

EMPLOYER REFERENCE CHECK FORM

DATE: _____

NAME OF APPLICANT:

SOCIAL SECURITY #:

JOB TITLE CONSIDERED FOR:

INDIVIDUAL COMPLETING FORM:

print name

sign name

ORGANIZATION CONTACTED:

PERSON CONTACTED:

_____ TITLE _____

TELEPHONE NUMBER: _____

1. This applicant gave your name as a former employer and stated that the dates of employment were from _____ to _____. Please verify: YES NO

2. Were you the applicant's immediate supervisor? YES NO If NO, please give your working relationship: _____

3. Applicant states he/she was employed as: _____
Please verify: YES NO

4. What were the major duties performed? _____

5. Was the applicant's work performance satisfactory? YES NO Please explain: _____

6. Did the applicant's absentee record affect his\her performance or the productivity of the program? YES NO If YES, please explain: _____

7. Has the employee ever received any disciplinary action? YES NO If YES, what was the nature of the offense, and what action was taken? _____

8. Why did this person leave your organization? _____

9. Would you rehire this person? YES NO If NO, please explain: _____

10. Are you aware of any information that might negatively affect this individual's suitability for employment in a position caring for children? YES NO If YES, please explain: _____

11. Are there any other comments you wish to make about the individual's work performance?

12. Please comment below about any periods of unemployment. _____
