

NEW YORK YOUTH SUPPORT PROGRAM

JOB REFERENCE CHECK FORM

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

CONTACT PERSON: _____

CONTACT PHONE NUMBER: _____

APPLICANT'S COMPANY OR AGENCY: _____

WAS THE APPLICANT AN EMPLOYEE OF YOUR AGENCY OR COMPANY: YES ___ NO ___

START DATE: _____

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT: _____

WHY DID THE APPLICANT LEAVE: _____

WHAT WERE THE APPLICANT'S POSITION/RESPONSIBILITIES: _____

HOW WOULD YOU RATE THE APPLICANT'S JOB PERFORMANCE: _____

DID THE APPLICANT HAVE ANY PERFORMANCE ISSUES: _____

DID THE APPLICANT HAVE ANY ATTENDANCE ISSUES: _____

DOES THE CANDIDATE ALWAYS SHOW UP ON TIME: _____

WAS THE APPLICANT HARD-WORKING: _____

WHAT ARE THE APPLICANT'S STRENGTHS: _____

DID THE APPLICANT GET ALONG WITH HIS OR HER CO-WORKERS:

WOULD YOU RECOMMEND HIM OR HER FOR EMPLOYMENT: YES ___ NO ___

WOULD YOU REHIRE HIM OR HER: YES ___ NO ___

REFERENCE CHECKED BY _____

DATE: _____