



HUMAN RESOURCES DEPARTMENT
P O BOX 2900, MOUNT GAY, WV 25637
PHONE: 304-896-7445 FAX: 304-792-7096

REFERENCE CHECK FORM

Applicants are to complete Section I in its entirety. Return these forms with your application. Southern West Virginia Community and Technical College will use these forms to verify past employment.

SECTION I

I voluntarily give Southern WV Community & Technical College permission to make a thorough investigation of my past employment and all other facts stated below. I authorize the release from liability or responsibility of all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record. I understand that this information will be viewed with confidentiality and with my full consent.

_____ Applicant's Signature _____ Date

Applicant Name: _____ Supervisors Name: _____

Social Security Number: _____ - ____ - _____ Employer Name: _____

Name used while employed here: _____ Street Address: _____

Employed from: _____ (mm/yyyy) To: _____ (mm/yyyy) City, State, Zip: _____

The person shown above has completed an application for employment with Southern WV Community & Technical College and has listed you as a former employer. Please take a few minutes and complete Section II and return it at your earliest convenience to the address show above. This information will be held in the strictest confidence.

SECTION II

Position held while employed with you _____

Are the dates shown above correct? Yes No

If not, please list correct dates: From _____ To _____

Re-employ? Yes No If not, why? _____

Reason for Separation: _____

Factors	Exceptional	Above Average	Satisfactory	Fair	Unsatisfactory	Unable to Evaluate
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

_____ Signature _____ Title _____ Date _____



**SOUTHERN WEST VIRGINIA
COMMUNITY AND TECHNICAL COLLEGE**

**HUMAN RESOURCES DEPARTMENT
P O BOX 2900
MOUNT GAY, WV 25637**

**EQUAL OPPORTUNITY
EMPLOYER INFORMATION**

PHONE: 304-896-7445 FAX: 304-792-7096

Title(s) of Position(s) Applying for:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; text-align: center;">1.</td><td style="height: 20px;"></td></tr> <tr><td style="text-align: center;">2.</td><td style="height: 20px;"></td></tr> <tr><td style="text-align: center;">3.</td><td style="height: 20px;"></td></tr> </table>	1.		2.		3.	
1.							
2.							
3.							
<p>To the Applicant: This information will not be viewed by the employing supervisor or committees, but will be retained in a central file for statistical purposes only. Completion of this form is strictly voluntary. The information is used to complete periodic governmental reports related to our hiring activities and applicant flow to meet Federal reporting requirements.</p>							
<p>Name (last, first, middle, maiden): _____ Social Security Number : ____ - ____ - ____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p>Date of Birth: Month ____ Day ____ Year ____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Handicap: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe handicap and any special work limitations that will aid in your consideration for suitable Placement: _____</p> <p>Race/Ethnic Identification:</p> <p><input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Alaskan Native</p> <p>Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged Date: Month ____ Day ____ Year ____ <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran</p> <p>U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
<p>How did you learn about the vacancy?</p> <p><input type="checkbox"/> Saw job announcement. Where? _____</p> <p><input type="checkbox"/> Newspaper. Name of publication: _____</p> <p><input type="checkbox"/> Professional journal. Name of publication: _____</p> <p><input type="checkbox"/> Referred by an employment agency/placement office. Name: _____</p> <p><input type="checkbox"/> Want to be associated with Southern. Why? _____</p> <p><input type="checkbox"/> Encouraged by a friend/relative. Name: _____</p> <p><input type="checkbox"/> Referred by a present or former Southern employee. Name: _____</p> <p><input type="checkbox"/> Referred by a high school, technical, trade, college, etc. Name: _____</p> <p><input type="checkbox"/> Southern's Web Page _____</p> <p><input type="checkbox"/> Southern Television Channel _____</p> <p><input type="checkbox"/> Other Web Page. Name: _____</p> <p><input type="checkbox"/> Other. Explain: _____</p>							
<p>I certify that I fully understand the purpose in obtaining the above information and I further certify that my responses are true to the best of my knowledge.</p> <p>_____ Signature</p> <p>_____ Date</p>							

Return this form to the Human Resources Department at the address show above.