

**F. 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:                      Comments: \_\_\_\_\_  
Dependable?      Yes  No  \_\_\_\_\_  
Honest?            Yes  No  \_\_\_\_\_  
Even tempered?    Yes  No  \_\_\_\_\_

4. To your knowledge, does this person:                      Comments: \_\_\_\_\_  
Use drugs?            Yes  No  \_\_\_\_\_  
Drink excessively?    Yes  No  \_\_\_\_\_  
Use abusive language? Yes  No  \_\_\_\_\_

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: Charlotte Ray

Name of child care facility (home/center): Trinity Child Development Center

Address of facility:

Street: 1400 Oxmoor Road

City: Homewood

State: Alabama Zip Code: 35209

Telephone Number: (205) 879-1749

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

\_\_\_\_\_  
Signature Date