

Employee Telephone Reference Check

Applicant Information

Applicant Name: _____
 Position Applied For: _____
 Department: _____
 Date of Call: _____
 Completed By: _____

Employment Verification

Applicant's Job Title: _____
 Employment Dates (Applicant): _____
 Verified Dates (Reference): _____
 Final Salary (if applicable): _____
 Reason for Leaving: _____

Reference Information

Reference Name: _____
 Title: _____
 Organization: _____
 Phone/Email: _____
 Relationship to Applicant: _____
 Length of time worked together: _____
 Primary Responsibilities: _____
 Strengths: _____
 Development Areas: _____
 Attendance & Reliability: _____
 Rehire Eligibility: Yes No With Conditions
 Explanation (if applicable): _____

Performance & Competency Assessment

Competency	Above Average	Average	Below Average	Not Observed
Job Knowledge/Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Meet Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism/Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Awareness (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>