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| Organization Contacted | | | | | | | | |  | | | | | | | | | | | | | | | Phone Number | | | | | |  |
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| Person Contacted | | | | | | |  | | | | | | | | | | | | | | | | | Position | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | | | | | | | | gave your name as a current/former | | | | | | |
|  | employer. What were the dates of employment? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| From | | |  | | | | | | | | | | | to | |  | | | | | | | | Hrs. per week | | | | |  | |
|  | | | mo/day/yr | | | | | | | | | | |  | | mo/day/yr | | | | | | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | What position was held? (a) at time of employment | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | (b) when applicant left | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| 3. | Earnings $ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. | Supervisory duties? | | | | | | | | |  | | | | | If yes, how many supervised, and what were the duties? | | | | | | | | | | | | | | | |
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| 5. | Work Rating: Quality of Work (accuracy, judgement, initiative, etc.) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| 6. | Applicant's main job responsibilities? (Duties for which the employee spent 50% or more time performing) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other duties: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. | How are these responsibilities considered by your organization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Professional | | | | |  | | | | | | | | Paraprofessional | | | | | |  | | | | | Clerical | | | |  | | |
| Professional-Administrative | | | | | | | | | | | |  | | | | | | Technical | | | |  | | | Other | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Were any disciplinary actions taken against the applicant? | | | | | | | | | | | | | | | | | | | |  | | | | | | If yes, please explain | | | |
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| 9. | Does/Did the applicant's absenteeism affect his/her performance or productivity of the unit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please explain | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 10. | | How well does/did the applicant get along with supervisor(s) and co-workers? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 11. | | Overall strong points | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | Overall weak points | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Checked by: | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |  |
| Name | | | | | | | | | | | | | | | | | Title | | | | | | Date | | | | | | | Phone # |