

PRIME CARE SUPPORT – CHARACTER REFERENCE FOR EMPLOYMENT

APPLICANT:		
How long have you known the applicant?	From:	To:
In what capacity?		

BOX B

Please indicate (if known) your opinion with regard to the applicants standards	
1. Conduct:	5. Temperament/Patience:
2. Work performance:	6. Honesty:
3. Reliability:	7. Appearance:
4. Time keeping:	

BOX C

In your opinion, can the applicant...			
1. Work under their own initiative?			
2. Communicate with others?			
3. Please give your opinion of the applicant's suitability for the position applied:			
3.1. <i>If unsuitable, please give reasons:</i>			
4. Have you any knowledge of prosecutions or cautions that the applicant has?			
5. Do you know of any drug/alcohol related problems that the applicant has?			
6. Do you know of any reason why the applicant should not work with children or vulnerable adults?			
8. Any other comments:			
Print your name:			
Your signature:			
Your daytime contact telephone number (We will; be in contact to verify the validity of this reference):			
Office Use only: (Authentication)	Date:	Verified with:	Signature