## E. Reference form

## **DHR-CDC-1948**

## REFERENCE FORM

To				Date:	
To:(Reference Contact)		_			
Address:					
(Street) (City)		(State)	(2	Zip Code)	
	has a	applied to	work i	n a child care facility as a	
(Name of applicant)		T F	.,		
	e/she has g	given your	r name	as a person to be contacted f	or
(Position) information regarding his/her chaprospective job performance. Please comments that could be helpful. You	se answer	the follow	wing q	uestions and provide any add	
1. How long have you known this p	person?				
2. What is/was your relationship w	ith this pe	rson? (frie	end, en	nployer, pastor, neighbor, etc	:.) _
3. In your opinion, is this person:		Co	ommen	ts:	
-	□ No □				
Honest? Yes D	□ No □				
Even-tempered? Yes D	☐ No ☐.				
4. To your knowledge, does this pe	rson:		C	omments:	
Use drugs?	Yes □	No □			
Drink excessively?	Yes □				
Use abusive language?	Yes □	No □.	_		
5. If you are/were an employer of the quality of the work he/she per employment, if applicable?	-		•	<u>.</u>	
					_
					_
6. If you have young children, w	zould vou	leave vo	our ow	n child/children in the care	of this
person? Yes □ No □	•	ease expla		. chira, chiraren in the cure	or till

7. To your knowledge, does this per particularly suitable to care for children	-	
8. Do you know of any reason why thi Yes □ No □ If	s person might not be f yes, please explain.	
9. If you have any additional common considering his/her application for emp	_	
Signature	Date	Telephone number
Address of facility: Street: City:	rility:Ziţ	o Code:
If you prefer <b>not</b> to provide a reference the address above.		se sign here and return this form to
Signature	Date	