The Arc Gloucester
1555 Gateway Boulevard, West Deptford, NJ 08096
(856) 848-8648

EMPLOYER REFERENCE FORM (2)

PART I – TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____ Soc. Sec. #: xxx - xx -_____
First Middle Last

Applicant's Address: _____
Street City State Zip

The person named above has applied for a position of _____ with The Arc Gloucester. He/She requests and authorizes you to release references and appreciates your completion of the form below. This information is confidential and will become the property of The Arc Gloucester.

Applicant's Signature: _____ Date: _____

PART II – TO BE COMPLETED BY THE EMPLOYER

Type of Position held by the Applicant: _____

Applicant's Date of Service: From: _____ To: _____

If a former employee, please state reason for leaving: _____

PERFORMANCE CRITERIA – PLEASE CIRCLE ONE. (1) Excellent (2) Good (3) Satisfactory (4) Poor

Reliability	.....	1	2	3	4
Attendance	.....	1	2	3	4
Appearance	.....	1	2	3	4
Integrity	.....	1	2	3	4
Courtesy	.....	1	2	3	4
Maturity	.....	1	2	3	4
Quality of work	.....	1	2	3	4
Work productivity	.....	1	2	3	4
Initiative	.....	1	2	3	4
Skill proficiency	.....	1	2	3	4
Ability to organize work.	.....	1	2	3	4
Relationship with co-workers	.....	1	2	3	4
Attitude toward supervision	.....	1	2	3	4
Job knowledge	.....	1	2	3	4
Supervisory ability	.....	1	2	3	4
OVERALL PERFORMANCE	.....	1	2	3	4

Would you employ or re-employ? **YES** **NO** If no, please state reason: _____

Do you know any specific reason why this applicant would not make a desirable employee? **YES** **NO**
If yes, please state the reason: _____

****

Name of Person completing this form: _____ Title: _____

Signature: _____

Business Name: _____ Phone:_____

Business Address: _____

The Arc Gloucester
1555 Gateway Boulevard, West Deptford, NJ 08096
(856) 848-8648

PERSONAL REFERENCE FORM (1)

PART I – TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____ Soc. Sec. #: xxx - xx -_____
First Middle Last

Applicant's Address: _____
Street City State Zip

The person named above has applied for a position of _____ with The Arc Gloucester. He/She requests and authorizes you to release references and appreciates your completion of the form below. This information is confidential and will become the property of The Arc Gloucester.

Applicant's Signature: _____ Date: _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

PERSONAL QUALITY EVALUATION – PLEASE CIRCLE ONE.
(1) Excellent (2) Satisfactory (3) Acceptable (4) Not Acceptable

Maturity	.....	1	2	3	4
Integrity	.....	1	2	3	4
Stability / Composure	.....	1	2	3	4
Courtesy	.....	1	2	3	4
Cooperation	.....	1	2	3	4
Appearance / Poise	.....	1	2	3	4
Initiative / Creativity	.....	1	2	3	4
Alertness / Insight	.....	1	2	3	4
Reliability	.....	1	2	3	4
Perceptiveness	.....	1	2	3	4
Professional attitude	.....	1	2	3	4
Ability to communicate	.....	1	2	3	4
Sensitivity to the feelings of others	.....	1	2	3	4
Honesty in relationships	.....	1	2	3	4

Do you know of any specific reasons why this applicant would not make a desirable employee?

_____

_____

Additional Comments:

_____

_____

****

Name of Person completing this form: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____