
REFERENCE CHECK

Applicant please complete the top White box for three PROFESSIONAL references. Do not include family or friends.

I, _____, hereby give permission for Cowley County Mental Health & Counseling Center to contact the person/company below to obtain a reference check. I understand this information will be used to verify my work habits as well as any dates of employment.

Name of Company	Phone Number	Dates of Employment
Contact Person	Alt. Phone Number	Relationship
Signature of Applicant	Date	

Applicant Stop Here - For Human Resource Department Use Only

How long have you known the applicant? _____

In what capacity do you know applicant? _____

Can you confirm applicant's dates of employment? _____

What were the applicants strengths?

What were the applicants weaknesses?

How would you rate the following?

Knowledge of job/work skills:	Excellent	Good	Average	Below Average	Poor
Willingness to complete job duties:	Excellent	Good	Average	Below Average	Poor
Attendance:	Excellent	Good	Average	Below Average	Poor
Ability to get along with co-workers:	Excellent	Good	Average	Below Average	Poor

Reason Applicant left employment? _____

Would you rehire? _____

Additional Comments:

Person completing Reference Check _____

Date _____

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