

UNIVERSITY of HOUSTON

REFERENCE CHECKING FORM

Candidate's Name _____ Date of Reference _____

Name of Reference: _____ Relationship to Candidate _____

Reference taken by _____ Refused to provide reference

Suggested Reference Script

_____ has applied to the University of Houston's _____
(Candidate's Name) (Name of Department)

as a/an _____ and has stated that he/she was in your employ
(Position Title)

from _____ to _____ in the capacity of _____ (Prior
Employment Dates) (Prior Position Title)

He/She has given us permission to contact you and I would like to ask you a few questions regarding his/her employment while with your organization. May I begin?"

Hire Date: _____ Separation Date: _____ Position Held: _____
(verify resume/application data)

Would you briefly describe what _____'s job duties were and degree of independence?
(Candidate's Name)

Were there opportunities for teamwork? Yes No If Yes, what role did _____ usually take on a team?
(Candidate's Name)

Did he/she prefer working alone or in groups? Alone In Groups

How would you describe his/her awareness of the needs of others, particularly customers and/or fellow team members? Do you remember any specific examples?

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Did _____ seem inclined to sacrifice quantity for quality or the reverse, quality for quantity?
(Candidate's Name)

If _____ didn't like something in the workplace, was he/she more likely to
(Candidate's Name)

identify the problem or to initiate correction or change?

What were _____'s particular strengths and what areas did he/she need improvement in?
(Candidate's Name)

In rating performance as **Excellent, Good, Adequate, Unsatisfactory**, how was his/her:
(Identify/inquiry about performance standards required for the position the candidate is being considered for at UH)

Technical Ability	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Quality of Work	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Independent Problem-Solving	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Customer Service	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Ability to Take Instruction	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Ability to Accept Feedback	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Teamwork/Cooperation	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Leadership	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Effective Use of Time	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Attendance Record	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other:.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other:.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other:.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other:.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U

Would you re-employ _____? Yes No If no, why not?
(Candidate's Name)

Any additional comments?