

PERSONAL REFERENCE QUESTIONS

Name of applicant _____ Phone # _____

1. How long have you known this person? _____
2. What is your relationship with this applicant? _____
3. Do you know of any reason we might not want this person to work with people with mental or physical disabilities? _____ If yes, what is that reason? _____
4. Have you ever worked on a project with this individual? _____ If yes, did the applicant follow through with his/her portion of the duties or responsibilities? _____
5. How would you rate the quality of this applicant's contribution to the project?

6. In your experience with this individual, have you found him/her to be:

Reliable? _____ Patient? _____ Compassionate? _____

7. Please complete the following sentences with regard to this applicant:

- a. I would best describe this individual as

- b. This person's strengths include

- c. This person could be more effective if he/she worked to improve

8. Is there anything else you might be able to tell us about this individual that would help us to make an employment decision?

Person giving reference

Date

Request for Reference

Date: _____

Dear Reference Contact:

_____ has applied for a position with our organization. Due to the nature of our business, we are required to obtain references that not only verify information given to us by the applicant, but also address the applicant's performance and character. Please take a few moments to answer the following questions on the other side of this form and

mail: Human Resources, 2724 South Carey Street, Marion, IN 46953

fax: 765-664-6747

email: dalford@careyservices.com

The information you provide will be held in strict confidence.

Thank you for providing information. If I may be of assistance to you, please contact our office at (888) 668-8961.

Human Resources Department

Release of Information

I authorize Carey Services and its designated representatives to contact my current and former employers and references in order to investigate all pertinent information regarding my current and past employment and information contained on my application. I further authorize my current and former employers and personal reference to respond to the questions set forth by Carey Services and its designated representatives.

I am aware that Indiana law provides immunity to you and your organizations when you disclose information about me, unless disclosed was known to be false at the time of the disclosure.

In exchange for your cooperation, I hereby agree that I will not bring any suit or action against you or your organization, its officers or agents, for providing any requested information that is not known to be false at the time of providing it to Carey Services.

Printed Name

Date

Signature

SSN (optional)