**Instructions to the applicant:** Fill in the box below and give one copy of this form to each referrer. *Applicants may not be employed until we have at least three references on file.* In general, we must have a reference from an employer who has supervised your work experience with children and from your most recent employer in work relevant to Wonders. References must be sent directly from the referrer. Each professional reference must be unrelated to you.

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position(s) Sought:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions to the referrer:** Thank you for assisting us with our screening process. Employment references are essential to our making informed hiring decisions. Please take a few minutes to complete the box below and answer the questions on the reverse of this form. We ask that you answer all of the questions as best as you can, even if you do not have direct experience working with the applicant in a particular area. If you submit a recommendation letter in lieu of completing the form and there are items in the form not covered in your letter (e.g., reservations about the applicant’s suitability for working with children), please attach your letter to the form and answer the questions on the form that are not discussed in your letter.

Wonders Child Care believes children develop and learn through play in a nurturing and diverse community. We are a nonprofit provider of accredited early childhood education, before/after school, and summer camp with flexible programs, for children ages two months through sixth grade with nine locations in Washington, DC and Maryland. More information about our programs can be found at [www.wonderschildcare.org](http://www.wonderschildcare.org).

You may submit your reference by email, fax or mail.

Email: [careers@wonderschildcare.org](mailto:careers@wonderschildcare.org)

Fax: 301-652-9533

Mailing Address: Wonders Child Care

5272 River Road, Suite 530

Bethesda, MD 20816

ATTN: Careers

**Referrer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have known this applicant as a/an: Employer Co-worker Student Volunteer**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of employment or length of time you have known the applicant (mm/yy): From:** \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

**Position or job title of applicant when employed:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your position while supervising applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What age children did the applicant work with?**
2. **What size group(s) of children did the applicant work with?**
3. **If the applicant worked with more than one age group, with which group was he/she most effective?**
4. **Describe the applicant’s relationships with children:**
5. **Describe the applicant’s relationships with parents:**
6. **Describe the applicant’s relationships with colleagues and supervisors:**
7. **Describe the applicant’s punctuality and dependability**
8. **What are the applicant’s strengths?**
9. **What are the applicant’s areas for improvement?**
10. **Do you have any reservations or adverse information about the applicant’s suitability for working in a program for children?**  Yes No **If yes, please explain:**
11. **Is the applicant eligible for rehire?**  Yes No **If no, please explain:**
12. **Is there anything else that you think we should know about the applicant?**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**