CAREGIVER REFERENCE

(Name of Applicant)

(Name/Address of Family Day Home)

has applied for a position providing child care to children at the above family day home. Please answer the following questions to help determine the eligibility of the applicant for employment.

1. How long have you known the applicant? ________________________________

2. How have you known the applicant?
   Friend    Neighbor     Other: ________________________________

   (In answering the following questions, please provide comments or examples).

3. Does the applicant demonstrate:
   (a) An ability to relate to children with courtesy, respect, patience, and affection?

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   (b) An ability to understand and respect the families of children in care?

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

   (c) An ability to speak, read, and write in English well enough to carry out assigned job responsibilities and communicate effectively with emergency responders?

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

4. Do you believe the applicant to be physically and mentally capable of carrying out assigned responsibilities?

   ______________________________________________________

   ______________________________________________________

   ______________________________________________________

(4/22)
5. Do you believe the applicant to be a responsible and emotionally stable person of good character and reputation?


OTHER COMMENTS:


DATE: ______________ SIGNATURE: ________________________________
PRINTED NAME: _________________________________________________
ADDRESS: _______________________________________________________
PHONE: __________________________________________________________

If Reference Check Taken Over the Telephone:

Date(s) of Contact: _______________________________________________
Name of Person Contacted: __________________________________________
Firm Contacted: _________________________________________________
Signature of Person Who Obtained Reference: _________________________