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| **TELEPHONE/WRITTEN REFERENCE CHECK** |
| Applicant’s name: |       |

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| --- | --- | --- | --- |
| Reference’s name: |       | Title:  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Organization:  |       | Telephone: |       |

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| --- | --- |
| How long have you known this applicant? |       |
| In what capacity do you know this applicant? Circle one : Supervisor, co-worker, friend, or other |       |

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| --- | --- | --- | --- |
| Applicant was employed at your organization from: |       |  to |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Full-time employment dates from: |       |  to |       |
| Part-time employment dates from: |       |  to |       |

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| --- | --- |
| What were his/her duties? |       |
|       |
| Was he/she a supervisor? | Yes | [ ]  | No | [ ]  | If yes, number of employees supervised  |       |

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| --- | --- |
| Describe his/her attitude toward the organization? |       |
|       |

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| What are his/her strong points? (Give examples) |       |
|       |
|       |

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| Weak points? (Give examples) |       |

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|       |
|       |
| Would you consider him/her dependable? |       |

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| --- | --- |
| Why did he/she leave your company?  |       |
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| Did he/she give adequate notice?  | Yes | [ ]  |  No | [ ]  |  |
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| Please rate the applicant using the following scale: |
|  |
| **0 Unable to evaluate** |  | Technical ability  |       |
| 1 Below Average |  | Attendance record |       |
| **2 Average** |  | Ability to get along with others  |       |
| **3 Good** |  | Cooperation with superiors |       |
| **4 Excellent** |  | Motivation  |       |
|  |  | Professional appearance  |       |
|  |  | Ability to take instructions  |       |
|  |  | Common sense  |       |
|  |  | Effective use of time  |       |
|  |  | Communication skills (oral and written) |       |
|  |  | Overall quality of work |       |

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| Would you re-employ?  | Yes | [ ]  | No | [ ]  | If no, why not? |       |

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| --- | --- | --- | --- | --- | --- |
| Would you recommend him/her for a position as  |       | ? Yes | [ ]  | No | [ ]  |

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| Comments: |       |
|       |

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| **Indicate interview method by signing below:** |  |
| **Telephone** reference by:  |  |             |
|  Signature Title Date |
| Print signature: |       |
|  |  |  |
| **Written** reference by:  |  |             |
|  Signature Title Date  |
| Print signature: |       |
|  |  |  |
| Reference requested by:  |  |             |
|  |  Signature Title Date |
| Print signature: |       |
|  |  |  |
| Please return this form to:  |       | at |
|  | Name (type or print) |  |
| **Fayetteville Technical Community College**P.O. Box 35236**Fayetteville, NC 28303** |