



REFERENCE CHECK FORM

Applicant's Name (Please Print)	Position Hired For	Site/Location
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Note To Individual Completing This Form:

Applicants of Catholic Charities must provide us with three (3) references, which describe the applicant's educational background, training, employment experience and personal qualifications for employment. ***This letter must be received prior to the Applicant starting work. Please complete the following information and mail or fax to the address checked below.*** We Thank You For Prompt Action. (You may add additional sheets to this form as needed)

Camp Happiness

ATTN: Katie Bildstein

7911 Detroit Avenue
Cleveland, OH 44102
Fax: 216-334-2905

Fatima Family Center Camp

ATTN: LaJean Ray

6600 Lexington Avenue
Cleveland, OH 44103-3235
Fax: 216-391-1118

St. Martin DePorres Camp

ATTN: Kevin Hodges

1264 East 123rd Street
Cleveland, OH 44108-4042
Fax: 216-268-0207

To Be Completed By The Person Providing The Reference:

Name: _____ Title: _____
Address: _____
Phone: _____

The applicant listed above has indicated that you could provide Catholic Charities with the following information:

How long have you known the applicant? _____

What is the nature of your relationship with the applicant (friend, employee, work associate, neighbor, etc.)?

If relationship is/was as an employee, please complete the following:

Dates of employment: From: _____ To: _____ Job Title: _____

Eligible for rehire? Yes _____ No _____ Reason for leaving the organization: _____

Would you, if you were in our place, hire him/her for the position? Please explain.

In your opinion, can this applicant work appropriately with persons of different races, ethnicities, gender or abilities?

In your opinion is the applicant dependable? _____

In your opinion, is the applicant a patient, caring and even-tempered individual? _____

If applying for a position working with children (as indicated by the box checked to the right) please answer these additional questions.

In your opinion, could the applicant work with multi-need children? _____

Would you allow the applicant to care for your children? _____

Do you know of any reason why we should not employ the applicant in the care and supervision of children?

Is there anything else that you would like to add? _____

Signature of Individual Providing Reference*

Date Reference Check Completed

*In Event of a Telephone Reference Check Name of Person Conducting Reference Check

Revised 03.08