



CONFIDENTIAL REFERENCE REQUEST

To be completed by Applicant:

Please complete 2 forms. We are required to check 2 references.

Return this information with your application forms.

To: _____

Relationship to this person: _____ (work/cared for their family, friend etc.)

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I have applied to be a Respite Provider with the Nebraska Respite Network. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you reply to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment or relationship with you. Thank you for your assistance.

_____ (Applicant Signature)

Applicant Name: _____ Maiden: _____

TO BE COMPLETED BY REFERENCE:

How do you know this person? _____

Would you recommend or hire this person? _____

A reply within 10 days will be appreciated, or we will assume you do not recommend this person

Please check the appropriate rating	Above Average		Satisfactory		Below Average	Comments
	5	4	3	2	1	
Punctuality and attendance	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Appearance (Grooming)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Honesty	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Judgment	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Ability to care for elderly or disabled	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Performance of Duties	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Organization of time	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Ability to Accept Direction	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Compatibility with Others	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
Self Motivation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	

Additional Comments: _____

Information supplied by: _____

Signature: _____ Date: _____

Thank you,
 Sherri Blome, Respite Coordinator, WCHR, 300 Shelton St., Chadron NE 69337