(Name of Applicant)

(Name/Address of Family Day Home)

has applied for a position providing child care to children at the above family day home. Please answer the following questions to help determine the eligibility of the applicant for employment.

1. How long have you known the applicant? ________________________________

2. How have you known the applicant?
   __Friend  __Neighbor  __Other:___________________
   
   (In answering the following questions, please provide comments or examples).

3. Does the applicant demonstrate:
   
   (a) An ability to relate to children with courtesy, respect, patience, and affection?
       __________________________________________________
       __________________________________________________
       __________________________________________________

   (b) An ability to understand and respect the families of children in care?
       __________________________________________________
       __________________________________________________
       __________________________________________________

   (c) An ability to speak, read, and write in English well enough to carry out assigned job responsibilities and communicate effectively with emergency responders?
       __________________________________________________
       __________________________________________________
       __________________________________________________

4. Do you believe the applicant to be physically and mentally capable of carrying out assigned responsibilities?

   __________________________________________________
   __________________________________________________
   __________________________________________________
5. Do you believe the applicant to be a responsible and emotionally stable person of good character and reputation?

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

OTHER COMMENTS:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

DATE: ________________ SIGNATURE: ________________________________________________

PRINTED NAME: ______________________________________________________________________

ADDRESS: __________________________________________________________________________

PHONE: ______________________________________________________________________________

If Reference Check Taken Over the Telephone:

Date(s) of Contact: _________________________________________________________________

Name of Person Contacted: ____________________________________________________________

Firm Contacted: _________________________________________________________________

Signature of Person Who Obtained Reference: ____________________________________________