

TELEPHONE REFERENCE CHECK

Applicant's Name: _____

Type of Reference: ☐ Former Employer ☐ Professional ☐ Personal

Dates of Employment: From _____ to _____
(Month/Day/Year) (Month/Day/Year)

Company: _____

Title/Position: _____

Rate the following:	Excellent	Good	Fair	Poor	No Response
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason Why Employee Left Company: _____

Consider For Rehire? ☐ Yes ☐ No *If No, Explain:* _____

Additional Comments: _____

Name of Person Giving Information

Title/Date (Month/Day/Year)

Name of Person Obtaining Information

Title/Date (Month/Day/Year)

Distribution: Original Attached to Employment Application