



**Confidential Inquiry**

**PART I: To Be Completed By Applicant**

DATE: \_\_\_\_\_

*The person whose name appears below has applied for a position with Chimes, an Agency providing services for people with barriers to independent living, including intellectual and/or other disabilities. We would greatly appreciate your answering the following questions about this applicant. A release for this information is provided below:*

APPLICANT (Your Name): \_\_\_\_\_

First Name Middle/Maiden Name Last Name

POSITION APPLIED FOR: \_\_\_\_\_

Title Department

I HEREBY AUTHORIZE \_\_\_\_\_

(Name of supervisor And organization authorized to provide reference.)

Phone Number Of Supervisor \_\_\_\_\_

*to release information requested on this form and any other information regarding my employment history with you. I understand that this information will be used to evaluate my qualifications for employment with Chimes. By this authorization I hereby unconditionally release all parties and entities supplying information about me from any and all liability or claims or damages whatsoever that may result from the information's release, disclosure or use. I also acknowledge and agree that Chimes has the right to maintain confidentiality of any information disclosed by an individual or entity about me and that I have no right to examine or obtain access to such information.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*\***

**PART II: To Be Completed By Individual Providing Reference - For All Applicants**

Person contacted: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Applicant's Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

What were applicant's job title and primary duties? \_\_\_\_\_

Do you know of any history of physical abuse or neglect on the part of the applicant?  Yes  No If yes, please explain. \_\_\_\_\_

What was your relationship to the applicant? \_\_\_\_\_

How long did you supervise this person? \_\_\_\_\_

How would you compare him/her with others doing the work? \_\_\_\_\_

Strengths: \_\_\_\_\_

What areas could we help him/her improve in if hired? \_\_\_\_\_

If I were going to be his/her supervisor, what advice could you give me to help me to help him/her more effectively? \_\_\_\_\_

What motivates the candidate? \_\_\_\_\_

How ambitious is he/she? \_\_\_\_\_

How well does the candidate supervise others? \_\_\_\_\_

Can you give me your impressions on his/her management style? \_\_\_\_\_

Describe the candidate's success in motivating subordinates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Would you re-hire? \_\_\_\_\_

Would you recommend the candidate for this type of position? \_\_\_\_\_

What type of work is the candidate ideally suited for? \_\_\_\_\_

Were there any serious problems with the candidate that we need to be aware of before making a hiring decision? \_\_\_\_\_

**PART III: To Be Completed For Internal Applicants Only.**

On a scale of one (1) to five (5), with one being the lowest, how would you rate the applicant's overall quality of work. Examples?

Learn?	_____	Comment: _____
Accept responsibility?	_____	Comment: _____
Follow directions?	_____	Comment: _____
Take suggestions and criticism?	_____	Comment: _____
Be flexible?	_____	Comment: _____
Follow through?	_____	Comment: _____
Use initiative?	_____	Comment: _____
Prioritize tasks?	_____	Comment: _____
Work as a team member?	_____	Comment: _____
Pay attention to detail?	_____	Comment: _____
Exercise prudent judgment?	_____	Comment: _____
Organize time/projects?	_____	Comment: _____
Be punctual?	_____	Comment: _____
Attend work regularly?	_____	Comment: _____
Maintain work volume?	_____	Comment: _____
Demonstrate creativity?	_____	Comment: _____
Communicate effectively?	_____	Comment: _____
Meet deadlines?	_____	Comment: _____
Get along with coworkers?	_____	Comment: _____
Get along with managers?	_____	Comment: _____
Handle conflict situations?	_____	Comment: _____

**PART IV: To Be Completed By Individual Providing Reference - For All Applicants**

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_  
Signature Position or Title Date

Home Telephone Number: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_

PLEASE RETURN FORM TO: \_\_\_\_\_  
(Should you need additional information about this request, please contact the above-named person. Enclosed for your convenience is a self-addressed envelope.)

**Thank You For Your Cooperation And Prompt Reply**

**FOR OFFICE USE ONLY**

COMPLETED BY: <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> PHONE
REFERENCES CHECKED BY: _____ DATE: _____