E. Reference form

DHR-CDC-1948

	RE	FERENCE FO	DRM	
_			Date:	
To:				
(Reference Cont	act)			
Address:				
	City)	(State)	(Zip Code)	
		(State)	(21) (0000)	
	has app	lied to work in	a child care facility (ho	ome or center)
(Name of applicant)	Ча	/sha has given	vour nome es e norsen f	o ho
as a(Position)	пе	she has given	your name as a person (
contacted for information previous or prospective additional comments that	n regarding his/h job performance	ner character, su . Please answe	uitability to work with our the following question	children and ns and provide any
	_	_	_	
1. How long have you l	known this perso	n?		
2. What is/was your rel	ationship with th	is person? (frie	end, employer, pastor, n	eighbor, etc.)
3. In your opinion, is th	is person:	Co	mments:	
Dependable?	-			
Honest?	Yes 🗖 No	o 🗖 📃		
Even-tempered?	Yes 🗆 No	o □		
4. To your knowledge,	does this person.		Comments	
Use drugs?	-	s 🗆 No 🗆	Comments:	
Drink excessivel				
Use abusive lang				
5. If you are/were an ent the quality of the work h employment, if applicable	ne/she performed		V 1 1	
employment, if applicat	ole?			
6. If you have young ch	•	•		care of this
person? Yes \Box N	lo□ If n	no, please expla		

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

		on why this person might not b If yes, please explain.	
		l comments about this person y on for employment in a child c	
	<u> </u>	Dife	Taladaman
		Date	Telephone number
	Signature	Duc	i elephone number
Ple	ase return this form to: Name of person requ Name of child care fa Address of facility:	esting information: acility (home/center):	-
Ple	ase return this form to: Name of person requi Name of child care fa Address of facility: Street: City:	esting information:	-

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

Signature

Date