

Reference Check Control Form

Applicant Name:	Position:
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Employment references checked:		
Name:	Employer:	Telephone:
Title:	Dates of employment:	Date Contacted:
Relationship:	Pay:	Method of contact:
Would you rehire?	Reason for termination:	
Notes:		

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

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

Personal references checked:	
Name:	Telephone:
Relationship:	Date Contacted:
Dates of relationship:	Method of contact:
Notes:	

Name:	Telephone:
Relationship:	Date Contacted:
Dates of relationship:	Method of contact:
Notes:	

Name:	Telephone:
Relationship:	Date Contacted:
Dates of relationship:	Method of contact:
Notes:	

Records checked:		
<input type="checkbox"/> School records	Date Requested:	Notes:
<input type="checkbox"/> Criminal records	Date Requested:	Notes:
<input type="checkbox"/> Driving records	Date Requested:	Notes:
<input type="checkbox"/> Credit records	Date Requested:	Notes: