|  |  |  |
| --- | --- | --- |
| **Desk Services Reference Form** | | |
| This Reference Form is to be completed by a **Previous Employer** and submitted by the Referee via email to [gtschd@uoguelph.ca](mailto:gtschd@uoguelph.ca) Attn: Joanne Mead |

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Position(s) Applying for:** | Guest Registration & Door Staff |

|  |
| --- |
| **Reference Information:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | |  | | | | |
| **Position:** | | | |  | | | | |
| **Phone Number:** | | | |  | | | | |
| **How long have you known the applicant**? | | | | | | | |  |
| **General Comments:** | | | |  | | | | | |
|  | |  |  | | | | | | |
|  | |  | | | | | | | |
| **Applicant’s Greatest Strength:** | | | | |  | | | | |
|  | |  | | | |  | | | |
| **Applicant’s Greatest Challenge:** | | | | | | |  | | |
|  | |  | | | |  | | | |
| **Why Do You Recommend This Applicant?** | | | | | | | |  | |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |
| --- | --- |
|  |  |

Please check the most appropriate category. In some instances, you may be “unable to judge”. Your honest evaluation of this applicant is greatly appreciated. All information will be held in strict confidence.

On a separate page, please elaborate on two of your Excellent or Good Ratings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristic** | ***Excellent*** | ***Good*** | ***Fair*** | ***Poor*** | ***Unable to Judge*** |
| Ability to handle detail |  |  |  |  |  |
| Ability to prioritize tasks |  |  |  |  |  |
| Ability to work with limited supervision |  |  |  |  |  |
| Accept direction, correction, feedback |  |  |  |  |  |
| Accuracy |  |  |  |  |  |
| Co-operation/Teamwork |  |  |  |  |  |
| Dependable |  |  |  |  |  |
| Honest |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |
| Written Communication |  |  |  |  |  |
| Perseverance |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Self Motivated/Initiative |  |  |  |  |  |
| Time Management |  |  |  |  |  |
| Organized |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

Please email this form to [gtschd@uoguelph.ca](mailto:gtschd@uoguelph.ca) Attn: Joanne Mead.