



Goldie B. Floberg Center
 58 W. Rockton Rd.
 Rockton, IL 61072
 (815) 624-8431
 Fax: (815) 624-8461

Pre-Employment Reference Check

Company or Personal Reference Name: _____

Contact Name/Title (work only): _____ Phone: _____

Candidate Authorization: I hereby authorize the above named reference to furnish the Goldie B. Floberg Center with any information regarding myself and my signature affirms that I release the person/company from any possible liability associated with this reference.

 Applicant Signature

 Date

 Print Name

 Soc. Sec. #

Office Use Only

The Goldie B. Floberg Center provides residential services for children and adults with disabilities. The applicant has applied for a position with our agency. Your cooperation in providing a character and/or work reference will be helpful in determining the suitability of the applicant. Any information will be appreciated and will be kept in strict confidence.

 Director of Talent

 Date

Work Reference

Personal Reference

EMPLOYMENT VERIFICATION

Employment Dates (MM/YY): _____

Position(s) held: _____

Reason for separation: _____

Eligible for rehire: Yes / No

If no, please list reason: _____

HR Representative: _____

Skill	Above Average	Average	Below Average
Initiative			
Quality of Work			
Reliability			
Sense of Responsibility			

How long have you known the individual?: _____

How do you know the individual? _____

Interview completed via phone: **Yes** **No**

Date of Interview: _____ Time of Interview: _____

Individual conducting interview: _____