

# Missouri State<sup>™</sup>

U N I V E R S I T Y

## APPLICANT REFERENCE CHECK FORM FOR NON-EXEMPT POSITIONS

Office of Human Resources  
901 South National Ave.  
Springfield, MO 65897  
Telephone: (417) 836-5102 Fax: (417) 836-6789

Name of Applicant: \_\_\_\_\_

Date of Reference Check: \_\_\_\_\_

Former Employer/Telephone Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position Held: \_\_\_\_\_

Attendance Good: Yes No \_\_\_\_\_

\_\_\_\_\_

Good Attitude: Yes No \_\_\_\_\_

\_\_\_\_\_

Cooperative: Yes No \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_

Would you recommend him/her for employment at Missouri State University? Yes No

(Continued on reverse side)

Computer Skills:

Microsoft Word: Yes No  
Microsoft Excel: Yes No  
Microsoft Access: Yes No  
PowerPoint Yes No

WEB Page Updating/  
Development: Yes No

Other: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

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Reference completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_