



**Disability Development Resources, LLC**

**Prospective New Hire/Applicant Reference**

Instructions to applicants: Complete section 1 (highlighted in yellow) and then forward the form to your reference to complete the applicable sections 2 / 3. Electronic signature from applicant is acceptable.

**Reference will only be accepted with a written signature by the Reference. These may be scanned in and emailed to dlamoree@ddresources.com, faxed to 480-247-4756, or sent to 1356 E McKellips # 104 Mesa, AZ 85203**

**\*REFERENCES FROM FAMILY MEMBERS ARE PROHIBITED\***

**\*PLEASE USE BLACK INK AND WRITE LEGIBLY\***

**Section 1 – Applicant Only**

Applicant name:

Reference name:

Reference Contact Number:

Relationship of Reference to Applicant: Former Employer  Other  Please Explain:

How long have you known the reference? Years: Months:

**I hereby attest that the information that I have provided on this form is truthful and accurate.**

Applicant Signature:

Date:

**Section 2 - Former Employers Only**

Employment Verified: Yes  No  Dates of Employment: to

What were the responsibilities of the applicant while employed by you?

Why did the employment end?

Would you rehire the applicant? Yes  No  If no, why not?

**Section 3 - All References**

Have you observed the applicant interacting with individuals they have cared for?: Yes  No

Describe your observations:

Is the applicant a self-starter, capable of working independent of direct supervision?: Yes  No

How would you describe the applicant's customer service skills?

How would you describe the applicant's communication style?:

Would you recommend the applicant for a management position?: Yes  No

**I hereby attest that the information that I have provided on this form is truthful and accurate to the best of my knowledge.**

Reference Signature:

Date: