Miami-Dade County
Reference Check Form

This form is to be utilized for conducting reference checks for external candidates. A minimum of two positive references should be obtained prior to extending a job offer to any candidate.

Applicant Name: __________________________ Position Applied for: __________________________

Reference’s Name: __________________________ Title: __________________________

Working Relationship (Supervisor, Colleague Other): __________________________

Company: __________________________ Phone Number: __________________________

Dates of Employment: From: ___________ to ___________

1. Position(s) held: __________________________

2. Job responsibilities:
   ________________________________________________________________________
   ________________________________________________________________________

3. Applicant’s strengths:
   ________________________________________________________________________
   ________________________________________________________________________

On a scale of 1-5, with 1 being poor and 5 being excellent, how would you rate the applicant?

   Attendance_____   Work Ethic_____   Dependability_____   Attitude_____

Would you recommend or re-hire this person? Yes or No

If No, Why? __________________________
   ________________________________________________________________________
   ________________________________________________________________________

Completed by:

Name __________________________ Title __________________________ Date __________

Note: To further evaluate internal applicants, review their electronic personnel file to include performance evaluations and/or discipline; leave usage; contact the DPR or current supervisor.