



District School Board of Pasco County  
Office for Human Resources and Educator Quality  
**TELEPHONE REFERENCE CHECK**

MIS Form #310  
Rev. 2/15

<b>Applicant</b>		<b>Name of Reference</b>
<b>Position for which applicant is being considered</b>	<b>Location</b>	<b>Position held in relationship to applicant</b>
<b>Reference checked by</b>		<b>Reference telephone number</b>

1. What are/were the applicant's responsibilities while working with you?
2. How would you assess his/her performance?
3. What are his/her strengths?
4. What are his/her weaknesses or areas of concern regarding job performance?
5. How was the applicant's record of attendance and punctuality?
6. How did he/she relate to colleagues and supervisors?
7. Do you know of any reason why this person should not work around children?
8. Would you hire/rehire this applicant?
9. Is there any other important information we should know?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date