

**Texas Wesleyan University
Applicant Reference Checklist**

Name of Applicant: _____

Position: _____

Current or Last Employer: _____									
Name of Contact: _____			Telephone: _____						
Applicant's Job Title: _____			Contact Date: _____						
Employed: from _____ to _____			Salary: _____						
Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<input type="checkbox"/> Employer verified employment only.									
<input type="checkbox"/> Employer verified employment only.									
1.	Attendance:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
2.	Quality of Work:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
3.	Quantity of Work:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
4.	Job Knowledge or Experience:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
5.	Cooperation/Service:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
6.	Dependability:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
 Comments: _____									

Next Previous Employer: _____									
Name of Contact: _____			Telephone: _____						
Applicant's Job Title: _____			Contact Date: _____						
Employed: from _____ to _____			Salary: _____						
Rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>									
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Next Previous Employer: _____
Name of Contact: _____ **Telephone:** _____
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Employed: from _____ to _____ **Salary:** _____
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Comments: _____

Next Previous Employer: _____
Name of Contact: _____ **Telephone:** _____
Applicant's Job Title: _____ **Contact Date:** _____
Employed: from _____ to _____ **Salary:** _____
Rehire? Yes No
 Employer verified employment only.

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2.	Quality of Work:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
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6.	Dependability:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor

Comments: _____

References checked by: _____ Date: _____