

**DEPARTMENT OF CORRECTION
JOB-RELATED INTERVIEW FORM**

NAME OF APPLICANT _____

ADDRESS AND/OR PHONE NO. _____

JOB OPENING _____

DIVISION/UNIT _____

INTERVIEWER(S) _____

DATE OF INTERVIEW _____

| QUESTION NUMBER | RESPONSE OF APPLICANT | EVALUATION OF APPLICANT RESPONSE TO QUESTION |
|-----------------|-----------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |