

Professional Caregiver Interview Form

Directions: When seeking to hire a new professional caregiver, use this form for documenting the interview.



| Name of Professional Caregive | r: | Dat | e: |
|---|-------------------------------------|------------------------------------|---------------|
| Address: | | | |
| City: | State: _ | ZIP | Code: |
| Home Phone Number: | Cell Phone Number: | | |
| Do you smoke? YES NO | Valid driver's license? YES | ☐ NO CPR or first-a | aid training? |
| Do I have your permission to run | a background check? | □NO | |
| After reviewing the job description | on, is this the type of position yo | ou are looking for? | YES NO |
| are you comfortable with the du | ties required for the position? | YES NO | |
| are you comfortable with pets? | YES NO | | |
| are you able to work the hours n | eeded? YES NO | | |
| Vhen are you available to start v | vorking? | | |
| This job requires that you [list phonor) in ymedical conditions to prever | | ·- · | YES NO |
| f we are delayed, go out of town | , or go on vacation would you | | YES NO |
| Vhere was your last job? | | = ' | ere? |
| Vhy did you leave? | | May we contact your past employer? | YES NO |
| Contact Name: | Phone Number: | Email Ad | ldress: |



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| Open-Ended Question | Answer |
|---|--------|
| Tell me about your past experience and how it relates to this position? | |
| With what kinds of people have you worked (disabled, elderly, ethnicities, etc.)? | |
| How do you feel about people who are older/have disabilities? | |
| What education or special training qualifies you for this position? | |
| What is your specific experience with [give examples]? | |
| How would you deal with [give examples]? | |
| Why are you interested in this position and home care work in general? | |
| We would like to hire someone for the long term. How does this fit with your plans? | |
| Have you had to handle an emergency before? If so, what was it and what did you do? | |
| How would your best friend describe you? | |
| What type of supervision do you respond to best? | |
| What do you think will be the most difficult part of the job? | |
| If meal preparation is needed, what kind of food do you cook? How do you go about planning or preparing a meal? | |



REFERENCES

| Professional | Caregiver | Interview | Form |
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| Please provide three to six references. | | | | | |
|---|-------|-----------|--|--|--|
| Name | Phone | Email | | | |
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| | Poor | Excellent | | | |
| General rating on a scale of 1 (poor) to 5 (excellent): | | | | | |
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| Other Comments: | | | | | |
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