

REFERENCE CHECK FORM

NAME: _____ DEPARTMENT _____
SSN: _____ POSITION TITLE: _____
DATE OF BIRTH: _____ RACE: _____ SEX: _____
CURRENT HOME ADDRESS _____
(physical address, no post office box #): _____

FORMER EMPLOYER (SU Supervisor must verify references):

Company Name: _____ Contact Name/No: _____
Dates Employed: _____ Job Title: _____
Rate of Pay: _____ Would Company Rehire? ___ Yes ___ No
Describe Job Performance: _____
No Information Provided by Company: _____

FORMER EMPLOYER:

Company Name: _____ Contact Name/No: _____
Dates Employed: _____ Job Title: _____
Rate of Pay: _____ Would Company Rehire? ___ Yes ___ No
Describe Job Performance: _____
No Information Provided by Company: _____

FORMER EMPLOYER:

Company Name: _____ Contact Name/No: _____
Dates Employed: _____ Job Title: _____
Rate of Pay: _____ Would Company Rehire? ___ Yes ___ No
Describe Job Performance: _____
No Information Provided by Company: _____

COMMENTS:

SOUTHERN UNIVERSITY
SUPERVISOR'S SIGNATURE (Type/sign)

DATE

This form must be completed, signed and submitted with the pre-employment documentation to Human Resources.