



REFERENCE REQUEST FORM

This reference should be provided by a person who has personal knowledge of your employment history, education or character and can attest to your ability to provide services.

I have applied for a position with Acacia Care, LLC. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment.

Applicant Name

Social Security #

Applicant Signature

Date

REFERENCE:

Name of person providing reference: _____

Address (No, Street, City, State, Zip): _____

Phone# _____ Fax # _____ Email Address _____

Length of time you have known the applicant: _____ Years _____ Months

Type of Acquaintance: _____

Indicate how you believe the applicant will relate to individuals with developmental Disabilities:

Describe your knowledge of any Characteristics and/or any special training/education that the applicant may have for working with these individuals:

Indicate if you have any reason to believe that the applicant would not be suited to provide services to individuals with developmental disabilities:

If the applicant was a former employee, would you re-hire this person? _____

Signature

Date