



EMPLOYMENT REFERENCE CHECK FORM
STATE OF NORTH DAKOTA
SFN 52826 (4-01)

Applicant:	Date of Reference Check:
Position Applied For:	Checked By:
Employer:	Address:
Person Contacted:	Phone Number:
Position(s) Held:	Dates of Employment:
Describe the job duties s/he was (is) responsible for.	
Tell me about his/her quality of work (look for items pertinent to the job being considered for).	
How would you describe the quantity of his/her work?	
What are his/her strengths/weakness on the job?	
Tell me about his/her skills (job specific).	
How did the applicant relate with customers, coworkers, subordinates, supervisors?	
What is his/her attitude toward work?	
Did you ever receive complaints that s/he harassed, physically harmed or threatened to harm other individuals? (If yes, were those complaints proven to be true?)	
(If past employer,) Why did s/he leave your employment?	
Would you rehire this person? If not, why?	