

OFFICE OF HUMAN RESOURCES TELEPHONE REFERENCE CHECK

Applicant's Name: _____ *Social Security #: _____ Previous Employer: _____

Telephone Number: _____ Employer Address: _____

Began Work On: _____ Ended Work On: _____ Hours Worked Per Week: _____ Title: _____

Duties: _____

Reason for Leaving: _____ Eligible for Rehire: _____

Evaluative Comments (Strengths, weaknesses, number of employees supervised, amount of supervision required, attendance, etc.):

Name of person who provided information: _____ Department: _____ Date: _____

Name of person filling out this form: _____ Department: _____ Date: _____

Note: Verify required experience as stipulated in the advertised, required (basic) qualifications of the recruitment request. Please route this form to the Office of Human Resources once complete.

** Because of individual privacy concerns, Florida law requires state entities like the University of North Florida (UNF) to only collect and use Social Security numbers where collection and use of the Social Security number is required by law. Further, to protect the identity of those providing UNF their Social Security number, UNF maintains individual's protected personally identifiable information in compliance with Florida and/or federal law and issues all students, faculty, staff and those transacting business with UNF, a university-generated identification number ("N number") for use in UNF day-to-day operations. Additionally, Florida law (Section 119.071(5), Florida Statutes) requires that UNF provide individuals this notice identifying when and why UNF collects and uses Social Security numbers. For specific statutory authorization, please see http://www.unf.edu/uploadedFiles/anf/controllers/SSN_Statement%20UNE.pdf.*