

Reference Form

What is the name of the person who you are providing a reference for? (Please provide first and last names) *

How many years have you known this person? *

What are some of this person's strengths? *

What are some of this person's weaknesses? *

Would this person be a good fit to work with people with disabilities? *

What is your name? *

What is your phone number or email address?

May we contact you?

- ☐ Yes
- ☐ No

Date / Time *

Email

Submit

Thank you for taking the time and completing this reference form. The results will be sent directly to the HR department.