

Center for Family Services, Inc. Reference/Employment Verification Form

Applicant's Full Printed Name: _____

Reference's Full Name & Company: _____

How Does The Reference Know The Applicant (relationship/previous work experience, etc.)?

_____ Date

Employed/Known: Fr:_____ To:_____

Position Title (if other please detail): _____

Salary:_____

Applicant's Experience Working with Youth?

Applicant's Ability to Work Independently?

Applicant's Skill/Level of Performance?

Applicant's Professionalism?

Applicant's Strengths/Weaknesses?
Strengths:

Weaknesses:

Problem Areas?

Other Pertinent Information?

-----For Internal Use Only-----

Verified By:_____ Date Completed:_____
(CFS Staff's Full Name and Title)