

## **Reference Check Form**

Posit	ion Title:	Recruitment Number:	
Appli	icant Full Name:		
Refer	rence 1: Current/Former Supervisor		
•	Reference Name:		
•	Relationship to Applicant:		_
•	Company/Organization:		_
•	Job Title:		
•	Email:		_
•			
•	Preferred Contact Method: ☐ Email [	□ Phone	
Refer	Reference Name:		_ _ _
Refer	rence 3: Colleague or Peer		
•	Reference Name:		
•	Relationship to Applicant:		_
•	Company/Organization:		_
•	Job Title:		_
•	Email:		_
•	Phone Number:		_
•	Preferred Contact Method: ☐ Email [	☐ Phone	



Consent	Statement:
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I authorize Western Oregon University to contact the above-listed references as part of the hiring process. I understand that the information provided will be used to assess my qualifications for the position.

Applicant's Signature: _	
Date:	