MANHATTAN COLLEGE
EMPLOYMENT REFERENCE FORM
PROFESSIONAL WORK EXPERIENCE DOCUMENTATION

APPLICANT: ___________________________ POSITION: _______________

Name of Former Employer: ___________________ Phone: _______________

Company/College Address _________________________________________

______________________________________________________________

Person contacted: __________________________ Title: _______________

We would like to verify employment for ____________________________
candidate’s name

as we are considering him/her for a ________________ position with our
College. He/She has given consent for us to check his/her employment with your
organization.

What was your relationship with __________________________?
candidate’s name

How long did you supervise him/her? ______________

What was his/her position/job title? __________________________

What were the dates of employment? __________ to __________

What were the duties and responsibilities of his/her position?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What were his/her strengths? __________________________

What areas needed improvement? __________________________

What leadership capabilities did he/she have?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Did he/she supervise and manage others? 

Explain management style and supervisory strengths/weaknesses.

Describe how he/she got along with other employees.

Would you comment on his/her

Dependability

Initiative

Ability to take on responsibility

Ability to work under pressure

Degree of supervision needed

Quality of work

Quantity of work and timeliness

What was the reason ______________ left your organization?

candidate’s name

Would you re-hire? 

Do you have any additional comments you wish to tell me?

Thank you for your assistance.

Reference check performed by ______________ Date ______________

Reference check reviewed and accepted by