



Policy Name  <b>REFERENCE CHECKS</b>			Policy Number: <b>1020</b>
			Effective Date: <b>June 21, 1999</b>
Approved By: Management Committee	Drafted by: Director of Human Resources	Review Date: March 2018	Date Revised: <b>October 1, 2018</b>
Classification: Human Resources			Page No: <b>Page 1 of 6</b>

## POLICY

The Salvation Army Agapé Hospice will conduct reference checks on all applicants being considered for positions in order to check facts and confirm information which has been obtained from the resumé or the interview and to obtain new information and clarify the perceptions of the interviewer(s). Agapé Hospice can provide information on employee's performance when requested by the employee.

## PROCEDURE

1. Reference check authorization form must be completed and signed by the applicant.
2. Reference checks are undertaken by individual managers or designate on all candidates about to be selected for employment/placement by Agapé Hospice and are made before any formal employment/placement offer is made. Reference Check Questionnaire must be used.
3. Reference checks should be made by telephone or email to achieve greater flexibility and provide an opportunity for in-depth discussion. Information received from a telephone reference check is documented on an appropriate form.
4. Reference check forms for non-successful candidates are retained in the competition file. This competition file is destroyed after six months.
5. Written references provided directly by the employee do not replace the need for a telephone check.

## ATTACHMENT

- Reference Check Authorization Form
- Reference Check Questionnaire – Clinical
- Reference Check Questionnaire – Support Services



[www.SalvationArmy.ca](http://www.SalvationArmy.ca)



## AUTHORIZATION FOR REFERENCE CHECK

I, the undersigned, authorize The Salvation Army Agapé Hospice to request or verify information from individuals whose names I have provided for reference purposes on any or all of the following areas: work history, dates of employment, positions held, duties performed, quality/quantity of work, dependability/punctuality, absenteeism, strengths, areas for development, and **where applicable** clinical practice standards, charge responsibilities and team involvement

Name: \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return to Employee Relations, The Salvation Army Agapé Hospice, 1302 8<sup>th</sup> Avenue N.W., Calgary, Alberta – T2N 1B8, or fax to 403-284-1778

## REFERENCE CHECK - Clinical

Name of Candidate:

Position Applied for:

Name of Reference:

**Q** 1. Confirm work history, dates of employment, and position(s) held:

**A**

**Q** 2. Would you describe the duties performed by this individual while worked for you

**A**

**Q** 3. Would you describe the quantity of work performed by this individual – how did it compare with others in the department?

**A**

**Q** 4. Would you describe the quality of work performed by this individual – how did it compare with others in the department?

**A**

**Q** 5. Were there any issues with dependability, punctuality or absenteeism? If so, would you describe the types of concerns?

**A**

**Q** 6. What would you consider to be the strengths of this individual?

**A**

**Q**

7. Are there any areas for development with this individual – if so, would you describe them?

**A**

**Q**

8. Did you have any concerns with this individual's clinical practice standards and if so, what were they?

**A**

**Q**

9. Did this individual have the opportunity to be in charge or have leadership responsibilities? If so, would you describe the way in which these responsibilities were managed by her and how staff responded to her in this capacity.

**A**

**Q**

10. Would you discuss this individual's ability to participate as a member of a multi-disciplinary team; what was the level of involvement in the team?

**A**

**Q**

11. Additional Comments:

**A**

**Q**

12. Would you rehire this individual?  
a. If not, why not

**A**

## REFERENCE CHECK – Support Services

Name of Candidate:

Position Applied for:

Name of Reference:

**Q** 1. Confirm work history, dates of employment, and position(s) held:

**A**

**Q** 2. Would you describe the duties performed by this individual while worked for you

**A**

**Q** 3. Would you describe the quantity of work performed by this individual – how did it compare with others in the department?

**A**

**Q** 4. Would you describe the quality of work performed by this individual – how did it compare with others in the department?

**A**

**Q** 5. Were there any issues with dependability, punctuality or absenteeism? If so, would you describe the types of concerns?

**A**

**Q** 6. What would you consider to be the strengths of this individual?

**A**

Q

7. Are there any areas for development with this individual – if so, would you describe them?

A

Q

8. Did this individual have the opportunity to be in charge or have leadership responsibilities? If so, would you describe the way in which these responsibilities were managed by her and how staff responded to her in this capacity.

A

Q

9. Would you discuss this individual's ability to participate as a member of a multi-disciplinary team; what was the level of involvement in the team?

A

Q

10. Additional Comments:

A

Q

11. Would you rehire this individual?

a. If not, why not

A