



# ROSWELL INDEPENDENT SCHOOL DISTRICT

## HUMAN RESOURCES DEPARTMENT

PO BOX 1437 - 300 N. KENTUCKY - ROSWELL, NEW MEXICO 88201 - PHONE: (575) 627-2526 - FAX (575) 627-2524

### PROFESSIONAL STAFF HIRING BACKGROUND CHECK FORM

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

Person contacted: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to applicant:

Former employer - position: \_\_\_\_\_

District, business, or other entity: \_\_\_\_\_

Personal reference

Method of contact:  Telephone  Letter  Other \_\_\_\_\_

### QUESTIONS FOR EMPLOYERS

Dates of employment: \_\_\_\_\_

Position held: \_\_\_\_\_

Final rate of pay: \_\_\_\_\_

Was the person reliable?  Yes  No

If no, explain \_\_\_\_\_

\_\_\_\_\_

Was the person satisfactory?  Yes  No

If no, explain \_\_\_\_\_

\_\_\_\_\_

Any concern about the person being late to work without authorization?  Yes  No

If yes, explain \_\_\_\_\_

When you checked his/her references what did you learn? \_\_\_\_\_

Why did he/she leave the company? \_\_\_\_\_

Any concern with the abuse of leave policies (such as sick leave or personal leave)?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Any difficulty establishing communication and rapport with children?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Any difficulties in establishing communication and rapport with supervisors, parents, or community members?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Did the person ever receive a written counseling statement, letter of direction, or reprimand?  Yes  No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

Did the district ever consider taking action or take action to suspend, decline to renew, or dismiss the employee?  Yes  No

If yes, describe \_\_\_\_\_

\_\_\_\_\_

**Was there ever an allegation or complaint about:**

Abusive language?  Yes  No

Insulting or derogatory comments?  Yes  No

Inappropriate contact with a child?  Yes  No

Verbal or physical contact of a sexual nature?  Yes  No

Dishonesty?  Yes  No

Substance abuse?  Yes  No

Failure to provide adequate supervision?  Yes  No

Failure to follow reasonable directions or instructions?  Yes  No

If yes on any of the above, request explanation \_\_\_\_\_

Was the person ever involved in an accident that resulted in injury to an adult or child?  Yes  No

If yes, explain \_\_\_\_\_

Would you rehire this person?  Yes  No

Can you identify anyone else who could provide relevant information regarding the applicant's fitness for employment?

Is there any other information I have not asked about that would help us determine this person's eligibility, qualifications, and suitability for employment with our District?

**QUESTIONS FOR PERSONAL REFERENCE**

How long have you known the applicant? \_\_\_\_\_

What is the nature of your relationship? \_\_\_\_\_

Why do you think the applicant would be a good choice for this position?

Do you know of any reasons that could prevent the applicant from fulfilling the functions of the position? \_\_\_\_\_

**Background check form completed by** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Location** \_\_\_\_\_