Reference Check Control Form

Applicant Name:	Position:	
Personal references of	checked:	
	Relationship:	
Telephone:	Date contacted: Method of contact:	
	Relationship:	
Telephone:	Date contacted: Method of contact:	
	Relationship:	
Telephone:	Date contacted: Method of contact:	-
Employment referen	ces checked:	
Name:	Employer:	
Relationship:	Pay:Pay:	
Address:		_
	Date contacted: Method of contact:	
	Reason for termination:	
	Employer:	
	Pay:	_
Telephone:	Date contacted: Method of contact:	_
Would you rehire?	Reason for termination:	
		-
	Employer:	
•	Pay:Pay:	
Address:		
Telephone:	Date contacted Method of contact:	
	Reason for termination:	
Records checked:		
	equested] Notes:	
	e requested] Notes:	
	requested] Notes:	
Credit records [date re	equested] Notes:	