



Employment Reference Form

Name of Applicant:	
How do you know the applicant?	<input checked="" type="checkbox"/> <input type="checkbox"/> I am their previous employer / line manager What was their position? <input type="checkbox"/> Former colleague <input type="checkbox"/> I am their Doctor <input type="checkbox"/> Other (Family members are not acceptable) Please state: COMMENTS:
If employer, please confirm dates of employment: to
How long have you known the applicant?	
Why did the applicant leave your employment?	
How well do you believe that the applicant would be able to carry out the tasks listed in the job description?	<input checked="" type="checkbox"/> <input type="checkbox"/> They would have no problems <input type="checkbox"/> With training <input type="checkbox"/> With support <input type="checkbox"/> With some difficulty <input type="checkbox"/> They are not suitable for this kind of work COMMENTS:
Are you aware of any reason why the applicant should not be involved in the care of vulnerable adults and/or children, such as a current drug addiction, poor interpersonal skills, criminal activity or personal circumstances?	<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure COMMENTS:

<p>Subject to a suitable vacancy and policy permitting would you re-employ the applicant?</p>	<p>✓ <input type="checkbox"/> Yes <input type="checkbox"/> No COMMENTS:</p>
<p>During the course of his/her employment did you have any reason to doubt the applicant's honesty?</p>	<p>✓ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure COMMENTS:</p>

Please give your assessment of applicant's performance (tick appropriate boxes):	✓					COMMENTS:
	Excellent	Good	Satisfactory	Less than satisfactory	Poor	
Quality of work						
Positive attitude to clients/public/other staff						
Relationship with colleagues						
Communication skills						
Attendance						
Reliability						
Timekeeping						
Working unsupervised						

<p>Has the applicant been the subject of any disciplinary action or had concerns raised about their performance?</p>	<p>✓ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not sure COMMENTS:</p>
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<p>How many days of unscheduled absence has the applicant had from work in the last two years, i.e. through ill health, compassionate leave or unauthorised absence?</p>	<p>..... days over periods of absence COMMENTS:</p>
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<p>Has the applicant ever been responsible for finances and/or handling cash?</p>	<p>COMMENTS:</p>
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<p>GENERAL STATEMENT Please comment on your previous contact with the applicant and any other comments on their suitability for this post</p> <p>(Please include a stamp or a company letterhead / compliment slip)</p>
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<p>Referees Name:</p>

<p>Job Title: (if known through a professional capacity)</p>

<p>Organisation (if known through a professional capacity)</p> <p>If necessary may we telephone you to discuss any of the information contained in this form?</p> <p>Telephone No:</p>

<p>Date:</p>

<p>Signature:</p>
