



ResCare Hawaii
Highest Quality Healthcare

CONTRACTOR REFERENCE VERIFICATION FORM

Name of Candidate	Potential Position
Current/Previous Employer	Type of Business
Supervisor/Person Contacted	Position or Title of Person Contacted
Telephone Number of Person Contacted	Date

Note: Try to speak with the applicant’s supervisor; if this is not possible, be sure the individual you speak with has a factual basis for his/her comments. Ask the person contacted if he/she has a few minutes to speak with you regarding _____ for a reference check.

Name of Candidate

1. I'd like to verify the following information from _____'s application:
 - (a) Dates of employment: From _____ to _____.
 - (b) Part time or Full time: _____.
 - (c) Salary: He/she started \$ _____ per _____. Is that correct? Yes or No.
 - (d) Did he/she supervise other people? Yes or No _____. How many? _____.
 - (e) He/she said they held the following position _____. Is that correct? Yes or No.

2. Why did he/she leave your company?

3. What were his/her strong points? _____



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4. What was his/her weak points or limitations? _____

5. On the average, how many times a month does he/she miss work or come in late? _____
6. Did his/her job duties change during the time employed by you? Yes or No _____
If yes, how? _____

7. Did he/she improve or advance while on the job? _____

8. How well did he/she relate to other people? _____
Specifically: Superiors? _____
Peers? _____
Subordinates? _____
9. Could you comment on degree of supervision needed? _____

10. Could you comment on his/her overall attitude? _____

11. Given the following categories, how would you rate his/her overall work performance:
Above Average _____ Average _____ Below Average _____
12. If given the opportunity to rehire this person, would you do so? Yes _____ or No _____



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Thank you for taking the time to respond to my questions.

Additional Comments: _____

Reference Check Performed by: _____ Date: _____