



WRITTEN REQUEST FOR A REFERENCE (CONFIDENTIAL)

TO THE APPLICANT: Reference checks are a part of Lamar Institute of Technology's hiring Policy. Your signature in the space below indicates your permission for the release of information concerning your employment history and/or background.

Applicant's Name *(please print)*

Signature

Date

Do not complete any other information on this form

Position Applied For: _____ Position Number: _____

Type of Reference checked: ☐ Professional ☐ Former Employer

Name & Title of Reference Contacted: _____

Company Name of Reference *(if applicable)* _____ Date: _____

	Excellent	Above Average	Average	Below Average	NA
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment (Ability to Think Logically)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits (Accuracy, Promptness, Initiative, Reliability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Performance in Classroom or on the Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you employ or re-employ this individual?

Yes or No
(circle one)

If no, why would you not re-employ? _____

Name of Person Completing this Reference Check: _____
(Please Print)

(Signature)

Date: _____

Hiring Manager or Search Committee Chair:
(If different than person completing the Reference Check)

(Signature)

Date: _____