



REFERENCE FORM

**This form is to be completed by person providing reference, NOT the Applicant.
Family members are not permitted to provide references for prospective employees.**

Name, Address and Phone of person providing reference:

Name _____
 Street _____
 Town _____ Home Phone _____
 State _____ Zip _____
 Daytime Phone (Cell or Work) _____

Name of person you are providing a reference for:

Applicants Name _____

Please answer the questions below to the best of your knowledge. All information will be treated with the strictest confidence. If you would prefer to discuss this reference verbally, please call the Director, James E. Kelly, at 914-949-2636. Thank you for your courtesy and cooperation.

Basis for Ratings and Remarks:

- 1) How long have you known the applicant? _____
- 2) Do you base your ratings on a personal, family, business, or professional relationship?

- 3) If candidate has been employed by you, please indicate:
 Dates of Employment _____
 Capacity in which employed _____
 Reason for leaving _____
 Would you rehire? _____

General Characteristics: (Check appropriate responses)

	CHARACTER TRAITS	NO OPINION	POOR	FAIR	GOOD	EXCELLENT
1.	Decision Making					
2.	Common Sense					
3.	Responsibility to obligations					
4.	Loyalty					
5.	Cooperation					
6.	Maturity					
7.	Emotional Stability					
8.	Leadership Qualities					
9.	Creativity					
10.	Reliability					
11.	Interpersonal Qualities					

****PLEASE COMPLETE REVERSE SIDE****

REFERENCE FORM (PART 2)

Applicants Name _____

If this person were an applicant for a position working with children, would you, without reservation employ him/her?

Yes _____

No _____

COMMENTS: _____

DATE: _____

(Signature)

(Title)

RETURN TO: PURCHASE COMMUNITY, INC.
3095 PURCHASE STREET
PURCHASE, NEW YORK 10577

OR FAX TO:
914-949-0955

OFFICE USE ONLY

DATE RECEIVED: _____

VERBAL VERIFICATION

DATE: _____ BY WHOM: _____

RESULTS: _____

Revised 11/2006