



St. Clair County Community Mental Health Telephone Reference Check

Name of Applicant:	Date of Reference Check:
Position Applied For:	Completed By:
Person Contacted:	Phone Number:
Is Applicant a former employee?	Dates of Employment: From: _____ to _____
If not, what is relationship to applicant?	How long have you known applicant?
Please describe the types of job duties applicant performed:	
Was applicant expected to make decisions and work independently? _____ Yes _____ No If yes, please describe the applicant's abilities in this area.	
How quickly and accurately was applicant able to complete tasks?	
What were applicant's strengths on the job?	
How did applicant relate to co-workers, customers, supervisors:	
Please describe the applicant's overall performance:	
Please comment on applicant's dependability:	Attendance:
Do you know why applicant left previous employment?	
Would you re-employ this person? If no, please explain:	
If applicant is a personal friend, please describe why you would recommend him/her for this position:	
Any additional comments:	

Thank you for your time!