

Reference Checking Form

* Please input your data highlighted in gray background.

Candidate Name		Emp. Id	
Name Of Reference		Job Title	
Company Name		Date	
Reference Check By		Designation	
Period of Employment	From:(MM/YY) To: (MM/YY)		

Did you directly supervise her/him?

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What was the candidate's title?

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What were the candidate's major job duties?

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How well did the candidate relate to others on the job?

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How would you evaluate the candidate's work quality and productivity?

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What were some of the candidate's strengths?

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How would you evaluate the candidate's work habits such as attendance, punctuality, dependability, & observance of work rules?

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What was the candidate's reason for leaving?

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Would you rehire the candidate?

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What is your overall assessment of the candidate?

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Additional Comment:

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Thank you for your time.