

## ANSWER SHEET

Company Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Position: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### SCORING INSTRUCTIONS:

- Add marks in shaded boxes for each column.
- DO NOT count answer if "X" marked over it.
- Write column totals in boxes under each column.
- Double-check your scoring.
- Add all 5 column totals together.
- Refer to OVERALL RATING chart on this page
- Refer to User's Manual for further interpretation.

### OVERALL RATING:

FOH	
SQ TOTAL	RANGE
42-50	HIGH
37-41	MEDIUM
0-36	LOW

BOH	
SQ TOTAL	RANGE
36-50	HIGH
27-35	MEDIUM
0-26	LOW

1	<input type="checkbox"/> ? <input type="checkbox"/> No	2	<input type="checkbox"/> ? <input type="checkbox"/> No	3	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	4	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	5	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
6	<input type="checkbox"/> ? <input type="checkbox"/> No	7	<input type="checkbox"/> ? <input type="checkbox"/> No	8	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	9	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	10	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
11	<input type="checkbox"/> ? <input type="checkbox"/> No	12	<input type="checkbox"/> ? <input type="checkbox"/> No	13	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	14	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	15	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
16	<input type="checkbox"/> ? <input type="checkbox"/> No	17	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	18	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	19	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	20	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
21	<input type="checkbox"/> ? <input type="checkbox"/> No	22	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	23	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	24	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	25	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
26	<input type="checkbox"/> ? <input type="checkbox"/> No	27	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	28	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	29	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	30	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
31	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	32	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	33	<input type="checkbox"/> ? <input type="checkbox"/> No	34	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	35	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
36	<input type="checkbox"/> ? <input type="checkbox"/> No	37	<input type="checkbox"/> ? <input type="checkbox"/> No	38	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	39	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	40	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
41	<input type="checkbox"/> ? <input type="checkbox"/> No	42	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	43	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	44	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	45	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>
46	<input type="checkbox"/> ? <input type="checkbox"/> No	47	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	48	<input type="checkbox"/> ? <input type="checkbox"/> No	49	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>	50	<input type="checkbox"/> Yes <input type="checkbox"/> ? <input type="checkbox"/>

G  + S  + E  + F  + N  =

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