

# EMPLOYMENT REFERENCE CHECK QUESTIONNAIRE

Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Dates of Employment:  
Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time  Part-time  Hours/week: \_\_\_\_\_

Is the above information correct? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the above information is not correct, please provide the information that your records contain:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving your organization: \_\_\_\_\_

Would you re-employ this individual? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please indicate reason: \_\_\_\_\_

What are/were the applicant's responsibilities? \_\_\_\_\_

Did the applicant achieve the desired results in the position? \_\_\_\_\_

Please evaluate or rate the applicant in the following areas:

\* Attendance/punctuality \_\_\_\_\_

\* Quality of work \_\_\_\_\_

\* Quantity of work \_\_\_\_\_

\* Ability to deal with people \_\_\_\_\_

\* Ability to identify problems \_\_\_\_\_

\* Ability to solve problems \_\_\_\_\_

\* Job-related strengths \_\_\_\_\_

\* Job-related weaknesses \_\_\_\_\_

\* Professionalism \_\_\_\_\_

What other characteristics does the applicant possess that would assist him/her to perform the duties of our position?

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In the space below please provide any other information about this individual that you feel would be helpful to us in making an informed hiring decision. Additional comments or explanation about the above information is also welcome.

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Name:

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Title:

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Your relationship to the applicant (i.e. direct supervisor, co-worker, department manager, etc.):

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Company:

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Phone:

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Date:

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Please return the completed form in the enclosed envelope or mail to:

City of Omaha Personnel Department, 1819 Farnam St., Rm. 506, Omaha NE, 68183.  
If you have any questions please call Ann Eatherton at (402) 444-5326.

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