



## REFERENCE CHECK FORM

Reference Evaluated

Phone reference

By \_\_\_\_\_ Date \_\_\_\_\_

Email Reference

Name of Company \_\_\_\_\_

Fax Number \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_ has applied for employment with PJS Care Services as a(n) \_\_\_\_\_ and has indicated that (a) they worked for you and (b) you are willing to provide a reference for them. Please rate the following *Performance Areas* by circling the number best describing their job performance:

PERFORMANCE AREA	very good	good	average	poor	very poor	No Comment
	5	4	3	2	1	
ATTENDANCE	5	4	3	2	1	0
RELIABILITY	5	4	3	2	1	0
PUNCTUALITY	5	4	3	2	1	0
WORK QUALITY	5	4	3	2	1	0
INITIATIVE	5	4	3	2	1	0
WORK RATE (Is work completed in time allotted)	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH CUSTOMERS	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH CO-WORKERS	5	4	3	2	1	0
INTERPERSONAL SKILLS WITH SUPERVISORS	5	4	3	2	1	0
ADHERANCE TO ORGANIZATIONAL POLICY	5	4	3	2	1	0
PLANNING AND ORGANIZATIONAL SKILLS	5	4	3	2	1	0
ABILITY TO WORK INDEPENDENTLY	5	4	3	2	1	0
ABILITY TO WORK AS A TEAM MEMBER	5	4	3	2	1	0

The information contained within this document or any of its attachments is not shared with any third parties except the employer's if required for audit. The information is used as an aid in the hiring process and kept in the employee's file during employment and as required by law. The Reference Evaluator, by signing this document or answering the questions over the phone gives the employer consent to collect the information contained herein and use for the specified purpose.

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**Please comment on their strengths and areas for improvement:**

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**Would you rehire the applicant?**      **YES**       **NO**

Upon completion please send this form to  
[info@pjscareervices.com](mailto:info@pjscareervices.com)    Questions? (847)722-9696

**Signature**

**Position**

**Date**

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