REFERENCE CHECK FORM

Date: __________
Job ID #: __________

Candidate name: ________________________

Name (person giving reference): ________________________

Phone number: ________________________

Title: ________________________

Relationship: ________________________

Organization Name: ________________________

1. What were his/her dates of employment? Beginning date: _______ Ending date: _______

2. What were the candidate’s title and main responsibilities at that time?

3. Did he/she supervise anyone? Yes ☐ No ☐ How many? ______________

4. What are the candidate’s greatest strengths and weaknesses?

5. How was the candidate’s attitude toward continued learning to develop new skills and competencies?

6. How would you rate the candidate’s skills in their role with your organization?
7. How would you describe his/her:

a) Attendance: ____________________________________________________________

b) Relationship with co-workers: ___________________________________________

c) Initiative and follow through: ____________________________________________

d) Quality of work: _______________________________________________________

8. Was there a need for close supervision at all?

9. Would you describe the candidate as task oriented or goal oriented?

10. Is there anything else you would like to add of significance?

________________________________________ ____________________________
Signature Date

- Retain for three years with your Hiring Records of the position