

INTERVIEW REQUEST FORM

PLEASE COMPLETE ALL SECTIONS

Position & Completion Number:	Hiring Manager:
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Interview Selection Committee (first and last names):

Has a room been booked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what room?
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If no, do you have a preferred room or campus?	Preferred Date (Day 1):	Preferred Time:
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Preferred Date (Day 2):	Preferred Time:	Length for each interview:
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Would you like a break between interviews? <input type="checkbox"/> No <input type="checkbox"/> Yes: 10 minutes <input type="checkbox"/> Yes: 15 minutes <input type="checkbox"/> Other	Willing to use Skype? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please attach or provide any question to be given to the interviewee prior to the interview along with instructions:
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Other (special instructions):

List of applicants to be interviewed:
