

EMPLOYMENT PROFESSIONAL REFERENCE FORM

Applicants must have references from **two (2) supervisors or co-workers** who are familiar with their work in a Developmental Disability setting. Also **three (3) other references not including family members** who can attest to your character and professional qualifications.

INSTRUCTIONS:

- Please type or print legibly.
- **APPLICANT** – Complete Part I, provide this form to your references with a return self-addressed envelope. Provide the completed form from your reference with your application materials or no later than 5 days of application date.
- **REFERENCE** – Complete Part II and return this form to the applicant sealed in the envelope provided to you.

PART I – APPLICANT

Name:

PART II – REFERENCE

Name:

Address:

STREET CITY STATE ZIP

Phone: () - EXT:

Other Contact Information:

Relationship to Applicant: SUPERVISOR CO-WORKER OTHER: _____

Date of Relationship: FROM: / /
mm/dd/yyyy mm/dd/yyyy

Professional Position When working with applicant:
Title:

Agency/Institution:

Address:

Recommendation: I Recommend Do Not Recommend This Applicant

Additional Comments:

(Please write any comments that would assist us in making a decision on this Applicant)

Reference Signature _____ Date: ___/___/____