

CONFIDENTIAL REFERENCE CHECK

Name of Applicant: _____ Position: _____

Name of Reference:

Title:

Address:

Person Requesting Reference:

Title:

Reference Telephone Number: _____

The Individual listed above has applied for a position with the Madison Central School District. You have been listed as a person who can verify this candidate's working ability, character, personality, and loyalty. Your candid responses are appreciated. This information will be treated confidentially. Thank you for your help evaluating this candidate.

Check One For Each Item Below	Below Average	Average	Above Average	Unknown	Other
Ability for above mentioned work					
Conscientious Worker					
Punctuality, Attendance					
Cooperation					
Professional Attitude					
Initiative					
Judgment					
Honesty					
Ability to work in teams					

1.) What is the nature and extent of your acquaintance with this candidate? _____

2.) If the candidate is a former employee, is he/she eligible for re-hire? _____ If not, why? _____

3.) Is there any reason this candidate might not be a successful employee in our organization? _____

4.) Is there any reason this candidate SHOULD NOT work with school-aged children? _____
 If so, please explain on the back of this form or call 315-893-1878.

5.) Please provide any additional information which may be helpful in evaluating this candidate. (Use reverse side)

6. Please call me at 315-893-1878 if there is information that you feel more comfortable discussing further.

SIGNATURE: _____ DATE: _____

_____ This reference was secured by telephone _____ This reference was secured by fax

Please return this completed form to Madison Central School District, 7303 State Route 20, Madison, NY 13402
(315) 893-1878 (315)893-7111 Fax