

PARENT AND CHILD TOGETHER (PACT) FOR WEST CENTRAL ILLINOIS

**2090 Highway 24
Camp Point, Illinois 62320**

APPLICANT *PERSONAL* REFERENCE CHECK

Applicant's Name:

Date:

Reference's Name:

Telephone #:

Position Applied for:

Reference Check Completed by:

has given your name as a personal reference. All information provided
in this reference will remain confidential.

How long and in what capacity have you known this person?

Please comment on this person's dependability, honesty, and ethics.

Please tell us what you know about this person's ability to work well with children, parents, other staff, and the public.

Please comment on this person's ability to perform in the position of _____ with our agency.

What are his/her strong points?

What are his/her weak points?

Is there anything else you would want us to know about this person, if you were in our position?

Notes: