Candidate Evaluation Form

| Candidate Name | | Interviewer | |
|----------------------|-----------------|----------------------|--|
| Position Title | Medication Aide | Interview Date | |
| Desired Salary | | Interview Start Time | |
| Available Start Date | | Interview End Time | |

| Rating Scale Responses | Interviewer Recommendation | |
|--|--|--|
| No answer Does not meet expectations Meets expectations Exceeds expectations Outstanding | ☐ Hire ☐ Needs additional interview ☐ Possible fit for different position ☐ Do not hire but keep on file ☐ Do not hire | |
| Total Score: | Comments: | |

| Questions | Rating | Notes |
|---|--------|-------|
| Why do you want to be a medication aide? | | |
| What qualities do you think a good medication aide should have? | | |
| What steps would you take to monitor a patient after they take their medications? | | |

| Questions | Rating | Notes |
|--|--------|-------|
| What are some strategies you use to prevent medication errors? | | |
| How would you handle a situation where a patient is reluctant or scared to take their medications? | | |
| Tell me about a time that you had to work through a conflict with another coworker in a healthcare setting. How did you handle it? | | |
| What infection control precautions would you take before administering medications? | | |
| Additional Questions: | | |