

# Candidate Reference Feedback Report

## Candidate Details

Candidate Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Reference: \_\_\_\_\_

## Referee Details

Referee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Relationship to Candidate: \_\_\_\_\_

Duration Known: \_\_\_\_\_

## Assessment

Criteria	Rating (1 = Poor, 5 = Excellent)	Comments
Job Knowledge		
Quality of Work		
Communication Skills		
Interpersonal Skills		
Reliability		
Initiative		

## General Feedback

1. Please describe the candidate's main strengths:

2. Please describe any areas for development:

3. Would you recommend this candidate for the applied position? Why or why not?

4. Any additional comments:

## Referee Confirmation

Referee Signature: \_\_\_\_\_

Date: \_\_\_\_\_