

REFERENCE CHECK FORM

Attention Applicants

Please complete the following information:

TWO SUPERVISORY REFERENCES ARE REQUIRED (TOP SECTIONS ONLY)

Date: _____

Name of Applicant: _____

Position Applied For: _____

Supervisory References Only

Reference Name: _____

Company: _____

Title: _____

Telephone Number: _____

Dates of Employment:

From: _____

To: _____

Human Resources Use Only

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Unsatisfactory</u>
Work Performance	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Ability to work as a Team	_____	_____	_____	_____

Reason for Termination: _____

Eligible for Rehire: **Yes** **No**

Additional Comments: _____

Reference Checked By: _____

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