Confidential Employment and Personal Reference Survey

		Re	ference Name		
Applicant Telephone Number			Reference Address		
Agency			Reference Telephone Number		
1. How long have you know	n the applicant?				
□ 0 to 5 years	□ 10 to 1	5 years	20 to 25	years 🗌 30 to 35 years	S
□ 5 to 10 years	□ 15 to 2	0 years	□ 25 to 30	years 🗌 Over 35 years	S
2. In which of the following r	oles have you had a relati	onship with the	applicant?		
Relative	Supervisor	Stud	ent	Fellow leisure participant	
Friend	Colleague Doctor		or	Fellow volunteer	
Neighbor	□ Pastor □ Lawyer		yer	Fellow church member	
Employer	Teacher	Counselor		□ Fellow organization member	
3. In which of the following s	ettings have you spent tir	me with the app	olicant?		
□ My home	Neighborhood	Sch	ool	Leisure Sites	
Applicant's home	□ Workplace		alEvents	Volunteer Sites	
☐ Others'homes		🗌 Hob	by Sites	□ Organization meetings	
4. What is the length of the a	applicant's experience wit	h persons with	developmental disa	bilities?	
□ 0 to 5 years □ 10 to 15 years			🗌 20 to 25	years 🗌 Over 30 years	s
5 to 10 years			□ 25 to 30 years □ Don't know		
		0 years		-	
persons at scheduled tim	ponsible for dependably p es, and transporting the c	roviding consu consumer to va	rious locations.	pports, including meeting with other	
	ponsible for dependably p es, and transporting the c	roviding consu consumer to va	rious locations.	·	
persons at scheduled tim a. If you are an employ	ponsible for dependably p es, and transporting the c	roviding consu consumer to va	rious locations.	·	
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Hon	esty:
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Coo	poration:
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Flex	ibility:
Dete	ermination:
Con	sideration:
Kinc	Iness:
	se describe any other activities, traits, or circumstances which you feel could positively or negatively impact the icant's ability to provide consumers with a supportive family home environment:

6. The applicant may be responsible for providing supportive services which encourage consumers to make individual choices.

I have completed this survey truthfully, accurately, and without speculation. I understand the Department of Developmental Services (DDS) may provide me with a copy of the applicant's signed information release form upon request. I also understand that, as specified in the release, the applicant has relieved me of all liability, damages, and legal claims related to my responses to the questions which DDS has presented herein.

(Signature)

(Date)