REFERENCE / VERIFICATION CHECK

Applicant's Name:		
Person Contacted:	Title:	
Organization/Employer	Phone:	
1. Please verify the dates of his/her em	How much time did he/she spe	end
under your direct supervision?		
	m/her?	
	on and what were the nature of the duties associated with	
	?	
4. Is he/she eligible for rehire?		
For the following, please state: (Outstandi	ng, Above Average, Average, Unsatisfactory)	
 B. Punctuality?		
5. Need for close supervision?		
6. What were his/her principal strength	is?	
7. What were his/her principal limitation	ons?	
8. Is there anything else of significance	e you would like to add?	
Checked By:	Date:	