



REFERENCE CHECK FORM

City of Billings Human Resources
316 North 26th Street
Billings, MT 59101

This form is to be completed for the top candidate(s). Please use a new form for each reference. This completed form must be forwarded to Human Resources with the other application/selection materials.

INFORMAL REFERENCES CANNOT BE USED AS BASIS FOR HIRING DECISIONS

REFERENCE CHECKER NAME		POSITION NUMBER	
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APPLICANT NAME		POSITION TITLE	
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REFERENCE NAME		PROFESSIONAL REFERENCE	
EMPLOYMENT DATES		TO	
REASON FOR LEAVING			

1	Were you the immediate supervisor?	
	If so, how long have (did) you supervise the applicant?	

Read the applicant's statement of duties on application

2	Is this an accurate description of the applicant's duties?		If no, please explain:

3	What is your assessment of the applicant's ability to plan and organize?

4	Describe the applicant's ability to work with others

5	What would you identify as the applicant's strongest work-related assets?

6

What would you identify as the applicant's strongest work-related deficit?

7

Describe the applicant's ability to take constructive feedback

8

How would you rate the applicant's attendance?

Please explain:

9

What is your overall assessment of the applicant?

10

Would you re-hire the applicant?

If no, please explain:

11

Other questions (*These must be recorded here and must be job related*)