



REFERENCE FORM

Education and Skills Training Program

Name of Applicant: _____

Name of Referee: _____

Phone #: _____

Address: _____

Email: _____

1. a) In what capacity do you know the applicant?

b) How long have you known the applicant?

2. Please comment on the applicant's abilities in the following areas:

a) Communication skills (written & verbal)

b) Ability to work independently (on their own and without direct supervision)

c) Ability to follow directions.

d) Ability to manage their own transportation to and from the workplace.

e) Ability to demonstrate a healthy lifestyle (i.e. Stress management, emotional stability, appropriate personal boundaries).

3. What are the applicant's strengths?

4. What are the applicant's challenges?

5. What entry-level jobs would be suitable for this applicant?

6. Other comments (e.g. barriers to completing program, work or volunteer experience, special circumstances):

Signature: _____ Date: _____