

PROFESSIONAL REFEREE QUESTIONNAIRE

Employee Name: _____

Hire Date: _____

Exit Date: _____

Position on Exit: _____

Would you re-hire them on re-application? [Yes/No] _____

Do they have any outstanding obligation (financial or otherwise) to your organization? [Yes/No] _____

Would you recommend them to our company for employment? [Yes/No] _____

Mode of Exit (Please tick)

☐ Resignation☐ Abscondment☐ Retirement☐ Termination☐ Redundancy☐ Dismissal

Others _____

Kindly assess employee based on the parameters below:

	Excellent	Very Good	Good	Fair	Poor
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kindly share any other information that would be valuable to us _____

REFEREE DETAILS

Name _____

Designation _____

Signature, Date & Telephone No. _____

(Official stamp or seal is necessary to validate this form)