# TOWN OF MILFORD

# DEPARTMENT OF HUMAN RESOURCES

**EMPLOYMENT VERIFICATION / REFERENCE CHECK**

(Complete one form for each reference provided. This form will be placed in the Employee’s file.)

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| Candidate Name: |  |
| Position Applying for: |  |
| **Fill out applicable fields (if not applicable please indicate N/A):** |
| Name: |  |
| Phone Number: |  |
| Company Name: |  |
| Address/Phone: |  |
| Position/Title of Person Contacted: |  |

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| **For Work or Professional References The above candidate has provided your name as a reference. Please respond to the following. *(If not applicable please indicate N/A.*)** |
| **Reference is/was*****(what capacity did you work with the candidate)*** | **\_\_\_\_ Direct Supervisor** | **\_\_\_\_ Indirect Supervisor** | **\_\_\_\_ Co-worker** |
| **\_\_\_\_ Reported to the candidate** | **\_\_\_\_ Other** |
| Dates of Employment? |  |
| Why did candidate leave? |  |
| Did this person supervise other people? \_\_\_\_\_\_\_  | Number of people supervised? \_\_\_\_\_\_ |
| Describe the candidates management style. |  |
| Was the applicant ever promoted or changed positions? |  |
| Is candidate eligible for rehire? If no, please explain. |  |

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| **Rating scale: 1=Unacceptable; 2=Below Average; 3=Average; 4=Above Average; 5=Superior** |
| **Please rate the following:** | 1 | 2 | 3 | 4 | 5 | **Comment if any:** |
| Ability to relate to others (How well did applicant interact with customers?) |  |  |  |  |  |  |
| Team player (Ability to work with co-workers or supervisors?) |  |  |  |  |  |  |
| How would you rate their work ethic? |  |  |  |  |  |  |
| Ability of candidate to work under pressure? |  |  |  |  |  |  |
| Effectiveness in their position? |  |  |  |  |  |  |
| Effectiveness as a supervisor? |  |  |  |  |  |  |
| Ability of candidate to work under pressure? |  |  |  |  |  |  |
| Ability of candidate to meet deadlines? |  |  |  |  |  |  |
| How was their punctuality? |  |  |  |  |  |  |
| How was their attendance? |  |  |  |  |  |  |
| How would you rate their verbal communication skills? |  |  |  |  |  |  |
| How would you rate their written communication skills? |  |  |  |  |  |  |
| Flexibility – would candidate work additional hours if asked? |  |  |  |  |  |  |
| Overall performance |  |  |  |  |  |  |
| Please include anything else about the candidate you would like to share |

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| **Please identify the candidates:** |
| Greatest strength  |  |
| Greatest weakness |  |

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| **If Personal Reference Please fill out applicable fields (if not applicable please indicate N/A):** |
| How long have you know the candidate? |  |
| Can you speak to their ability to relate to others? |  |
| Is this person a team player? |  |
| What is their greatest strength? |  |
| What is their greatest weakness? |  |
| Are there any other attributes the candidate has that you would like to share? (Anything else to add?) |  |

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| **Any other department related question(s)** |
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Signature of person completing the reference check Date:

**OFFICE USE ONLY (Department Head/HR)**

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| Overall Rating |  \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor |
| \_\_\_\_ Recommend 2nd Interview  | \_\_\_\_\_Recommend Hiring  | \_\_\_\_ I would not recommend hiring at this time.  |

Department Head/Manager/Supervisor Signature Date:

Form should be:

* Returned to Town of Milford, Attn: HR, 1 Union Square, Milford NH 03055,
* Emailed to kblow@milford.nh.gov, or
* Faxed to 603-673-2273