

## Reference Check Form

Name of Candidate: Name of Reference: Date: Reference conducted by:								
1. In what capacity have you kno	wn (nar	ne of co	indidat	e)?[	1			
2. What were (name of candidate	e) 's dutie	es?						
3. What were the dates of employment? Start date					End date			
4. Why did this employee leave?								
5. What was this employees starting	ng and e	ending p	ayrate	9	1			
6. Is this candidate eligible for rehire? Yes								
7. On a scale of 1-5, with 5 being style?	the high	est, hov	v would	d you ro	te (nam	e of cand	date) 's work	
a. Communications skills Comments:	1	2	3	4	5			
b. Initiative Comments:	1	2	3	4	5			
c. Flexibility Comments:	1	2	3	4	5	Į.		
d. Knowledge Comments:	1	2	3	4	5	1		
e. Accuracy Comments:	1	2	3	4	5	l)		
f. Attendance/promptness Comments:	1	2	3	4	5			
g. Appearance Comments	1	2	3	4	5			
h. On a scale of 1-10, with 10 bein	g the hig	ghest, h	ow wo	ıldyou	rate (car	ndidate no	ame)?	
8. What would make (candidate	name)	a 109						
9. Anything else you want to add	about (	candido	te nam	ne)? 📗				

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