

## REFERENCE CHECK CERTIFICATION FORM

The CSU policy <u>HR 2017-17</u> requires SDSU to contact current and former employers to verify a candidate's work history and skills *prior to making a final offer of employment.* 

<u>Instructions:</u> A minimum of two (2) supervisor reference checks are to be completed by an SDSU designee. Using this form, document all references verified, beginning with the most recent employer, and sign the certification statement at the end of this form.

| Candidate Name  | :                     |                            |                     | Job ID#   |
|---|-----------------------|----------------------------|---------------------|-----------|
| Reference # 1:  | ☐ Favorable           | ☐ Not                      | Favorable           | □ Neutral |
| Name:   |                       |                            | Relationship to Car | ndidate:  |
| Contact Informat  | tion:                 |                            |                     |           |
| Date Contacted:   |                       |                            |                     |           |
| Notes:  |                       |                            |                     |           |
| Reference # 2:  | ☐ Favorable           | □ Not                      | Favorable           | ☐ Neutral |
| Name:   |                       | Relationship to Candidate: |                     |           |
| Contact Informat  | tion:                 |                            |                     | ·         |
| Date Contacted:   |                       |                            |                     |           |
| Notes:  |                       |                            |                     |           |
| Reference # 3 (o)   | ptional):   Favorable |                            | ☐ Not Favorable     | ☐ Neutral |
| Name:   |                       | Relationship to Candidate: |                     |           |
| Contact Informat  | tion:                 |                            |                     |           |
| Date Contacted:   |                       |                            |                     |           |
|   |                       |                            |                     |           |
|   |                       |                            |                     |           |
| Certification Statement:  |                       |                            |                     |           |
| I hereby certify that I have conducted the professional reference checks documented above, as per the CSU policy $\underline{\sf HR~2017-17}$ . |                       |                            |                     |           |
| Name:   |                       |                            | RED ID:             |           |
| Title:  |                       |                            | Department          | :         |
| Signature:  |                       |                            | Date:               |           |