

Westport Community Schools Reference Check

Applica	ant Name <u>:</u>		_Date:		
Positio	n Applying For <u>:</u>		School:		
*****	**************	********	**************		
Name	of School/Organization:		_Telephone:		
Refere	nce Contact:		Title:		
GUIDE	LINES FOR TELEPHONE REFERENC	<u>E:</u>			
1.	Screening check must be done on the	final candidate pri	ior to recommendation to Superintendent.		
2.	. A minimum of three telephone or personal reference checks must be made. At least one should be at the supervisory level, preferably the most immediate supervisor.				
3.	. All comments must be handwritten, legible, and complete.				
4.	All reference checks must be performed uniformly.				
5.	5. Note to Caller – If the person declines to answer the reference check questions, ask if he/she would please respond to the following brief statement:				
	It is the Company/District policy to only verify basic information such as length of employment, job title, etc.				
		Yes	No		
	Dates of Employment: From		To		
	Job Title:				

1. How long and in what capacity have you known the applicant?

2. Please identify this candidate's greatest asset as an employee.

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3.	Please identify areas where you feel this candidate may require targeted professional development or support to fully meet all of the job requirements working within our district.
4.	If you had an opportunity to rehire (or hire) this candidate again, would you?
Teleph	one Reference Check Completed by:
Title <u>:</u>	Date:

(This information is being gathered solely for the purpose of determining appropriate hiring for the specified position. All responses shall be regarded as confidential and shall not be used for any other purposes.)