**EMPLOYMENT REFERENCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CONFIDENTIAL**  **WORCESTERSHIRE COUNTY COUNCIL**    **REFERENCE REQUEST** | | | | | | | | | | | | |
| POST APPLIED FOR: |  | | | | | | | Reference | |  | | |
| NAME OF APPLICANT: |  | | | | | | | REFEREE’S ORGANISATION | |  | | |
| NAME OF REFEREE: |  | | | | | | | | | | | |
| **EMPLOYMENT DETAILS:** | | | | | | | | | | | | |
| POSITION APPLICANT HELD WITHIN YOUR ORGANISATION: | | | | | | | | | | | | |
| DATES EMPLOYED: | From: | | | | | | To: | | | | | |
| PROFESSIONAL QUALIFICATIONS HELD, IF KNOWN: | | | | | | | | | | | | |
| BRIEF OUTLINE OF MAIN DUTIES AND RESPONSIBILITIES: | | | | | | | | | | | | |
| TO WHAT EXTENT IS/WAS THIS APPLICANT’S WORK SUPERVISED: | | | | | | | | | | | | |
| has the applicant ever been subject to disciplinary action whilst in your employment or are there any disciplinary investigations pending or incomplete at the time they left? | | | | | | | | | | | | |
| TO THE BEST OF YOUR KNOWLEDGE, DID YOU FIND THE APPLICANT TO BE: | | | | | | | | | | | | |
| ***AREA OF ASSESSMENT*** | | | *Yes* | *No* | | *Comments* | | | | | | |
| Reliable | | |  |  | |  | | | | | | |
| Punctual/Good Timekeeper | | |  |  | |  | | | | | | |
| Trustworthy/Honest | | |  |  | |  | | | | | | |
| Self-Motivated/Shows Initiative | | |  |  | |  | | | | | | |
| Able to Meet Objectives/Deadlines | | |  |  | |  | | | | | | |
| What is your assessment of the following elements in relation to the applicant? | | | | | | | | | | | | |
|  | | | Excellent | | Good | | | | | Fair | | Poor |
| Quality of work | | |  | |  | | | | |  | |  |
| Quantity of work | | |  | |  | | | | |  | |  |
| Dedication to the job | | |  | |  | | | | |  | |  |
| Ability to work without supervision | | |  | |  | | | | |  | |  |
| Working relationships | | |  | |  | | | | |  | |  |
| ADDITIONAL COMMENTS ON THE ABOVE IF APPLICABLE: | | | | | | | | | | | | |
| How many days' sickness absence from work did the applicant have during his/her last 12 months' employment  with your organisation? | | | | | | | | | | | | |
| **PERSON/JOB SPECIFICATION REQUIREMENTS** | | | | | | | | | | | | |
| Please indicate your views on this applicant’s ability to perform the duties required for the post. Please include any knowledge you may have of this applicant’s skills and experience which you feel would be helpful in this post. | | | | | | | | | | | | |
| AREAS OF STRENGTH: | | | | | | | | | | | | |
| AREAS OF WEAKNESS/DEVELOPMENT NEED: | | | | | | | | | | | | |
| OTHER COMMENTS REGARDING APPLICANT | | | | | | | | | | | | |
| REASONS FOR LEAVING YOUR ORGANISATION, IF APPLICABLE: | | | | | | | | | | | | |
| WOULD YOU RE-EMPLOY THIS PERSON? | | | | | | | | | | | | |
| **As the work of this post involves working with children, other vulnerable groups or in a position of trust it is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. To the best of your knowledge, does the applicant have any unspent or unfiltered\* spent criminal convictions, cautions, reprimands or formal warnings? *\*Please see:*** [***www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates***](http://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates)***for information regarding filtering of convictions*.** | | | | | | | | | | | | |
| **SIGNED:** | | | | | | | **DATE:** | | | | | |
| **NAME:** | | | | | | | **POSITION:** | | | | | |
| ***Thank you for taking the time to complete these details. If you would like to make any other comments, please attach a separate sheet.*** | | | | | | | | | | | | |