

# Phone Scoring Sheet



First Impression \_\_\_\_\_(1-10) CHECKED ON INTERVIEW

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Position\_\_\_\_\_

Question 1 ?\_\_\_\_\_

\_\_\_\_\_

Question 2 ?\_\_\_\_\_

\_\_\_\_\_

Question 3 ?\_\_\_\_\_

\_\_\_\_\_

Question 4 ?\_\_\_\_\_

\_\_\_\_\_

Question 5 ?\_\_\_\_\_

\_\_\_\_\_

D I S C

Was this person smiling? Yes No Final Impression\_\_\_\_\_ (1-10)

Should this person be invited to the interview? Yes No

Why?\_\_\_\_\_

\_\_\_\_\_

Called by:\_\_\_\_\_ Time\_\_\_\_\_am/pm Date\_\_\_/\_\_\_/\_\_\_