

**TELEPHONE REFERENCE CHECK**

**NWGA HEALTH DISTRICT 1-1  
OFFICE OF HUMAN RESOURCES**

Applicants Name: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Program/Office: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Working Relationship to Applicant: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_

Salary: Applicant states salary is/was \_\_\_\_\_ Is this correct? \_\_\_\_\_

**BACKGROUND INFORMATION**

*What were the major responsibilities?*

\_\_\_\_\_  
\_\_\_\_\_

*How would you rate (applicant named above) on the following:  
(Use Excellent, Good, Fair, Poor)*

|   | Excellent                | Good                     | Fair                     | Poor                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Quality of Work   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Timeliness of Completed Work Assignments                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ability to Work Independently                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ability to work with others:                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Work habits (getting to work on time, observing office rules) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attendance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Any outstanding qualities observed by respondent:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you rehire this person?  Yes  No

If no, why: \_\_\_\_\_

*Any comment you would like to make other than those already discussed or is there anything you would like to add?*

\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_