## Reference Audit DMA Form 4.110-1-E (August 2022)

## USE AS A GUIDEINE, AS APPROPRIATE

(Per WHRH 244 we require three references to be completed. Two must be supervisory including their most recent/current supervisor.)

	Name of Applicant			
Person Contacted Organization		Relationship to Applicant	Position Title	
		City & State	Telephone No	
	n to verify some of the infordering for a position.	rmation given to us by(applicant)	whom we are	
1.	What were the dates of t	heir employment with your organization?		
2.	What were they doing w	when they started? What were they doing who	en they left?	
3.	Did they seek responsib	ility?		
4.	Did they exercise good	judgment?		
5.	Did they have any super	rvision or direction of others? If ves, how wel	ll did thev handle it?	

6.	Did they have an opportunity to develop or initiate any new plans or programs?
7.	Did they finish what they started?
8.	How well did they plan their work?
9.	How well did they get along with others?
10	
10.	How much time were they absent from work?

11.	To your knowledge, has it been determined that the candidate has ever engaged in any incident of workplace sexual misconduct or sexual harassment, while employed with your company? If so, what were the circumstances and outcome?
12.	Did the candidate resign during a pending investigation of an allegation of sexual abuse or sexual harassment in the workplace before the investigation was completed? If so, what were the circumstances and outcome?
13.	Why did they leave? (Do not use unless they already left employment.)
14.	Would you re-employ them? If no, why not?

	15.	What were their outstanding strong points and weaknesses?	
	1.6		
	16.	What type of work do you feel they performed best?	
	17.	Comments:	
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	superviso	or's signature	Date