west virginia
DIVISION OF PERSONNEL

Employment Reference Request
Form B

Section 1 - Applicant-Provided Information:

Applicant Name: _____

Previous/Other Name if Used for This Position: _____

Position Title: _____

Position Type - Circle 1: Employee Volunteer Contractor

Other - (Please Explain): _____

Dates of Employment: From: _____ **To:** _____

Reason for Leaving: _____

Description of Duties: _____

_____

_____

Section 2 - Reference-Provided Information:

Employment Verification - Please circle the appropriate answer below.

1. How were you associated with the applicant? Coworker Supervisor HR Representative Other: _____
2. Can you confirm the applicant-provided job title is accurate? Yes No
3. Are the dates of employment provided above correct? Yes No
4. Was the separation: Voluntary Involuntary Unsure
5. Would you hire this person again? Yes Unsure Choose not to answer No
   If not, can you share the general reason? _____

Job Performance - On a scale from 1 to 5, where 5 means a strong yes, 3 means met expectations, and 1 means a strong no, please rate the applicant in the following areas.

1.	Quality of work:	1	2	3	4	5
2.	Productivity and time management:	1	2	3	4	5
3.	Attendance and punctuality:	1	2	3	4	5
4.	Ability to work independently:	1	2	3	4	5
5.	Ability to work as part of a team:	1	2	3	4	5
6.	Communication skills (verbal and written):	1	2	3	4	5
7.	Problem-solving and decision-making:	1	2	3	4	5

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Form B Continued

Workplace Behavior - On a scale from 1 to 5, where 5 means a strong yes, 3 means met expectations, and 1 means a strong no, please rate the applicant in the following areas.

1.	Demonstrated a positive attitude:	1	2	3	4	5
2.	Demonstrated flexibility and adaptability:	1	2	3	4	5
3.	Was respectful and professional:	1	2	3	4	5
4.	Handled feedback or criticism appropriately:	1	2	3	4	5
5.	Handled stress or difficult situations well:	1	2	3	4	5

Additional Comments: Please share any other information that would be helpful in evaluating this applicant.

Reference Signature (optional): **Date:**

Requesting Agency: _____

Address: _____

_____

_____

Agency Contact: _____

Phone Number: _____

Email: _____

FOR AGENCY USE ONLY: The DOP Employment References Policy is not applicable to classified-exempt positions, but appropriate agency application is strongly recommended.

FOR AGENCY USE ONLY: If the reference is completed via telephone/online meeting:
1) Complete the name and title [above] of the person providing the reference.
2) Advise that the responses are being recorded on this form.
3) Advise the reference provider that a copy will be sent to him/her in the mail.

Name of person documenting telephone reference: _____

Title: _____ Date: _____