

TELEPHONE REFERENCE CHECK FORM

Interview for Employment Reference

Ref. No. TRC/

APPLICANT'S DETAILS	CLIENT'S DETAILS
Name: _____	Company: _____
D.O.B.: _____	Contact name: _____
Position applied for: _____	Tel: _____
FORMER EMPLOYER'S DETAILS	
Company's name and address: _____	
Reference contact: _____	Tel: _____
Position: _____	E-mail: _____
Relationship to applicant: _____	
The person contacted confirms that he/she is authorised to give information on behalf of The Company. Yes <input type="checkbox"/> No <input type="checkbox"/>	
JOB DESCRIPTION	
Confirmed?	
Position _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ Give the position if different
Employed from: _____ to _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ Give the dates if different
Nature of the position / Main duties: _____	
WORK PERFORMANCE	
	Outstanding Above avg. Acceptable Unacceptable N/A
Work quality	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Quantity and speed of work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attendance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Timekeeping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attitude to routine tasks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to work in a team	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to work independently	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Willingness to take responsibility	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Abidance of rules and instructions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to get along with co-workers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to deal with the customers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flexibility and adaptability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ability to supervise others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Strengths and areas of outstanding performance: _____	
Weaknesses and areas which need improvement: _____	
How many times in the recent 12 months of employment was the applicant:	
Late: _____	Absent: _____ Sick: _____
No record kept <input type="checkbox"/>	
Reason for leaving: _____	
Would you re-hire the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state the reason: _____	
Any additional comments: _____	
STANLEY SOLUTIONS DETAILS	COMMENTS
Name of the interviewer: _____	
Date of the interview: _____	
Signature: _____	