

Reference Request

4410 W. Union Hills Dr., #7
 Glendale, AZ 85308
 (602) 301-6673
 Email: Advanced.Independence@cox.net



This reference request should be provided to a person who has personal knowledge about your employment history, education or character. References from family members are **PROHIBITED**. Please fill in you name below and give to your reference. Please return this at the time of your interview.

Applicant Last Name	First Name	Middle Initial

Person Providing Reference

Please complete the questions listed below keeping in mind that Home and Community Based Services may be performed unsupervised with people with developmental disabilities. Your time and effort in completing this form is appreciated and strict confidence will be observed.

Last Name	First Name	Middle Initial	Daytime Phone # ()
Street Address			Evening Phone # ()
City/State/Zip Code			How long have you known applicant? Years _____ Months _____
Type of acquaintance (circle all that apply) <input type="checkbox"/> Supervised applicant <input type="checkbox"/> Worked with applicant <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Other: _____			If this person was an employee, would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Why Not, if no: _____

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristics and/or special training/education the applicant may have for working with these individuals.

How would you describe the applicant's communication style? _____

Is the applicant a self-starter, capable of working independently? Yes No

Would you recommend the applicant for a management position? Yes No

Indicate if you have any reason that the applicant would not be well suited to provide services to individuals with disabilities. _____

Additional comments: _____

Person's signature providing reference:			Date:
FOR OFFICIAL USE ONLY			
Interviewed by phone? Yes or No	Date:	Interviewer Name	Interviewer Signature