

UTF10 - Reference Check Form

CANDIDATE:

REFEREE:

REFERENCE CHECK CONDUCTED BY:

DATE:

PHONE:

Did <candidate name> report to referee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not – what was the working relationship?	
Position held by <candidate name>?	
Period of employment? (dates)	From: To:
Duties and responsibilities?	
Overall work performance e.g. <ul style="list-style-type: none"> • Technical skills • Supervision needed • Adherence to workplace safety • Take initiative • Teaching skills? • Retention rate? 	
How did <candidate name> interact with: <ul style="list-style-type: none"> • Management • Colleagues • Clients/students? 	
How did candidate accept criticism?	
Reason for leaving?	
Principal strengths?	
Weakness?	
Would you consider re-employ this person/ work with this person in the future	Yes <input type="checkbox"/> No <input type="checkbox"/> , why not? _____