



Reference Check Form

APPLICANT _____

POSITION APPLIED FOR _____

RESPONDENT _____

RESPONDENT'S EMPLOYER _____

TITLE & JOB CODE _____

CONTACT # _____

1. How long have you known the applicant? What position(s) did she/he hold during this time?

[Empty text box for question 1]

2. How do you rate this person in comparison with employees in similar positions?

Superior Above Average Average Below Average

3. How would you rate this person as a dependable and reliable employee?

Highly dependable and reliable Dependable and reliable Has occasional lapses Not too Dependable

Comments:

[Empty text box for comments]

4. How would you rate this person's reactions to suggestions for the improvement of performance?

Very responsible; a learner Average Poor at times

Comments:

[Empty text box for comments]

5. Is there any basis upon which you believe this applicant may not do an excellent job? Indicate your assessment or reservations.

6. Would you employ this applicant for the listed position if it were your decision?

Yes

No

Please explain: _____

Other comments:

Signature

Title

Date

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Reference Check Form



You have been suggested as one who is well acquainted with the qualifications of _____, an applicant for a position as _____ at Chabot-Las Positas Community College District.

We shall appreciate your help in assisting us to make an estimate of the applicant by answering the questions on the reverse side of this letter. The information will be treated as confidential.

Thank you for your help with this important task.

Sincerely,

(name)

(Department)

PLEASE RETURN TO:
Human Resources
Chabot-Las Positas Community College District
7600 Dublin Boulevard, 3rd Floor
Dublin CA 94568

PERSONNEL REFERENCE CHECK AUTHORIZATION

I, the undersigned, hereby authorize Chabot-Las Positas Community College District to obtain a personnel reference check and any necessary or applicable information from my Personnel Files maintained in your organization to include verification of my employment records, evaluations, and completion by you of the information on the reverse side of this letter or attached sheet in connection with my application for employment at Chabot-Las Positas Community College District. A photo copy of the signature of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Date

Applicant's Signature

Applicant's Social Security Number