

DATE: _____

APPLICANT'S NAME: _____

REFERENCE NAME: _____

POSITION/TITLE: _____

ORGANIZATION: _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TELEPHONE _____
 WORK CELL HOME

VERIFICATION OF PREVIOUS DATA

Position Held: _____ Student

Dates of Employment From: _____ To: _____ N/A

Major Responsibilities: _____

FACTORS:	RATINGS (1 = lowest 5 = highest)				
1. Overall Performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Initiative; Accepts Responsibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Communication/Interpersonal Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Attendance and Punctuality	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Organizational Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Has this applicant ever been involved in violent or harmful conduct in the workplace:					
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: _____					

Candidate's Strengths: _____					
Candidate's Deficiencies: _____					
Comments: _____					
REFERENCE SIGNATURE: _____					
				Signature	Date