

Attachment D

REFERENCE AUDIT

DMA Form 4.110-1-E (Nov 2016)

(We require that at least one reference check be conducted with a person in a supervisory capacity over the candidate being recommended for hire)

Name of Applicant

Person Contacted

Relationship to Applicant

Position Title

Organization

City & State

Telephone No.

I wish to verify some of the information given us by considering for a position.

(applicant)

whom we are

1. We are considering

(name of applicant)

for employment as a

(position title)

This position entails (describe the job):

2. What were the dates of his/her employment with your organization?

3. What was he/she doing when he/she started? When he/she left?

4. Did he/she seek responsibility?

5. Did he/she exercise good judgment?

6. Did he/she have any supervision or direction of others? If yes, how well did he/she handle it?

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7. Did he/she have the opportunity to develop or initiate any new plans or programs?
8. Did he/she finish what he/she started?
9. How well did he/she plan his/her work?
10. How well did he/she get along with others?
11. How much time was he/she absent from work?
12. Why did he/she leave? (Do not use unless he/she has already left employment.)
13. Would you re-employ him/her? If no, why not?
14. What are his/her outstanding strong points and weaknesses?
15. What type of work do you feel he/she performed best?
16. Do you have anything additional to add?

Supervisor's signature

Date

INCLUDE THIS COMPLETED FORM WITH YOUR HIRING RECOMMENDATION