



Reference Check

Form

Date: _____

Name of Applicant: _____ **Former/Other Name(s):** _____

Name of Reference: _____ **Relationship to Applicant:** _____

Company Name: _____ **Telephone No.:** _____

Position(s) Held: _____

Date of Employment – From: _____ **to:** _____ FT PT Other

	Above Average	Satisfactory	Unsatisfactory	Comments
Knowledge of Work Consider how well the employee knows the necessary principles and procedures of the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of Work Consider the volume of work produced under normal conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability Consider reliability to handle assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judgments Consider extent of independent thinking and action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation and Attitude Consider manner of handling relationships. Attitude towards other employees and supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Ability Consider employee's willingness and ability to learn new ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership Consider employee's willingness and ability to accept responsibility and ability to communicate effectively with and motivate subordinates and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administrative Ability Consider employee's ability to plan, organize, direct and evaluate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Above Average	Satisfactory	Unsatisfactory	Comments
Delegation Consider ability to delegate work effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety/Accident Record Consider knowledge and safe practice methods required on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to Handle Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessment Skills Consider ability to collect data, utilize sources of information, employ a variety of strategies, and analyze data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planning Skills Consider ability to set appropriate care goals, develop plan of action, document plans, communicate plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reason for Leaving:

Would you rehire? Yes NO *If no, please explain why:*

Disciplinary Record: (please explain)

Additional Comments:

Name (please print)

Position

Signature

Date