

Oklahoma State University-Tulsa
Oklahoma State University Center for Health Sciences

TELEPHONE REFERENCE CHECK

Date: _____ Checked By: _____

| | |
|--------------------------|--------------------------|
| Name of Applicant: _____ | Position: _____ |
| Person Contacted: _____ | Position or Title: _____ |
| Company: _____ | Telephone Number: _____ |

1. I would like to verify some of the information given to us by _____, who is applying for a position with us. What were the dates of his/her employment with you? _____
2. How many years have you known or worked with the applicant? _____
3. What was the nature of his/her job? _____
4. What did you think of his/her work? _____
5. How would you describe his/her performance in comparison with other people? _____
6. Why did he/she leave your company? _____
7. Would you re-employ? (Why not?) _____
8. What are his/her strong points? _____
9. What are his/her limitations? _____
10. How did he/she get along with other people? _____
11. How did he/she make decisions? Were they impulsive or conduct thorough research? _____
12. Could you comment on his/her:

Attendance

Dependability

Ability to take on responsibility

Potential for advancement

Degree of supervision needed

Overall attitude

Follow-through

Quality of work

Work ethics

13. Did he/she have any personal difficulties that interfered with his/her work? _____
14. Is there anything else of significance that we should know? _____