

LOUISIANA DEPARTMENT OF HEALTH
REFERENCE CHECK FORM

Date _____

Applicant Name:

Position Applied for:

Upon completion of the interview process a pre-employment reference check may be made of the selected candidate. The reference check shall be limited to the following information:

Current/Last Employer:		Telephone#:	
Person Contacted:		Title:	

Dates of Employment:	From:		To:	
Position Held:			Salary:	

1. What is/was your employment relationship with this person (current or former supervisor, second-line supervisor, etc.)?

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2. What is/was the nature of his/her position/duties?

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3. How would you describe the accuracy of his/her work?

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4. How well does/did he/she respond to pressure (e.g., from high volume, deadlines, multiple tasks, public contact)?

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5. How well was his/her work planned and organized, and were assignments completed timely?

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6. What is/was the amount and type of supervision required for him/her?

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7. How well does/did he/she get along with other people (e.g., clients, co-workers, supervisors)?

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8. How does/did he/she respond to criticism/interpersonal conflict?

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9. What are/were his/her strongest skills as an employee?

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10. What areas of his/her performance needed improvement?

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11. How would you describe his/her attendance and punctuality? NOTE: Do not ask or collect information on Family Medical Leave Act absences or disability questions prohibited by the Americans with Disabilities Act.

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12. What was the reason for leaving your employment?

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13. Would you rehire him/her?

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14. Any other comments you would like to include?

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REFERENCE CHECKED BY:

<i>Name:</i>	<i>Title:</i>
<i>Signature:</i>	<i>Date</i>