

REFERENCE FORM – ASSISTANT DIRECTOR, MAIN STREET DAY CARE AND PRESCHOOL

Applicant's Name _____ Position Applied For _____

To: _____ Date: _____

(NAME OF REFERENCE)

The above applicant has applied for employment as Assistant Director of Main Street Day Care and Preschool and has given your name as a reference.

In order to consider this person for a position, the Personnel Committee of Main Street Day Care and Preschool requests that you complete this form by checking the spaces below that best describe the applicant. The information provided will be kept in the strictest confidence in accordance with the Privacy Act of 1976.

	Excellent	Good	Fair	Undesirable	Unknown
Honesty					
Truthfulness					
Loyalty					
Courtesy					
Dependability					
Cooperation					
Temperament					
Willingness to Work					
Attitude Toward Superiors					
Attitude Toward Peers					
Attitude Toward Children					
Organizational Skills					
Professional Appearance					
Communication Skills					
Interpersonal Skills					

If this applicant worked under your supervision, please answer the following:

Dates of Employment: From: _____ To: _____

Position Held _____ Duties _____

Other Comments _____

Reason for applicant leaving your employ _____

Does this individual have any habits or peculiarities likely to interfere with success in the above position? _____

If yes, please explain. _____

Would you rehire this individual? _____ If no, why not? _____

SIGNATURE _____ Date _____

POSITION _____ PHONE NUMBER _____

PLEASE MAIL REFERENCE FORM TO :

Dr. Lynn Cross, Personnel Chair
Main Street Day Care and Preschool
202 North Main Street
Suffolk, VA 23434