ROANE STATE COMMUNITY COLLEGE
REFERENCE CHECK FORM

To be completed by Committee/Supervisor/Program Coordinator/Department Head. (Three references for regular employees, two references for adjunct faculty.)

Candidate's Name

Last: _____   First: _____   MI: _____

Position Title: _____

Contact

Organization: _____   Location: _____

Professional Reference

Name: _____   Date Contacted: _____

My name is _____ and I work in the _____ at Roane State Community College. We are filling a position within our department and would like to verify some employment information on _____, who was employed by you.

1.   Employment Dates:_____

2.   What were his/her primary job responsibilities:

_____
_____
_____

3.   How would you describe his/her work?

_____
_____
_____

4.   How would you describe his/her improvements while on the job?

_____
_____
_____

5.   How did he/she get along with other people?

_____
_____
_____

6. What were his/her strengths?

_____
_____
_____

7. How could he/she develop as an employee?

_____
_____
_____

8. **Note**: Explain what the candidate will be doing, and then ask the next question. Would you recommend him/her for this position?

_____
_____
_____

9. Would you comment on the following job-related attributes of the candidate?

    a. Attendance: _____
    b. Punctuality: _____
    c. Ability to assume responsibility: _____
    d. Ability to follow instructions: _____
    e. Quality of work: _____
    f. Quantity of work: _____
    g. Technical ability: _____
    h. Initiative: _____
    i. Attitude: _____
    j. Ability to get along with others: _____

10. Would you like to make any other comments about the candidate?

_____
_____
_____

11. Would you rehire him/her into the same job? (If not, why?)

_____
_____
_____

_____   _____   _____
Signature   Department/Division   Date

Please return original to:
Human Resources