

Reference Check Control Form

Applicant Name: _____ Position: _____

Personal references checked:

Name: _____ Relationship: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Notes: _____

Name: _____ Relationship: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Notes: _____

Name: _____ Relationship: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Notes: _____

Employment references checked:

Name: _____ Employer: _____
Relationship: _____ Dates of employment: _____ Pay: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Would you rehire? _____ Reason for termination: _____
Notes: _____

Name: _____ Employer: _____
Relationship: _____ Dates of employment: _____ Pay: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Would you rehire? _____ Reason for termination: _____
Notes: _____

Name: _____ Employer: _____
Relationship: _____ Dates of employment: _____ Pay: _____
Address : _____
Telephone: _____ Date contacted: _____ Method of contact: _____
Would you rehire? _____ Reason for termination: _____
Notes: _____

Records checked:

- School records (date requested: _____) Notes: _____
- Criminal records (date requested: _____) Notes: _____
- Driving records (date requested: _____) Notes: _____
- Credit records (date requested: _____) Notes: _____