APPLICANT REFERENCE CHECK FORM

The applicant listed below has been recommended for a position with WCS. Please complete the form below to the best of your knowledge. Please return this form to the requester. Thank you for your time.

Applicant's Legal Name	School Site or Location Being Recommended
Reference Full Name	Reference Employer & Job Title
Reference Full Nume	Reference Employer & Job Title
Your relationship to the applicant	How long have you known the applicant?
On a scale of 1 to 10, with 10 being the highest, rate the questions below:	
Effectively completed job duties	Ability to collaborate with others
Effectively completed job daties	Ability to collaborate with others
Quality of work	Dependability/Attendance
Answer the questions below or answer N/A if unable to answer the question.	
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Has the applicant received any oral/written warni	ng, disciplinary action, or non-renewal?
If yes, please explain.	
What are the applicant's greatest strengths?	
What are the applicant's greatest weakness?	
What was the applicant's documented reason for leaving the organization?	
Please explain.	
Would you rehire or retain this person?	
If no, please explain	
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Additional information you would like for us to kn	ow?
Additional information you would like for us to know?	
Signature of Person Completing Reference	
Signature of Person Completing Reterence	Date Completed