

REFERENCE FORM

Applicant's Name: _____

Name/Address of child care program: _____

The above applicant has applied for a position providing care for children at a child care program. Please answer the following questions to help determine employment eligibility.

1. How long have you known the applicant? _____

2. How do you know the applicant?

Family Member? _____ Neighbor? _____ Friend? _____ Co-worker? _____ Other? _____

3. What observations have you witnessed between the applicant and children?

4. Does the applicant demonstrate the ability to be kind, patient and respectful of children and their families?

5. Do you think the applicant would provide adequate play and learning experiences for children daily?

6. Is the applicant able to communicate in English effectively with emergency responders as necessary to carry out assigned job responsibilities?

7. Do you believe the applicant to be a responsible person of good character and reputation?

Additional comments:



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Name of person completing the form: _____

Signature of person completing the form: _____

Address: _____

Phone Number: _____

Date: _____

You may use the back of this paper if you need more space to provide additional comments.

If completing by mail or email, please return the reference form in a sealed envelope to the applicant or child care program directly. Please call Arlington County Child Care Services Office at (703) 228-1685 if you have any questions.

For Phone Reference Checks:

Date(s) of Contact: _____

Name of Person Contacted: _____

Firm Contacted: _____

Signature of Person Making the Call: _____