

Name of Candidate:

1028, ch. South Bay Road t. (705) 674-9252 sudbury, ON info@maisonsudbu www.maisonsudbu

info@maisonsudburyhospice.org www.maisonsudburyhospice.org





## **Reference Check Form**

	<b>Person Contacted:</b>									
		Organization:								
		Title:								
		Telephone:								
1.	What w	ere the dates of candidate's	employment with your organization?							
2.	What w	as your relationship to the e	mployee, i.e., supervisor, co-worker, etc.							
3.	3. What was the nature of the position candidate held?									
4.	What ar	e your lasting impressions	of the employee?							
5.	How die	l the candidate interact/wo	k with co-workers?							
6.		s the candidate's attendance eism if available)	e record (number of days absent in an average year — the reasons for							
7.	Were th	ey punctual?								
8.			ate's work performance? Compared to other employees in the same postabove average or below average?	ition, is						

9. What were the candidate's strengths?

10. What were the candidate's areas for improvement?

Care to patients/clients who are dying

m. Care to families of patients/clients who have died

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11. How would you describe the following: (modify based on the position)						
	a.	Dependability				
	b.	Ability to take on responsibility				
	с.	Degree of supervision needed				
	d.	Overall attitude				
	e.	Ability to prioritize				
	f.	Problem solving skills				
	g.	Initiative				
	h.	Planning and organizational abilities				
	i.	Analytical skills				
	j.	Decision making abilities				
	k.	Care to patients/clients				



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12. Have you received they?  Yes	any complaints about this per No	son from his/her	subordinates or co	-workers? If yes, what we	re					
13. What were/are the	candidate's reasons for leaving	your company?								
14. Would you rehire th	nis person? Why or why not?	☐ Yes	□ No							
15. Is there anything else of significance that we should know relative to their job performance or work attitude?										
Completed By:		Date:								