

# INTERVIEW QUESTIONNAIRE

WHAT BROUGHT YOU TO SOUTHERN HILLS?

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CAN YOU SHARE A LITTLE ABOUT YOUR BACKGROUND GROWING UP (YOUR FAMILY, YOUR JOURNEY, ETC)?

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WHAT GIFTS, CALLINGS, AND TRAINING HAVE PREPARED YOU TO SERVE IN THIS MINISTRY?

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WHAT ARE YOUR STRENGTHS AND WEAKNESSES?

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WHAT DO YOU LIKE TO DO IN YOUR SPARE TIME (HOBBIES/INTERESTS)?

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DO YOU HAVE ANY QUESTIONS/CONCERNS REGARDING THE CHURCH, PASTORS, OR POLICIES/PROCEDURES?

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HAVE YOU EVER BEEN...

CONVICTED, PLEAD GUILTY TO, OR HAVE PENDING CHARGES OF USING/SELLING DRUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONVICTED, PLEAD GUILTY TO, OR HAVE PENDING CHARGES FOR DUI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONVICTED, PLEAD GUILTY TO, OR HAVE PENDING CHARGES OF CHILD ABUSE/NEGLECT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REQUIRED TO REGISTER WITH THE STATE FOR ANY CRIMINAL OR SEXUAL OFFENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HOSPITALIZED OR TREATED FOR ALCOHOL OR SUBSTANCE ABUSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARRESTED FOR A CRIMINAL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SEXUALLY OR PHYSICALLY ABUSED AS A MINOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN.

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ARE YOU CERTIFIED IN CPR/FIRST AID?  YES  NO

WHAT IS THE BEST METHOD OF CONTACTING YOU?  E-MAIL  TEXT  CALL  FACEBOOK

# REFERENCE QUESTIONNAIRE

We have recently received a request from \_\_\_\_\_ to join our ministry team. As part of the process, we ask each applicant to provide us with 2 references. You were given as a reference. We would like to ask your honest opinions and impressions.

HOW LONG HAVE YOU KNOWN THIS PERSON?

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WHAT IS YOUR RELATIONSHIP WITH THIS PERSON (FRIEND, COWORKER, ETC)?

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IF YOU HAVE HAD WORKED WITH THIS PERSON IN MINISTRY, IN WHAT WAY?

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WHAT DO YOU SEE AS A STRENGTH THIS PERSON WOULD BRING TO THIS MINISTRY?

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WHAT DO YOU THINK WOULD HELP THIS PERSON SUCCEED IN THIS MINISTRY?

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ON A SCALE OF 1-3, HOW WOULD YOU RATE THIS PERSON IN:

	WEAK	AVERAGE	STRONG
ATTENDANCE	1	2	3
COOPERATION	1	2	3
COMMUNICATION	1	2	3
TEAMWORK	1	2	3
PRODUCTIVITY	1	2	3
QUALITY OF WORK	1	2	3
HANDLING CONFLICT	1	2	3
RELIABILITY	1	2	3

IN YOUR OPINION, IS THIS PERSON QUALIFIED TO WORK IN THIS MINISTRY?

\_\_\_ YES \_\_\_ NO IF NO, WHAT ARE YOUR RESERVATIONS? \_\_\_\_\_

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The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE