



District School Board of Pasco County
Office for Human Resources and Educator Quality
TELEPHONE REFERENCE CHECK

MIS Form #310
Rev. 2/15

Applicant		Name of Reference	
Position for which applicant is being considered	Location	Position held in relationship to applicant	
Reference checked by		Reference telephone number	

1. What are/were the applicant's responsibilities while working with you?
2. How would you assess his/her performance?
3. What are his/her strengths?
4. What are his/her weaknesses or areas of concern regarding job performance?
5. How was the applicant's record of attendance and punctuality?
6. How did he/she relate to colleagues and supervisors?
7. Do you know of any reason why this person should not work around children?
8. Would you hire/rehire this applicant?
9. Is there any other important information we should know?

Signature

Date