screen.  [Applicant must be given until the end of business, one full business day from the date the message is left. Ex. If leave message on Monday 5/20, give until COB Tuesday, 5/21. If leave message on Friday 7/11, give until COB Monday 7/14.]	<b>Message Left At:</b>  Number:  Date:  Time:
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**Phone Screen Script:**

Thank you for your interest in a career with District 2 Public Health / \_\_\_\_\_ County Health Department. I am \_\_\_\_\_.  
 We have received your application and would like to discuss this career opportunity with you. Do you have a few moments?

I would like to tell you a bit about District 2. We are one of 18 public health districts in Georgia, and we cover the 13 counties in the northeast corner of the state. As public health, we are responsible for disease prevention, health promotion, and preparing for and responding to health-related disasters. Our main functions include: Maternal and Child Health, Immunizations, Preventative Nursing, Infectious Diseases, Epidemiology, Children with Special Needs, Environmental Health, Emergency Preparedness, Health Promotion, WIC food vouchers and nutrition, and Children's Dentistry.

The position that we are recruiting for is: \_\_\_\_\_.

**This role involves:**

Describe the major responsibilities, expectations. Give as much detail as possible. It is important for the applicant to clearly understand the position that they are applying for. If it is not what they expected, then removing themselves from consideration is best at this point in the process.

This job is located at: \_\_\_\_\_.

Describe the location. Identify landmarks, etc. to ensure that the applicant understands where the job is located.

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In addition to a benefits package, the starting salary for the position is \_\_\_\_\_.

Is this starting salary agreeable for you?       YES       NO

Reveal starting salary for this position. Wait for agreement before moving on.

If applicant is concerned, ASK, "What is your salary expectation?"

**Salary must be fully discussed during the phone screen.** Salary discussed: \_\_\_\_\_.

If applicant requires a salary above the maximum available or allowed for the position, do not interview them. Refer to the Effective Hiring policy for increase options above the advertised salary based on experience, promotion, etc.

If **NO**: Thank you for your time and interest. May I refer you to [phdistrict2.org](http://phdistrict2.org) to consider other job opportunities? **PHONE SCREEN ENDS HERE IF NO.**

If **YES**: I would like to ask you a few questions.  
A minimum of two questions must be asked. More questions may be asked if desired.

1) Behavioral Skill or Competency Question #1:

2) Behavioral Skill or Competency Question #2:

**This concludes the phone interview.**

Did applicant present a superior understanding of the skills and competencies necessary for success in this job? Make a decision, suitable or not suitable for the more in-depth face-to-face interview.

**Not suitable:** Thank you for your time and interest in this position. Someone will be in touch if we need anything further from you. You do not have to explain your decision to the applicant.

**Suitable:** We would like to schedule you for a face-to-face interview. We have an interview panel that will conduct interviews at (location): \_\_\_\_\_

on (date):\_\_\_\_\_. We have available times at:\_\_\_\_\_. What would be a convenient time for you?

Interview				
Date:		Time:		Location:

I will send you a confirmation email with the time/date and location. Additionally, I will include a Professional Reference form. Please bring the completed form with you to the interview.

When you come to the interview, please plan to arrive early and bring:

- Completed Professional Reference form
- A copy of documents to verify your credentials/degree
- Other documents

We look forward to meeting with you on \_\_\_\_\_ . Take care.  
(Date and time agreed upon)

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**SCHEDULED INTERVIEWS**

**POSITION TITLE AND POSITION NUMBER:**  
**PROGRAM:**

<b>APPLICANTS</b>	<b>INTERVIEW DATE</b>	<b>TIME</b>	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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**Business Reference Form**

Please list below three business references including the address, telephone, and fax number:

Supervisor:
Company Name:
Address:
City/State/Zip:
Telephone Number:
Fax Number:
E-Mail:

Supervisor:
Company Name:
Address:
City/State/Zip:
Telephone Number:
Fax Number:
E-Mail:

Supervisor:
Company Name:
Address:
City/State/Zip:
Telephone Number:
Fax Number:
E-Mail:





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**PROFESSIONAL REFERENCE RELEASE FORM**

The applicant named below is being considered for a position with District 2 Public Health and has provided your name as a reference.

We would appreciate you completing Page 2 of this form. Please be assured that your comments will be held in confidence.

Thank you.

District 2 Public Health

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I hereby authorize the addressed individual, company, or institution to provide District 2 Public Health with any information it may have concerning me which is on record or otherwise, and do hereby release District 2 Public Health, for all liability for any damage whatsoever incurred in furnishing such information. A photo copy of this authorization shall be deemed as effective as the original.

**Name:** \_\_\_\_\_  
Please Print

**Signature:** \_\_\_\_\_

**Optional:** Social Security Number or other identifying information (other names –maiden names, etc.) \_\_\_\_\_

**Date:** \_\_\_\_\_