	EMPLOYEE REF	ERENCE for:						
Dear								
The above named individual ages 3-4 years old, licensed complete the following refer	by Nassau County Dept	of Health. (S)he	has given yo	ur name as	an EMPLOY	EE reference	children e. Please	
1. How long was the appli	cant employed by you?							
2. What was the nature of	2. What was the nature of the job?							
3. Discuss the experience i	required for this job:							
4. How would you describ	e the applicant's relatio	nship with his/her	co-workers?					
5. Would you rehire this po	erson to work for you?	YES	NO					
6. From your knowledge, l	now well does he/she re	late to children?						
7. Areas of strength:8. Please rate the applicant			Areas of wea	kness:				
8. Please rate the applicant	t on the following merit	s:						
	Outstanding	Very Good	Good	Fair	Low	N/A	1	
	Outstanding	very dood	Good	1 an	Low	11/74	1	
1. Character								
2. Dependability								
3. Leadership								
4. Creativity								
5. Sensitivity								
6. Tolerance							1	
7. Communication8. Enthusiasm							_	
9. Manners							1	
10. Cooperation							_	
11. Team Player							1	
12. Follows instructions							-	
13. Seeks advice when necessary							1	
14. Works independently (without	t							
constant supervision)								
15.Punctuality								
16. Uses vacation, personal & sich time responsibly	k							
17. Overall performance of tasks							1	
To your knowledge, has the work with children or staff?					which would	l interfere wi	ith his/her	
Would you want this person	hired for the position he	e/she is being offe	red at Gan Is	rael? Why	or why not?			
Reference Signature:	Perence Signature: Date:							
	erence Printed Name: Company Name:							
Reference Address:								
Reference phone #:						&		
P	lease fax this form to 8				mail.com			
Sincerely yours,	or man to 2	083 Seneca Gate,	, wieffick, N	1 11500				
Chanie Kramer								
Director								

Comments: __

By:_____

For staff use only:
Contact Date:_____