



Economic Opportunity Council of Suffolk, Inc.

31 West Main Street
3rd Floor- Suite 300
Patchogue, NY 11772
Tel. (631) 289-2124 EXT 126 FAX (631) 289-2538

Pre-Employment Business Reference Check Form

Date: _____

Employment Contingent upon *Completion* of Reference Check

CANDIDATE'S NAME:		REQUESTED BY: Anna Maddux
HIRING DEPT:	POSITION SOUGHT:	INTERVIEWED BY:

ORGANIZATION NAME & LOCATION:	CANDIDATE'S DATES OF EMPLOYMENT CONFIRMED AS: FROM: _____ TO: _____
CANDIDATE'S LAST JOB TITLE CONFIRMED AS:	END OF EMPLOYMENT REASON CONFIRMED AS:
ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ANY DOCUMENTED <i>CONCERNS</i> ABOUT:	YES**	NO
ATTENDANCE, PUNCTUALITY OR RELIABILITY OTHER THAN FOR LEGITIMATE MEDICAL OR FAMILY LEAVE REASONS?		
INTEGRITY OR EFFECTIVENESS IN HANDLING THE ORGANIZATION'S RESOURCES FOR WHICH THEY WERE RESPONSIBLE?		
INTREGRITY OR EFFECTIVENESS IN THE PROFESSIONAL INTERACTIONS FOR WHICH THEY WERE RESPONSIBLE?		
THE ABILITY TO ACCEPT RESPONSIBILITY OR MAINTAIN PRODUCTIVITY ON THE ASSIGNMENTS FOR WHICH THEY WERE RESPONSIBLE?		
THE ABILITY TO EXHIBIT MATURITY, COMPOSURE, OR PROFESSIONAL CONDUCT UNDER TYPICAL JOB STRESSES OR CHALLENGES?		
THE ABILITY TO ADAPT SUCCESSFULLY TO NEW OR CHANGING WORK SITUATIONS: PEOPLE, IDEAS, OR STRUCTURES?		
** IF YES TO ANY, NOTE REFEREE'S COMMENTS OR CONCERNS:		
OTHER COMMENTS ABOUT WHETHER YOU WOULD RECOMMEND THIS PERSON FOR THIS JOB?		
Person completing form:		
Telephone#:	Title:	

Please return ASAP as this is needed for employment.

Section 2

OFFICE USE: SENT TO DIRECTOR:

DATE RECEIVED:
VERIFIED BY:

EOC

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Please fax 631-289-2538 or email amaddux@eoc-suffolk.com if easier to submit. Thank you for your time.

Section 2

OFFICE USE: SENT TO DIRECTOR:

DATE RECEIVED:

VERIFIED BY:

7-19am