

REGULATION

PERSONNEL

6017.2

Board of Cooperative Educational Services
Madison-Oneida Counties
Verona, NY 13478

Applicant Telephone Reference Sheet

Applicant's Name

Position Applied for

Name of Respondent

Relationship to Applicant

Respondent Phone Number(s)

Length of Time Respondent has known Applicant Years Months

1. Would you recommend this person for the job we are offering?

2. Would you rehire the applicant?

3. Can the applicant independently manage time and work successfully?

4. Are there any concerns that we should be aware of in considering this person for this job? (e.g. absences, attitudes, trouble in background)

5. How would you rate this individual?

6. How would you describe their personality?

7. Do you find the applicant helpful to customers?

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8. Does the applicant communicate well with others?

9. Do you believe the applicant is a team player?

Summary Statement:

Date

Signature of Appropriate Administrator

Madison-Oneida Board of Cooperative Educational Services

Adopted: 12/1/85

Promulgated: 07/12/12, 09/06/12