Interview Feedback Form PDF

• Name:	_
Position Applied For:	
Date of Interview:	
Interviewer Information	
• Name:	_
Department:	
• Date:	
Evaluation Criteria	
Communication Skills:	
Technical Knowledge:	
Problem-Solving Ability:	
Cultural Fit:	
Strengths	

Weaknesses

Candidate Information

•		
Overall	all Impression	
•		
Recom	mmendation	
• 8	Strongly Recommend	
• F	Recommend	
• 1	Neutral	
• [Do Not Recommend	
Additio	tional Comments	
• .		
-		
Signatu	ature	
• I	Interviewer Signature:	