Optional



Telephone Reference Check

Applicant's Name		Position Applied for		
Person Contacted		Title		
Company				
Address		City	State	Zip
1.	(Name) has applied the following information? Date of Employment			
2.	What was the nature of his/her job, including title	e?		
3.	Did he/she have any supervisory responsibilities?	?		
4.	On a scale of 1 to 10 (10 being highest), how wo	uld you evaluate his	s/her work?	
5.	Did he/she progress in the job?			
6.	What were his/her strengths?			
7.	Were there any limitations?			
8.	Would you comment on his/her: a. Dependability b. Attendance c. Ability to accept responsibility d. Amount of supervision needed e. Potential for advancement			
9.	Why did he/she leave your company?			
10.	What were his/her earnings? Starting		Ending	
11. Would you reemploy this person?				
12. Do you have any reason to believe this person might cause harm to anyone in the workplace?				
13.	Is there anything else you think we should know	?		
14.	Other			
Re	ference Checker		_ Date	