



## PRE-EMPLOYMENT REFERENCE CHECK

**TO BE COMPLETED BY DSH-ATASCADERO HIRING SUPERVISOR:**

<b>TO:</b>	<b>DATE:</b>	<b>REQUESTOR'S NAME:</b>	
<b>PHONE:</b>	<b>FAX:</b>	<b>PHONE:</b>	<b>FAX:</b>
<b>EMAIL:</b>		<b>EMAIL:</b>	

\_\_\_\_\_, who is/was employed by your Department, has applied for employment at \_\_\_\_\_  
(Candidate's Name)  
DSH-Atascadero for the position of \_\_\_\_\_. Please complete the lower portion of this form and return via fax no later than \_\_\_\_\_.

**TO BE COMPLETED BY HR DESIGNEE/CANDIDATE'S SUPERVISOR:**

1. Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Title/Classification: \_\_\_\_\_
2. Reason for Separation: \_\_\_\_\_  
If the candidate resigned, was there any Disciplinary Action(s) pending?     YES     NO  
If the candidate resigned, did they resign in lieu of a Disciplinary Action?     YES     NO
3. Was the candidate punctual/dependable?     YES     NO
4. Does the candidate have a positive working relationship with co-workers and management?     YES     NO
5. Does the candidate follow policies and procedures?     YES     NO
6. Has the candidate received Letters of Correction/Counseling's from supervisors in the past three years of employment?  
 YES     NO
7. Did the candidate have a performance report with a rating of "Improvement Needed" or "Unsatisfactory" in any factors?  
 YES     NO    If Yes, describe the factors and ratings: \_\_\_\_\_
8. Has the candidate received (or have any pending) disciplinary/adverse action(s)?     YES     NO
9. Is the candidate currently the subject of an investigation?     YES     NO  
  
If yes, please state the nature of the allegations: \_\_\_\_\_  
  
If yes, what is the anticipated completion date of the investigation? \_\_\_\_\_
10. Has the candidate previously been the subject of a **substantiated** investigation?     YES     NO  
  
If yes, please state the nature of the allegations: \_\_\_\_\_
11. Are there any other work related factors that we should consider in making a decision to hire this candidate?  
  
\_\_\_\_\_

**COMPLETED BY:**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_     Completed by phone     Completed by Official Personnel File Review