

Managing the Dental Team
ADA's Guidelines for Practice Success™ (GPS™)

TELEPHONE SCREENING QUESTIONNAIRE

Date: _____ Position: _____

Name of Applicant: _____

Phone Number: _____ Email Address: _____

1. What are you looking for in a new position?

2. Why did you respond to our ad? What interested you?

3. Please tell me about your previous employment and past job responsibilities?

4. What types of person do you like and want to work with?

5. What are your salary requirements? _____

Notes:

Phone etiquette/voice/skills:

Attitude:

Previous experience related to position:

Recommend for an in-person interview:

- Yes Date: _____ Time: _____
 No

Resume requested:

- Yes _____ No _____

Application requested/sent:

- No
- Yes

Other:

SAMPLE

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