

Florida Community College at Jacksonville
Employee Telephone Reference Check
Full-Time/Part-Time

Applicant _____ SS# _____

Employer _____ Phone # _____

Contact _____ Title _____

- Was Supervisor Supervisor Not Listed Supervisor No Longer There
 Was Not Supervisor Supervisor Not Available Referred to HR/Personnel

Dates of Employment: From _____ To _____ Supervisor _____

Time period you knew/supervised the applicant _____

What position did he/she hold? _____

How was his/her attendance? _____

What were his/her duties and responsibilities? _____

How would you rate/describe him/her as it relates to:

Duties and Responsibilities _____

Work Habits _____

Special Skills and Abilities _____

Strengths/Deficiencies _____

Why did he/she leave your company? _____

- Voluntary Involuntary Refused (Per Company Policy)

Would he/she be eligible for rehire? Yes No No, due to company policy

On a scale of 1 to 10, with 10 being the highest, how would you rate this individual? _____

Additional Comments _____

Reference Check completed by _____ Date _____

Complete this form for any/all employers within the last five (5) years as listed on the application for employment