



GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #601 A2

REFERENCE EVALUATION FORM

Applicant Information

Name: _____
Job Applied for: _____
Organization Name: _____

Reference Information

Name: _____
Phone: _____
Organization Name: _____
Relationship to Applicant: _____

Employment History

Employment Dates: From: _____ To: _____
Title of Position Held: _____
Salary: _____

What were their major responsibilities?

How would you rate the applicant on the Following? (Use Excellent, Good, Fair, or Poor.)

Quality of Work _____
Timeliness of Completed Work Assignments _____
Ability to Work Independently _____
Ability to Work with Others _____
Work Habits (Getting to work on time, observing office rules) _____
Attendance _____

What outstanding qualities did you observe, if any?

Would you rehire this person? Yes No
If no, why? _____

Please provide additional comments here.

Signature: _____ **Date:** _____