



**Candidate Information**

Date:				
Candidate Name:				
Screener Name:				
Referral Source	<input type="checkbox"/> Job Site: _____	<input type="checkbox"/> Job Fair	<input type="checkbox"/> RC Employee: _____	<input type="checkbox"/> Other: _____

1. Why are you currently seeking employment and interested in Recover Care?

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

2. Do you have a current MN Nursing License?

- Yes
- No (*automatically decline employment – MN Nurse license is a role qualification*)

3. What is your experience working in the home care setting? Other setting?

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

4. In this role, you would work primarily with senior clients. What is your experience providing care for this population?

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

5. When are you most satisfied in a job? What motivates you?

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

6. What did you like least about your last job?

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

7. Why would you be a good fit for Recover Care?

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

There may be weekend needs – are you open to working on a weekend rotation, or as needed, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	What wage are you hoping to make? _____
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**Phone Screen Outcome**

<input type="checkbox"/> Candidate Proceeds to Interview: _____	<input type="checkbox"/> Pending Discussion with Manager	<input type="checkbox"/> Declined
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Additional Comments: \_\_\_\_\_  
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