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.