



**HUMAN RESOURCES DEPARTMENT**  
**P O BOX 2900, MOUNT GAY, WV 25637**  
**PHONE: 304-896-7441 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 \_\_\_\_\_

Supervisor's Record of Reference Check (on reverse side)



**SOUTHERN WEST VIRGINIA  
COMMUNITY AND TECHNICAL COLLEGE**

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

**EQUAL OPPORTUNITY  
EMPLOYER INFORMATION**

**PHONE: 304-792-7048 FAX: 304-792-7096**

Title(s) of Position(s) Applying for:

1.	
2.	
3.	

**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.

Name (last, first, middle, maiden): \_\_\_\_\_ Social Security Number : \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Sex: ☐ Male ☐ Female

Handicap: ☐ Yes ☐ No

If yes, describe handicap and any special work limitations that will aid in your consideration for suitable Placement: \_\_\_\_\_

**Race/Ethnic Identification:**

☐ White (not of Hispanic origin)

☐ Hispanic

☐ American Indian or

☐ Black (not of Hispanic origin)

☐ Asian or Pacific Islander

Alaskan Native

Veteran: ☐ Yes ☐ No Discharged Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

☐ Special Disabled Veteran ☐ Vietnam Era Veteran

U.S. Citizen: ☐ Yes ☐ No

**How did you learn about the vacancy?**

- ☐ Saw job announcement. Where? \_\_\_\_\_
- ☐ Newspaper. Name of publication: \_\_\_\_\_
- ☐ Professional journal. Name of publication: \_\_\_\_\_
- ☐ Referred by an employment agency/placement office. Name: \_\_\_\_\_
- ☐ Want to be associated with Southern. Why? \_\_\_\_\_
- ☐ Encouraged by a friend/relative. Name: \_\_\_\_\_
- ☐ Referred by a present or former Southern employee. Name: \_\_\_\_\_
- ☐ Referred by a high school, technical, trade, college, etc. Name: \_\_\_\_\_
- ☐ Southern's Web Page \_\_\_\_\_
- ☐ Southern Television Channel \_\_\_\_\_
- ☐ Other Web Page. Name: \_\_\_\_\_
- ☐ Other. Explain: \_\_\_\_\_

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Revised 8/2004