



**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 healthcare setting?

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

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

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

5. Tell me about your leadership experience.

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

6. How would your past manager describe you? Your past direct reports?

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

7. What is your experience managing a budget?

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

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

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

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

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



Clinical Manager – Phone Screen

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

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What wage are you hoping to make? \_\_\_\_\_

Phone Screen Outcome		
<input type="checkbox"/> Candidate Proceeds to Interview: _____	<input type="checkbox"/> Pending Discussion with Manager	<input type="checkbox"/> Declined

Additional Comments: \_\_\_\_\_

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