

**THE SCHOOL BOARD OF BROWARD COUNTY, FL
NON-INSTRUCTIONAL
TELEPHONE REFERENCE CHECK FORM**

Applicant Name: _____ Position Applied for: _____

Employer: _____ Employer's Phone #: _____

Name of Reference: _____ Title: _____

Relationship to Applicant: _____ Salary: _____

Applicant's Term of Employment: ____/____/____ to ____/____/____

Applicant's Reason for Leaving: _____

Is Applicant Eligible for Rehire? Yes No

If no, explain: _____

APPLICANT'S CHARACTERISTICS	COMMENTS
Quality of Work Performed	
Attendance/Punctuality	
Ability To Work Well With Others	
Work Ethic	

Additional Remarks: *(Strengths and weakness)* _____

Employment dates verified? Yes No

Signature

Title

Date