



## Interview Paperwork Checklist

District 2 Public Health

The following items *must* be turned in to HR department in order to complete the hiring process:

- All applications and resumes
- Official Transcripts, Professional Licenses and/or Diplomas
- Effective Hiring Phone Screen Form for *each* screened candidate (attach second page with questions/answers)
- Interview Panel Form (all interviewers should be listed)
- Interview Disclosure Statement (*if applicable*)
- Interview Questionnaire w/ answers (*for each interviewed candidate*)
- Interview Evaluation Form (*for each interviewed candidate*)
- Completed Interview Schedule Form
- Professional Reference Release Form (*signed by preferred candidate*)
- Completed Business Reference Form (*minimum of 2*) for preferred candidate
- Completed Applicant Review Form – if recommended salary exceeds approved salary in NEOGOV, offer must be reviewed/approved by District Administrator and DHD

**EFFECTIVE HIRING PHONE SCREEN**

<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 checked="" type="checkbox"/> <b>Record Program within which this position falls</b>	<input checked="" type="checkbox"/> <b>Does the job require travel?</b>	

<b>Voice Mail Message Script: (speak slowly and clearly)</b>	<b>Message Left At:</b>
<p>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.</p> <p>[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.]</p>	<b>Number:</b> <b>Date:</b> <b>Time:</b>

**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.

## District 2 Public Health

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)



## INTERVIEW PANEL FORM

**NOTE: All panel members must disclose any and all known relations and/or associations with candidates.**

**Panel members cannot participate if they are related to a candidate. Please use discretion if a panel member knows or is acquainted with any of the candidates.**

	PANELIST NAME	JOB TITLE/EMPLOYER	DAY TIME PHONE #
1.	Hiring Mgr:		
2.			
3.			
4.			
5.			

Must have a minimum of 3 panelists



## 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):

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

PLEASE PRINT

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

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



GEORGIA DEPARTMENT OF PUBLIC HEALTH

District 2 Public Health

## Employment Interview Evaluation

### **The Employment Interview Evaluation is required for every candidate interviewed.**

The purpose of this evaluation is to organize the recording of information collected during the interview and to assist in evaluating an applicant for hire. It is highly recommended to complete the evaluation immediately after the interview.

<b>Applicant Name</b>		<b>Position Applied For</b>			<b>Date of Interview</b>	
<b>Name of Interviewer</b>		<b>Interviewer Title</b>			<b>Total Rating: 28 max</b>	
<b>TRAITS</b>	<b>Unsatisfactory</b>	<b>Needs Improvement</b>	<b>Satisfactory</b>	<b>Proficient</b>	<b>Excellent</b>	<b>RATING</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>(0-4)</b>
<b>JOB KNOWLEDGE</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>EDUCATION</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>EXPERIENCE</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>SKILLS</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>MOTIVATION</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>COMMUNICATION</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	
<b>OVERALL IMPRESSION</b>	Unsatisfactory	Needs Improvement	Adequate	Exceeds Expectation	Outstanding	

**COMMENTS:**



District 2 Public Health

## **SCHEDULED INTERVIEWS**

**POSITION TITLE/POSITION NUMBER:** \_\_\_\_\_

**PROGRAM:** \_\_\_\_\_

APPLICANTS	INTERVIEW DATE	TIME
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



## **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:** Other identifying information (aliases, maiden name, SS #, etc...)  
\_\_\_\_\_

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

## 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:

## APPLICANT REVIEW FORM

POSITION: POSITION #: DATE:

COUNTY/PROGRAM: \_\_\_\_\_ SCREENED BY: \_\_\_\_\_

**SIGNATURE/DATE**

\*Only indicate 2nd and/or 3rd candidates if you want to hire them, should the previous candidate(s) decline. HR will automatically call down through the list to make offers.

## **INTERVIEW PANEL SIGNATURE**

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**DATE**

**RECOMMENDED SALARY & JUSTIFICATION \*\* : \$**

\*\* Enter salary and justification only if salary requested is other than advertised

**RECOMMENDED START DATE:**

**DO NOT MAKE WRITTEN NOTES ON THIS FORM**



## **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

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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

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**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?