EMPLOYER REFERENCE FORM

Primary Caregiver Name: _____
Secondary Caregiver: _____

The above named caregiver's have previously worked in a child or elderly care role with your company. They are in the application process to ☐ Foster ☐ Adopt with our agency / department.

Please complete the prior service history questions below and return to:

A Release of Information from the caregiver(s) is attached.

Prior Service: ☐ Child Care ☐ Elder Care **Dates of Employment:** _____ **to** _____

Reason for Termination:

Description of Any Safety Related Infractions: (include dates, corrective action plan, and results)

Description of Any Care Related Infractions: (include dates, corrective action plan, and results)

Is the individual eligible for re-hire with your company? Please explain your answer.

Other Comments or Feedback (attach an additional page if necessary)

Completed By Name: _____ Title: _____
Phone Number: _____Email: _____
Company Name: _____ Date: _____