



REFERENCE CHECK QUESTIONS

Candidate's Name: _____

Reference Check provided by: _____

Phone Number: _____

Organization: Fostering Hope, LLC.

Date: _____

1. How long have you known this person?

2. How do you know this person? Supervised ___ Worked together ___
Neighbor ___ Other ___ Friend ___

3. Describe your feelings on how you believe this person will relate to individuals with developmental disabilities. Include any special characteristics, training or education that this person has that you feel will be relevant to this line of work.

4. Do you have any reason to believe that this person would not be well suited to provide services to individuals with developmental disabilities?

5. If the applicant was a former employee, would you hire this employee again?

6. Do you feel that the candidate would work well with people with developmental disabilities?

Additional Comments:

Signature of person completing form: _____ Date: _____