



REFERENCE REQUEST

Please attach additional pages as necessary

This reference request should be provided to a person who has personal knowledge about your employment history, education or character. **References cannot be from family members.** Please fill in your name below and give to your reference.

Applicant's Name (Last, First, M.I.)

PERSON PROVIDING REFERENCE

Print Person's Name Providing Reference (Last, First, M.I.)

Address (No., Street, City, State, Zip)

Daytime Phone No.

State the length of time you have known the applicant

- Less than a year, 2-3 years, 4-5 years, 6-7 years, 8-9 years, 10 years or more

Type of Acquaintance (Check all that apply)

- Supervised applicant, Worked with applicant, Friend, Neighbor, Other

Select any of the following that apply to your feelings on how the applicant will relate to individuals with developmental disabilities.

- Reliable, Honest, Intelligent, Dedicated, Innovative, Motivated, Efficient, Team Player, Cooperative, Easy Going, Loyal, Lazy, Punctual, Antisocial, Rude, Mean, Moody, Below Average, Forgetful, Demanding

If the applicant was a former employee, would you rehire this person?

- YES, NO, N/A if No, why not?

By signing this document I hereby certify that all information in this reference form are true, correct and complete to the best of my knowledge.

Person's signature providing reference

Date

FOR OFFICE USE ONLY

Interviewed by phone? YES NO, Interviewed by: Date:

Honoring and Optimizing the Potential in Everyone

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