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Reference Request Form

Applicant Name:		
Post Applied For:		
Referee Name:		
Job Title:		
Organisation:		
assessment of the ap	plicant's job perfond nd any attachmer	confirming details of employment and by providing your brimance in the space provided. The information that you attend to the space and confidential.
Job Title in your organisation:		
Dates of Employment:		
Full Time/Part Time:		
Management responsibility? If yes, how many employees?		YES / NO
Why did the Applicant leave your employment?		
Salary on Leaving Employment:		
Would you re-employ the Applicant? If no, please state why.		YES / NO

Section 2: Performance Details & Job Description Please tick the appropriate box.

	Excellent	Good	Fair	Poor
Quality of Work / Service provided				
Application to the job				
Punctuality & Timekeeping				
Attendance				
Honesty				
Relations with others				
Ability to work under pressure				
Ability to work without supervision				
Ability to work as a member of a team				
Management ability				

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Please outline the main responsibilities of the Applicant's job whilst in your employment.	
Given the duties outlined in the job description attached and your knowledge of the Applicant's performance and abilities, how suitable would you say the applicant was to the position? (please feel free to continue on a separate sheet)	
Has the applicant ever been the subject of any disciplinary action?	YES / NO
Please give details of any proven discipling offences during employment that would be relevant to this appointment, including any issues outstanding at time of termination of employment.	
Section 3: Attendance Details	
How many days sick leave were incurred during the length of the applicant's employment and on how many occasions?	
How many days sick leave were incurred during the last 12 months or employment and on how many occasions?	f
Section 4: Authorisation	
Do you know of any reason why we should not appoint the Applicant to the post? If so, please specify.	
Please add any further comments information.	or
Signed:	
Print Name:	
Position & Company:	
Date:	
Company Stamp (if you do not have a company stamp please attach a compliment slip or letter head paper if sent by post)	