



Southeast New Mexico Community Action Corporation

Human Resources Department

1915 San Jose Boulevard

Carlsbad, New Mexico 88220-5462

(575) 887-3939 (888) 743-3428

Fax (575) 887-6357

www.snmcac.org

REFERENCE CHECK FORM

Instructions for the Applicant: Complete the top portion of this form. Sign and return it with your application. This form will be processed by the Human Resources Department and will be valid as the original.

Applicant's Name: _____ **SS#** **XXX-XX** _____ Last four (4) digits only

I have applied for employment with SNMCAC for the following position: _____
Consideration of my application depends on the receipt of your response. In advance, I appreciate your promptness. Your responses are CONFIDENTIAL and not shared with me. Thank you.

Applicant's Signature: _____ Date: _____
Applicant, please do not write below this line

Name of Company: _____ Phone: _____
Date Hired: _____ Date Resigned: _____

Instructions for the Addressee: Please complete form and return as soon as possible. Circle a rating for each factor.

1 – Unacceptable; 2 – Requires Improvement; 3 – Acceptable; 4 – Competent; 5 – Commendable; 6 – Superior; N/B – No Basis for Judgment

Factors	Rating Scale								Comments
PERSONAL QUALITIES									
General Appearance	1	2	3	4	5	6	N/B		
Attendance	1	2	3	4	5	6	N/B		
Cooperation	1	2	3	4	5	6	N/B		
Initiative	1	2	3	4	5	6	N/B		
Job Knowledge	1	2	3	4	5	6	N/B		
Quality of Work	1	2	3	4	5	6	N/B		
Integrity	1	2	3	4	5	6	N/B		
Demonstrates maturity/tact	1	2	3	4	5	6	N/B		
Good judgment/common sense	1	2	3	4	5	6	N/B		
Organizational skills	1	2	3	4	5	6	N/B		
Complies with policies/procedures	1	2	3	4	5	6	N/B		
Provides loyal support	1	2	3	4	5	6	N/B		
Interpersonal skills	1	2	3	4	5	6	N/B		
Motivated	1	2	3	4	5	6	N/B		
Effective communication skills	1	2	3	4	5	6	N/B		
Planning skills	1	2	3	4	5	6	N/B		
Positive attitude	1	2	3	4	5	6	N/B		
Teamwork	1	2	3	4	5	6	N/B		
Leadership skills	1	2	3	4	5	6	N/B		
Overall rating of this individual	1	2	3	4	5	6	N/B		
Comments:									

Your observations were made as the applicant's: Supervisor ___ Co-worker ___ Teacher ___ Friend ___ Other ___
Applicant's position? _____
Would you rehire the applicant? Yes ___ No ___

Signature: _____ **Title:** _____ **Date:** _____



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