



REFERENCE CHECK AND INTERNAL APPLICANT SELECTION FORM

995 Worthington Street, Springfield, MA 01109
 Telephone (413)734-5376 FAX (413)737-7949

Applicants Name: _____

Date: _____

Name of Reference, Company, Capacity, (Supervisor, CoWorker, etc) How long acquainted, Desc of Job Responsibilities,/Duties	Attendance/ Punctuality	Quality/ Quantity of work	Relationships w/coworker/ Public/clients	Ability to learn new tasks	Other	Rehire?
Name: _____ Capacity: _____	Co: _____ How Long? _____					

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Name: _____ Capacity: _____	Co: _____ How Long? _____					
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