

INDIANA UNIVERSITY KOKOMO

TELEPHONE REFERENCE CHECK

Must be completed before applicant pool is approved. Completed copies to be returned to the Affirmative Action Officer, Faculty Liaison, and/or Vice Chancellor for Academic Affairs

Date Called: _____ Name of Applicant: _____

Name of Institution: _____ Telephone Number: _____

Person Contacted: _____ Title: _____

Dates of Employment: _____ Reason for Leaving: _____

Former Position: _____ Would You Re-hire: _____

If not, why: _____

Applicant's Strengths _____

Applicant's Weakness _____

How would you rate applicant's dependability, cooperation, initiative, ambition?

Is he/she team oriented or does he/she work best as an individual? _____

What did you think of the applicant's quality and quantity of work?

Are there areas where the applicant could use additional training/experience?

Additional Comments: _____

*Committee may change the questions, as long as questions are consistent with every applicant.