



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**APPLICANT REFERENCE CHECK**

Name of Applicant: \_\_\_\_\_

Name and Title of Person Giving Reference: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Job Title or Titles: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**QUESTIONS**

1. How would you characterize the applicant's attendance and punctuality?

Poor
Fair
Standard
Above Average
Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you characterize the applicant's communication/interpersonal skills with co-workers and the general public?

Poor
Fair
Standard
Above Average
Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How would you rate the applicant's ability to show initiative and work independently?

Poor
Fair
Standard
Above Average
Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How would you characterize this person's work performance while in your employ?

<input type="checkbox"/>	Poor
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Standard
<input type="checkbox"/>	Above Average
<input type="checkbox"/>	Excellent

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the applicant a team player?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the applicant act as a professional?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is this person eligible for rehire?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. To the best of your knowledge has this applicant ever been disciplined while at work?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has the applicant had to handle documents or materials that are confidential? If so, have you had any reason to question the applicant's ability to maintain confidential information?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant displayed any unethical or untrustworthy behavior?

<input type="checkbox"/>	YES
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any comments regarding the applicant's performance you would like to add?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_