



# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

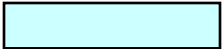
## Interview Summary

Job Class Title _____	Location _____
Working Title _____	County _____
Position Number _____ Salary Grade/Competency _____	Division/Section _____

**Instructions:** The Work Location shall complete this form by listing the candidate(s) name, date and time of the interview and indicate the candidate's priority status if applicable. The Chair shall record each interviewer's overall rating as recorded on the Interview Rating (Form HR 006). In conjunction with team members, the Chair will review the interviewers' results and record an overall rating of Excellent (E), Above Average (AA), Average (A), Below Average (BA) or Poor (P). The Chair and interview team members will sign/date this form and submit to the Hiring Manager or HR Recruiter.

**Special Note for RIF Priority Candidates:** Candidate must be interviewed or the "Notes/Comments" field must be completed to explain reason.

Candidate Name	Interview		Notes/Comments	Priority			Interviewer Results			Overall Rating
	Date	Time (HH:MM AM or PM)	Sample Notes/Comments: Declined interview, No show for interview, Attempted to contact (list dates/times), Accepted another position, Candidate unable to reschedule.	Promo	RIF	Vet Pref	#1	#2	#3	



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Location \_\_\_\_\_

Working Title \_\_\_\_\_

County \_\_\_\_\_

Position Number \_\_\_\_\_ Salary Grade/Competency \_\_\_\_\_

Division/Section \_\_\_\_\_

**Special Note for RIF Priority Candidates:** Candidate must be interviewed or the "Notes/Comments" field must be completed to explain reason.

Candidate Name	Interview		Notes/Comments <small>Sample Notes/Comments: Declined interview, No show for interview, Attempted to contact (list dates/times), Accepted another position, Candidate unable to reschedule.</small>	Priority			Interviewer Results			Overall Rating
	Date	Time <small>(HH:MM AM or PM)</small>		Promo	RIF	Vet Pref	#1	#2	#3	

Based on Interview Results the following candidate(s) are submitted for further consideration.

Interviewers'	#	Name	Signature	Title	Date
	# 1	_____	_____	_____	_____
	# 2	_____	_____	_____	_____
	# 3	_____	_____	_____	_____

