

MARICOPA COMMUNITY COLLEGES
FACULTY TELEPHONE REFERENCE/VERIFICATION

Requisition #:

Position applied for:

NOTE: Try to speak with applicant's supervisor; be sure the individual you talk to has a factual basis for his/her comments.

Applicant's Name _____

Position Held _____

Company Contacted _____

Person Contacted _____

Title of Person Contacted _____ Phone # _____

Employment Dates from _____ to _____ FT ___ PT ___

Duties _____

Reason for leaving _____

	Outstanding	Satisfactory	Fair	Unsatisfactory	N/A
Plan and Organize	___	___	___	___	___
Interpersonal Relations	___	___	___	___	___
Leadership Skills	___	___	___	___	___
Communications Skills	___	___	___	___	___
Supervisory or Administrative Skills	___	___	___	___	___
Teaching Skills	___	___	___	___	___
Attendance	___	___	___	___	___

Number of people supervised _____ how long _____

Proficiency of hardware, software, office machines: _____

What are their strengths and weaknesses? _____

Would you rehire? _____ If no, Why? _____

Additional comments: _____

Signature _____ Date _____