

# TELEPHONE REFERENCE CHECK FORM

Application for Character Reference

Ref. No. CTCR/

APPLICANT'S DETAILS	CLIENT'S DETAILS
Name:	Company:
D.O.B.:	Contact name:
Position applied for:	Tel:
RECOMMENDER'S DETAILS	
Name:	
Address:	
Occupation:	Tel:
Position:	E-mail:
Your relationship to applicant:	
How long have you known the applicant? :	
	Well                      Moderately                      Not at all
How well do you know the applicant?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
APPLICANT'S CHARACTER ASSESSMENT	
Please give us a brief view of the applicant's character, by checking the most appropriate rating for each:	
	<b>Outstanding</b> <b>Above avg.</b> <b>Acceptable</b> <b>Unacceptable</b> <b>I am not able to answer this question</b>
Self-discipline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Motivation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Self-confidence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emotional maturity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reliability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Initiative	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flexibility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interpersonal relation skills	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Emotional stability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Potential of leadership	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Honesty	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to accept constructive criticism	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Would you recommend the applicant for the position he / she is applying for?	
I would recommend <input type="checkbox"/> I would not recommend <input type="checkbox"/> I prefer not to make a recommendation <input type="checkbox"/>	
If no, please state why _____	
Any additional comments: _____	
_____	
STANLEY SOLUTION DETAILS	COMMENTS
Name of the interviewer: _____	
Date of the interview: _____	
Signature: _____	