

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.