<u> </u>	CMPLOYEE REF	ERENCE for:					
Dear							
The above named individual has ages 3-10 years old, licensed by complete the following reference	Nassau County Dep	ot of Health. (S)ho	e has given y	our name as	an EMPLO	YEE referen	
 How long was the applicant What was the nature of the j Discuss the experience required 	employed by you? ob?						
4. How would you describe the							
 Would you rehire this person From your knowledge, how Areas of strength: Please rate the applicant on 	well does he/she re	late to children?	NO Areas of weal	kness:			
o. Thease rate the applicant on	the following ment	5 .					
	Outstanding	Very Good	Good	Fair	Low	N/A]
]
1. Character							-
2. Dependability3. Leadership							-
4. Creativity							-
5. Sensitivity							1
6. Tolerance							1
7. Communication							
8. Enthusiasm							
9. Manners							_
10. Cooperation							-
11. Team Player12. Follows instructions							-
13. Seeks advice when necessary							-
14. Works independently (without constant supervision)							
15.Punctuality							1
16. Uses vacation, personal & sick time responsibly							
17. Overall performance of tasks							
To your knowledge, has the appl work with children or staff?						d interfere w	ith his/her
Would you want this person hire	d for the position h	e/she is being offe	red at Gan Is	rael? Why	or why not?		
Reference Signature: Reference Printed Name:	ference Signature: Date: ference Printed Name: Company Name:						
Reference Address:							
Reference Address: Reference phone #: Pleas			I can be ca	alled betwee	n	&	
Pleas	e fax this form to	866-539-4748 or	email to <u>cam</u>	pgi@jewisl	helc.org.		
Sincerely yours,	or mail to 2	174 Hewlett Ave,	Merrick, N	Y 11566			
Chanie Kramer Director							
For staff use only: Contact Date:	Ву:		Comments	::			