

Department of Social Services **REFERENCE CHECK FORM**

<i>APPLICANT NAME</i>	
<i>POSITION APPLIED FOR</i>	
<i>PERSON CONTACTED</i>	
<i>TITLE</i>	
<i>RELATIONSHIP TO APPLICANT</i>	
<i>EMPLOYER</i>	

1. Verify dates of employment.

2. Verify job title and primary work responsibilities.

3. How would you describe the quality of his/her work?

4. How well did he/she respond to pressure (e.g. from high volume, deadlines, multiple tasks, public contact)?

5. How well did he/she plan and organize his/her work, and were assignments completed timely and accurately?

6. What was the amount and type of supervision required for him/her?

7. How well did he/she get along with other people (e.g., clients, co-workers, supervisors)?

8. How did he/she respond to criticism/interpersonal conflict?

9. What are his/her strongest skills as an employee?

10. What areas of his/her performance needed improvement?

11. How would you describe his/her attendance and punctuality? NOTE: Do not ask or collect information on Family Medical Leave Act absences or disability questions prohibited by the Americans with Disabilities Act.

12. What was the reason for leaving your employment?

13. Would you rehire him/her?

14. Any other comments you would like to include?

REFERENCE CHECKED BY:

<i>Name</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>