

						APF	PLICA	NT INFORMATION					
Applicant's N	ame:							Date:					
Position:													
Verifier's Nar	Verifier's Name: Verifier's Signature:												
CONTACT INFORMATION													
Name of Con	tact:												
Title:					Phone Number:								
Company:													
At the beginning of the reference check discussion, please inform the contact that the applicant has signed a Confidential Inquiry Waiver releasing the individual and organization from liability.													
						G	ENER/	AL INFORMATION					
Was the appl	icant	an em	nploye	e of y	our c	ompany	?						
Beginning Da	te of I	Emplo	ymen	nt:				Ending Date of Employment:					
What were th	What were the applicant's primary job duties and responsibilities?												
RATINGS	5 AN	D C	ΟΜΙ	MEN	ITS								
						ent tion	ble						
	Excellent	Good	Neutral	Limited	Poor	sufficie format	Not Applicable	Comments (required for ratings of Limited and Poor)					
	ш	0	2		₽.	in in	2 4	All Positions					
Problem- Solving Skills													
Creativity													
and Initiative													
Dependability													

	Excellent	Good	Neutral	Limited	Poor	Insufficient Information	Not Applicable	Comments (required for ratings of Limited and Poor)
Enthusiasm								
Time Management								
Attention to Detail								
Commitment to Excellence								
Collegiality with all Levels								
Appreciation of Diversity								
Honesty/ Integrity								

Management Positions							
Supervisory Effectiveness							
Leadership Effectiveness							
Judgment/ Wisdom							

What are the applicant's key strengths for the position? In which areas does the applicant need further development? Is there anything you would like to share about this candidate? Would you rehire this applicant?