

University of Houston REFERENCE CHECKING FORM

Candidate's Name _____ Date of Reference _____

Name of Reference: _____ Relationship to Candidate _____

Reference taken by _____ Refused to provide reference

Suggested Reference Script

“ _____ has applied to the University of Houston’s _____
(Candidate’s Name) (Name of Department)
as a/an _____ and has stated that he/she was in your employ
(Position Title)
from _____ to _____ in the capacity of _____.
(Prior Employment Dates) (Prior Position Title)

He/She has given us permission to contact you and I would like to ask you a few questions regarding his/her employment while with your organization. May I begin?”

HireDate: _____ Separation Date _____ Position Held: _____
(verify resume/application data)

Would you briefly describe what _____'s job duties were and degree of independence?
(Candidate’s Name)

Were there opportunities for teamwork? Yes No If Yes, what role did _____
usually take on a team? (Candidate’s Name)

Did he/she prefer working alone or in groups? Alone In Groups

How would you describe his/her awareness of the needs of others, particularly customers and/or fellow team members? Do you remember any specific examples?

Did _____ seem inclined to sacrifice quantity for quality or the reverse, quality for quantity?
(Candidate's Name)

If _____ didn't like something in the workplace, was he/she more likely to
(Candidate's Name)
 identify the problem or to initiate correction or change?

What were _____'s particular strengths and what areas did he/she need
(Candidate's Name)
improvement in?

In rating performance as **Excellent, Good, Adequate, Unsatisfactory**, how was his/her:
(Identify/inquiry about performance standards required for the position the candidate is being considered for at UH)

Technical Ability.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Quality of Work.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Independent Problem-Solving.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Customer Service.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Ability to Take Instruction.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Ability to Accept Feedback.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Teamwork/Cooperation.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Leadership.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Effective Use of Time.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Attendance Record.....	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other: _____	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other: _____	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other: _____	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U
Other: _____	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> U

Would you re-employ _____? Yes No If no, why not?
(Candidate's Name)

Any additional comments?