

E. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)

as a _____. He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person:

Dependable? Yes ☐ No ☐

Honest? Yes ☐ No ☐

Even-tempered? Yes ☐ No ☐.

Comments: _____

4. To your knowledge, does this person:

Use drugs? Yes ☐ No ☐

Drink excessively? Yes ☐ No ☐

Use abusive language? Yes ☐ No ☐.

Comments: _____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes ☐ No ☐ If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes ☐ No ☐ Please explain.

8. Do you know of any reason why this person might not be suitable to care for children?
Yes ☐ No ☐ If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of child care facility (home/center): _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: () _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date