



WASHOE COUNTY SCHOOL DISTRICT
Human Resources Division

REFERENCE CHECK (Optional for current WCSD Employees)

Applicant Name: _____ Position Applied For: _____

- 1. Name of Reference: _____
2. How long have you know or worked with the applicant? _____
3. What is your relationship with the applicant? Supervisor _____ Colleague _____ Other _____
4. I'd like to verify the dates of employment: From _____ To _____
If incorrect, what are the correct dates: From _____ To _____
5. What was the official title of the applicant's position? _____
6. What type of work did s/he do? _____
7. Have you seen his/her current resume? Let me read you the part that describes his/her job with your organization. (Stop at each significant point, ask the reference for comment.)
8. Was s/he honest
9. When there was a particularly urgent assignment, what steps did s/he take to get it done on time
10. Could you describe some of his/her major strengths and/or overall work performance.
11. Could you describe some of the areas s/he may need to improve?
12. Did applicant have problems getting along with co-workers? Yes _____ No _____
13. Other than due to a disability, on the average, how many times a month does s/he take off early for personal reasons or illness? How many times a month does s/he come in late or leave early
14. Is there anything I have not covered for which you would like to comment, or do you know of any reasons why we should not employ this person?
15. Would you re-hire this applicant? Yes _____ No _____

Signature of Committee Chair: _____ Date: _____

If unable to contact reference, please document the dates and times attempts were made.