

TELEPHONE REFERENCE CHECK FORM

Applicant Information				
Applicant Name:				
Position Applied for:				
Contact Information				
Name of Contact:				
Title:				
Phone:				
Company:				
Address:Street address				suite #
City		State		ZIP code
Reference Comments				
Was the applicant an employee of your company?		YES	NO	
Start Date:	End Date:			
What was the applicant's position of	on the last day of em	ployment?		
What were the applicant's job resp	onsibilities?			
If the applicant was not in your em	ploy, what was your	association with th	e applicant?	
What are the applicant's strengths	?			



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Weaknesses?	
How would you characterize the applicant's problem-solving skills?	
Do you have any reservations about the applicant's ability to work with children? If yes, what a	are they?
What was the applicant's reason for leaving your employ?	
Would you rehire this applicant? YES NO	
Is there anything you would like to add?	

Thank you for your time and assistance.