



EMPLOYMENT VERIFICATION/REFERENCE FORM

KAMP KIWANIS®



Please fill out the following:

Applicant's Name: _____
 Other Names Used: _____

If Employment Verification:

Company Name: _____

Job Title: _____

Salary: _____

Supervisor's Name: _____

Date Work Started: _____ Date Work Ended: _____

Type of Work Performed _____

Reason For Leaving: _____

If Referent, But Not Former Employer: (Teacher, Advisor, Family Friend)

Name of Referent: _____

In what capacity have you known the person completing reference? _____

How long has this person known you? _____

Check appropriate box for each item below	Needs Improvement	Average	Above Average	Superior	Comments
Displays Enthusiasm					
Displays Maturity					
Is able to adjust to new situations					
Demonstrates Initiative					
Displays concern for others					
Displays evenness of disposition					
Accepts constructive criticism					
Thinks and acts independently					
Exhibits a sense of humor					
Is flexible					
Ability to listen - has patience					
Ability to work in a team					
Is punctual and dependable					
Uses common sense					
Demonstrates leadership qualities					

Any other comments:

Would you feel comfortable with this person caring for your child? _____

Recommendation: (please circle) **HIRE** **QUESTIONABLE** **CANNOT RECOMMEND**

Your Name: _____ Position: _____

Telephone: _____ Best time to be reached: _____

Your Signature: _____ Date: _____