

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for a position within our company. It would be appreciated if you would take a few minutes to complete this form and verify their experience of working with young children. Once complete, please return this to Endless Mountain Learning Center, INC, ATTN: Jolene Conigliaro or you are welcome to return the form to the applicant. Thank you for your time.

1. Was this person engaged as a
	1. \_\_\_\_\_\_ Volunteer
	2. \_\_\_\_\_\_ Paid staff or babysitter
	3. \_\_\_\_\_\_ Other
2. Please tell us the period or service in which this person volunteered or was employed: Start Date (month/year) \_\_\_\_\_\_\_\_\_\_\_\_ End Date (month/year) \_\_\_\_\_\_\_\_\_\_\_\_
3. Please tell us the approximate number of hours per week this person was in direct care of children during the time frame noted above. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you feel that this person possesses the character, demeanor and skills to work with children? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Would you again engage this person in direct child care if the opportunity arises? \_\_\_\_\_\_
6. Do you feel this person is reliable, responsible, flexible and cooperative? \_\_\_\_\_\_\_\_\_\_\_\_\_
7. Is there anything you can add which would help in assessing this person’s suitability to work with children in our facility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM TODAY’S DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TITLE