REFERENCE CHECK CONTACT FORM

Person filling out this form: ____________________________________________

Title or Position: _____________________________________________________

Applicant’s Name: ___________________________________________________

Position(s) Sought: ___________________________________________________

Reference’s Name: ___________________________________________________

Date of Contact: _____________________________________________________

Method of Contact (Phone, Email, Other): _____________________________

Contact Questions:

1. How do you know [Name] and for how long?

2. How would you describe his/her demeanor?

3. Based on your knowledge of [Name], do you have any reservations about his/her working with children?
4 Do you think [Name] possesses traits that would make him/her a good leader in the Church?

5 Are there any negative traits he/she possesses that you feel would hinder him/her from working as [Title or Position]?

6 Would you recommend [Name] for the position of _______________?

7 I there anything else you would like to say about [Name] or that you feel we should know?

Signature of interviewer: ___________________________________________

10/2017