Professional Reference Check Verification Form

Candidate Information

Full Name

Position Applied For

Department

Date

Reference Information

Reference Name

Job Title

Organization

Phone Number

Email

Relationship to Candidate

How long have you known the candidate?

Reference Questions

Please comment on the candidate's work performance and job responsibilities:

What are the candidate's key strengths and areas for growth?

How does the candidate interact with colleagues and supervisors?

Is the candidate reliable, punctual, and responsible?

Would you re-employ or recommend this candidate for employment?

Additional comments:

Reference Signature:

Date: