## **Confidential Employment and Personal Reference Survey**

Applicant		Reference Name	Э		
Applicant Telephone Number		Reference Addre	ess		
Agency		Reference Telep	hone Number		
1. How long have you known the applicant?					
☐ 0 to 5 years ☐ 10 to 15 y	ears		20 to 25 yea	rs $\ \square$ 30 to 35 years	
☐ 5 to 10 years ☐ 15 to 20 years	ears		25 to 30 yea	rs	
2. In which of the following roles have you had a relations	ship with	n the applicant?	?		
☐ Relative ☐ Supervisor		Student		Fellow leisure participant	
☐ Friend ☐ Colleague		Doctor		Fellow volunteer	
☐ Neighbor ☐ Pastor		Lawyer		Fellow church member	
☐ Employer ☐ Teacher		Counselor		Fellow organization member	
3. In which of the following settings have you spent time with the applicant?					
☐ My home ☐ Neighborhood		School		Leisure Sites	
☐ Applicant's home ☐ Workplace		Social Events		Volunteer Sites	
☐ Others'homes ☐ Church	□ F	Hobby Sites		Organization meetings	
4. What is the length of the applicant's experience with p	ersons \	with developme	ental disabiliti	es?	
☐ 0 to 5 years ☐ 10 to 15 y	ears/		20 to 25 yea	rs	
☐ 5 to 10 years ☐ 15 to 20 years			25 to 30 yea	•	
5. The applicant may be responsible for dependably prov	/idina co	nsumer service	es and suppo	rts. including meeting with other	
<ol><li>The applicant may be responsible for dependably providing consumer services and supports, including meeting with other persons at scheduled times, and transporting the consumer to various locations.</li></ol>					
a. If you are an employment reference, please co	omplete	e the following	g:		
The applicant worked for me from	_ /	to	/		
The applicant was late for work:					
☐ 0 -1 time/month ☐ 2 -3 times/mo	onth	☐ 4 -5 tii	mes/month	☐ 6+ times/month	
The applicant was absent from work:					
☐ 0 -1 time/month ☐ 2 -3 times/mo	onth	☐ 4 -5 ti	mes/month	☐ 6+ times/month	
b. Does the applicant use illegal drugs?			□ Yes □	□ No □ Don't Know	
c. Has the applicant used illegal drugs in the past? ☐ Yes ☐ No ☐ Don't Know					
d. Does the applicant drive while under the influence of illegal drugs? ☐ Yes ☐ No ☐ Don't Know					
e. Does the applicant drink alcoholic beverages?					
f. Does the applicant drive under the influence of alcoholic beverages?					
g. How would you rate the applicant's ability to handle	stress?	f.			
Poor	6	7 8 9		Excellent	

6.	The applicant may be responsible for providing supportive services which encourage consumers to make individual choices. Please cite specific examples of your personal experiences, if any, with the applicant which demonstrate his/her strengths in the following areas:					
	Honesty:					
	Talananaa					
	Tolerance:					
	Cooperation:					
	Flexibility:					
	Determination:					
	Consideration:					
	CONSIDERATION.					
	Kindness:					
7.	Please describe any other activities, traits, or circumstances applicant's ability to provide consumers with a supportive fami					
Se tha		peculation. I understand the Department of Developmental gned information release form upon request. I also understand fall liability, damages, and legal claims related to my responses to				
	(Signature)	(Date)				