

## Work Reference Request Form

### Position Applied for

Name of Applicant	
Job Applied for	

### Please Outline

Capacity in which you know the Applicant	
How long have you known the Applicant?	
Job held by Applicant	
Dates of Employment	
Reason for leaving	

Any current warnings/disciplinary action for performance, attendance or conduct? If Yes, please provide detail	Yes / No
Have you referred the Applicant to the DBS or any other regularity or professional body (If applicable)? If Yes, please provide detail	Yes / No

Would you re-employ the candidate? If no, why not?	Yes / No
Absence whilst in your employment	
Sickness Absence	Applicant has had ____ episodes of sickness absence in the past three years totalling ____ days
Parental Leave	Applicant has taken ____ days parental leave

Please provide an overview of the applicant's key duties & responsibilities whilst in your employment.

**Please assess against these performance criteria** (please tick (✓) as appropriate)

	Excellent	Good	Satisfactory	Variable	Poor
				(please expand below)	
Competence in the job					

Ability to work without supervision					
Attitude/ Co-operation					
Communication skills (oral & written)					
Professional Conduct					
Reliability					
Timekeeping					
Honesty/Integrity					

Please comment on the candidate's suitability for the post (refer attached job description) taking into account ability, professional and personal characteristics as well as managerial ability, if appropriate, and any other factors which you consider relevant.

Teamwork is paramount to the successful running of our facilities. In your opinion, has the candidate ever experienced any problems regarding relationships with others?

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Please use the space below, to provide any additional information you think may be relevant.

In signing this document, you agree that the information provided is a) accurate and b) unless you indicate to the contrary, you consent under the Data Protection Legislation to this information being disclosed to a third party such as the employee to whom this reference applies.

Please tick (✓) as appropriate.                      I agree                         I disagree   

<b>Name</b>	
<b>Company Name &amp; Address</b>	

<b>Position</b>	
<b>Date</b>	
<b>Signature</b>	

**VALIDATION REQUIRED**

For the reference to be valid one of the following must be provided:

- Company Stamp
- Letter head /compliment slip attached
- E-mail confirmation from a professional e-mail address

STAMP HERE / ATTACH LETTER HEAD HERE

