

**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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