



# Agency Referral Checklist

Please complete the following checklist as an initial indicator of your client’s suitability for employment at Oak Tree Labour Hire.

Your Name: .....

Agency Name: .....

Agency Branch: .....

Your Phone Number: .....

Your email address: .....

Client/Applicants name: .....

1. Does your client have their own reliable transport (NOT PUBLIC)? YES / NO

2. Does your client own steel capped boots at present? YES / NO

3. Is your client contactable by phone? YES / NO

Landline                      Cellphone                      Both

4. Has your client had experience in working as part of a team? YES / NO

Please give examples

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.....

5. Is your client physically fit and strong? YES / NO

6. Is your client self motivated? YES / NO

Please give examples

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.....

7. Have you given your client the Employment Application Form (Download from [www.oaktreelabour.co.nz](http://www.oaktreelabour.co.nz)) YES / NO

I have assessed the above client on the following criteria and in my opinion would recommend them as a suitable candidate for employment at Oak Tree Labour Hire.

Signed .....

Date: .....

Please Fax to: 03 349 4066 Christchurch or 09 579 6072 Auckland