



REFERENCE CHECK FORM

Applicant's Name (Please Print)	Position Hired For	Site/Location
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Note To Individual Completing This Form:

Applicants of Catholic Charities must provide us with three (3) references, which describe the applicant's educational background, training, employment experience and personal qualifications for employment. ***This letter must be received prior to the Applicant starting work. Please complete the following information and mail or fax to the address checked below.*** We Thank You For Prompt Action. (You may add additional sheets to this form as needed)

Camp Happiness
 ATTN: Lauren Mailey
 7911 Detroit Avenue
 Cleveland, OH 44102
 Fax: 216-334-2905

Fatima Family Center Camp
 ATTN: LaJean Ray
 6600 Lexington Ave
 Cleveland, OH 44103-3235
 Fax: 216-391-1118

St. Martin DePorres Camp
 ATTN: Karnese McKenzie
 1264 East 123rd Street
 Cleveland, OH 44108-4042
 Fax: 216-268-0207

To Be Completed By The Person Providing The Reference:	
Name: _____	Title: _____
Address: _____	_____
Phone: _____	_____

The applicant listed above has indicated that you could provide Catholic Charities with the following information:

How long have you known the applicant? _____

What is the nature of your relationship with the applicant (friend, employee, work associate, neighbor, etc.)?

If relationship is/was as an employee, please complete the following:
Dates of employment: From: _____ To: _____ Job Title: _____
Eligible for rehire? Yes _____ No _____ Reason for leaving the organization: _____

Would you, if you were in our place, hire him/her for the position? Please explain.

In your opinion, can this applicant work appropriately with persons of different races, ethnicities, gender or abilities?

In your opinion is the applicant dependable? _____

In your opinion, is the applicant a patient, caring and even-tempered individual? _____

If applying for a position working with children (as indicated by the box checked to the right) please answer these additional questions. <input type="checkbox"/>
In your opinion, could the applicant work with multi-need children? _____
Would you allow the applicant to care for your children? _____
Do you know of any reason why we should not employ the applicant in the care and supervision of children? _____

Is there anything else that you would like to add? _____

 Signature of Individual Providing Reference*

 Date Reference Check Completed

*In Event of a Telephone Reference Check Name of Person Conducting Reference Check