



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



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:

Table with 3 rows and 1 column for listing positions.

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 Alaskan Native
Black (not of Hispanic origin) Asian or Pacific Islander

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.