

Care Giver References

To:

Address:

Re: (name of applicant)

1. How long have you known the applicant and in what capacity?

2. When did s/he last care for your child(ren)?

3. Did s/he work full-time, part-time or short term (less than 3 months)?

4. Please give the number and ages of child(ren) s/he cared for:

5. Please describe her/his job responsibilities:

6. Did the applicant live with your family? If so, how long?

7. Did s/he demonstrate initiative and/or independence in doing her/his job, or did s/he need a lot of direction?

8. Did s/he demonstrate good judgment? Was s/he safety conscious? Was s/he able to handle an emergency well?

9. Was s/he reliable? Was s/he punctual?

10. Why did s/he leave your employment?

11. Would you rehire her/him?

12. Is there anything you can tell us about potential problems that this caregiver may have? Is s/he emotionally and mentally stable? Any drug, alcohol, or driving problems? Any eating disorders?

13. Any additional comments?

Thank you for your co-operation.

Signature:

Date:

Please return using one of the methods below:

Mail: Eden Brook Care
545-3364 Keele Street,
Toronto, Ontario
M3J 1L5, Canada
Fax: (647) 439-1548
e.Mail: info@edenbrookcare.com