



17-19 Marble Avenue
Pleasantville, NY 10570

Phone #914-741-6300 x125
Fax: 914-495-3303
PERSONAL REFERENCE

I hereby authorize the person indicated on this form, to release to Select Human Services, a Division of New Hope Community, Inc. any and all information as listed below, in either a written or verbal form. **Please note that you cannot use a family member as a reference.**

Employee Name: _____

Employee Signature: _____ Date: _____

Reference's Name: _____ Reference's Phone: _____

Reference's E-Mail: _____

To be completed by the Personal Reference:

In what capacity do you know this applicant? _____

How long have you known him/her? _____

Evaluation:	Excellent	Above Average	Acceptable	Unsatisfactory
Ability to get along with others	()	()	()	()
Attitude	()	()	()	()
Initiative	()	()	()	()
Dependability	()	()	()	()
Integrity	()	()	()	()
Punctuality	()	()	()	()

Comments:

Signature of individual completing reference:

_____ Date: _____