

Florida State University
Employer Reference Check Form

Date

Organization Contacted

Phone

Person Contacted

Title

1. _____ (Applicant) gave your name as a former employer. What were the dates of employment? From _____ To _____
2. Were you the applicant's immediate supervisor? Yes No if no, please give your working relationship
3. What position was held by this person?
 (A) At the time of employment
 (B) When person left
4. What were the major duties performed?

5. What are their strengths/weaknesses?

6. How did they get along with co-workers/supervisors?

7. How would you comment on their:
 - A. Attendance?

 - B. Ability to handle or assume responsibility?

 - C. Ability to follow instructions?

 - D. Degree of supervision needed?

8. Why did this person leave?

9. Would you rehire? Yes No If no, why?

10. Is there any other pertinent information we should consider?

Name and title of person conducting the check

Note: *You may ask additional questions about specified job-related skills and knowledge.*