



PRE-EMPLOYMENT REFERENCE CHECK

This form is intended to gather feedback from persons that have firsthand knowledge of the prior performance of candidates being considered for employment per [DOC 810.800 Recruitment, Selection, and Promotion](#).

Candidate name	Position applied for
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REFERENCE INFORMATION			
Name		Date completed	
Job title	Employer		
Contact			
Type of reference	<input type="checkbox"/> Current supervisor <input type="checkbox"/> Former supervisor <input type="checkbox"/> Professional/co-worker <input type="checkbox"/> Subordinate		

Note: Questions in bold type require a response. Enter 'N/A' if the question does not apply or 'Unknown' if the reference is not able to provide an answer.

How do you know the candidate listed above?	
What is the name/location where you worked with this candidate?	
What are the from/to dates this candidate was employed there?	to
What was their job title and primary job duties?	
If they reported directly to you, how would you describe your relationship?	
If you supervised them, were you aware of any corrective/disciplinary actions?	
If you answered affirmatively above, did this include sexual harassment?	
If their job duties included supervising or leading staff, how well did they do?	
If part of a team-based environment, how well did they work with others?	
How does the candidate react when faced with an opposing view?	
How do they deal with stressful situations?	
What do you consider to be their best strengths and what motivates them?	
How would you describe their overall job competence and attitude?	
Do you have any concerns about their punctuality or attendance?	
If known, can you describe any major accomplishments they contributed to?	
If given the chance, would you rehire or work with this candidate again?	

Is there anything you would like to add regarding their job performance?	
Is there anyone else from the same organization we should contact that can speak to their skills and abilities?	

On a scale of 1 to 10, with 10 being the highest, please rate the following attributes for this candidate: Resourcefulness: _____ Follow-through: _____ Integrity: _____ Dependability: _____
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***Prior approval is required from the assigned Recruiter or Human Resources Consultant if adding a question.** The same set of questions must be presented to each reference related to the same recruitment.

Optional field to add a position specific question*	
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THIS SECTION COMPLETED BY DEPARTMENT	
Source of reference	
Method of contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone** <input type="checkbox"/> In-person**
Comments/notes	
**Enter name and completion date below if the reference check was conducted by a Department representative.	
Name	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** – Recruitment file