

Reference Check Form

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Position Applied for: _____

Person Conducting Check: _____

Contact Information

Name of Contact: _____

Title: _____ Phone: _____

Relationship to Applicant: _____

Length of Time Worked with Candidate: _____

Reference Comments

Was the applicant an employee at your company? YES NO

When? Start Date: _____ End Date: _____

How long have you known the applicant?

What was the applicant's position on the last day of employment?

What were the applicant's job responsibilities?

What are the applicant's strengths?

How would you characterize the applicant's problem-solving skills?

How would you describe the applicant's ability to get along with others in the workplace?

Was his/her job client interfacing? If so, how did he/she do with clients?

Were there any areas this applicant could improve upon? How receptive were they to constructive criticism?

Were there any problems that you were aware of that interfered with his/her ability to perform the job? For example, attendance issues?

Would you rehire this applicant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Is there anything else you would like to add?