## **MATHIS INDEPENDENT SCHOOL DISTRICT**

## **TELEPHONE REFERENCE CHECK FORM**

NOTE: DO NOT CONDUCT REFERENCE CHECKS WITHOUT A SIGNED APPLICATION. ONLY CHECK THOSE REFERENCES AUTHORIZED ON APPLICATION.

APPLICANT NAME:	Position:
REFERENCE NAME:	TITLE:
COMPANY NAME:	Рн. No.:
RELATIONSHIP TO APPLICANT:	
COMPLETED BY:	DATE:
1. How Long have you know/sup	PERVISED THE CANDIDATE?
2. What was his/her position an	ID MAIN JOB RESPONSIBILITIES?
3. CONFIRMATION OF EMPLOYEE DAT	TES. (IF APPLICABLE)
4. What were his/her strengths	s?
5. WERE THERE ANY AREAS THAT NE	EEDED IMPROVEMENT?

6.	How well did he/she get along w	VITH:			
	MANAGEMENT/SUPERVISORS COWORKERS CLIENTS/CUSTOMERS	GOOD GOOD GOOD	FAIR		
7.	WOULD YOU DESCRIBE THIS PERSON A ORIENTED?	AS BEING PE	OPLE O	R TECHNIC	ALLY
8.	DID HE/SHE REQUIRE CLOSE SUPERV	ISION?			
9.	DESCRIBE HIS/HER WRITTEN AND	ORAL COMM	/UNIC	ATION SKIL	
10		'ITH HIS∕HE	R TIME		
1 1	. How satisfied were you w attendance?	TTH HIS/HE	R PUN	CTUALITY	AND
12	2. WHAT WOULD YOU SAY MOTIVE WELL?	/ATES THIS	PERSC	N TO DO A	\ JOE

13.	How was his/her attitude towards their work?
	WHAT KIND OF WORK ENVIRONMENT AND POSITION WOULD THIS PERSON THRIVE IN?
	WHAT WERE THE CIRCUMSTANCES SURROUNDING THE APPLICANT LEAVING YOUR ORGANIZATION?
16.	WAS PROPER NOTICE GIVEN?
	Would this person be eligible for re-hire with you company?
18.	Is there anything you would like to add that will assist us in out decision?