

**OFFICE OF LGBTQ SERVICES
REFERENCE CHECK FORM**

Applicant's Name: _____

REFERENCE CONTACT INFORMATION

Name _____

Title/Occupation: _____

Address _____

Phone Number _____

REFERENCE COMMENTS

In what capacity have you known the applicant?

Have you supervised their work? If so, what were the applicant's job responsibilities?

What are the applicant's strengths?

What are some areas you feel are areas of growth and development for the applicant?

How does the applicant address situations of uncertainty (*e.g. change of supervisor, sudden changes in program of work, etc*)?

How much support from others does the applicant require (*e.g. do they need to work as a member of a team or require much supervisor oversight, or do they thrive working independently*)?

Is there anything else you would like to add?

Thank you for your time and assistance.