Wisconsin Youth Company
Applicant Reference

1201 McKenna Blvd.
Madison, WI 53719
608.276.9782
800.238.1174
Fax 608.276.4050

Name of Applicant: _____

What is your relationship to the applicant and how long have you known him/her?

Position Applicant Held: _____

Dates of Employment: _____

Would you employ or re-employ this person? (Please provide comments.)

What special assets or limitations does this applicant possess?

Factors	Always	Usually	Seldom	N/A	Comments
Acts responsibly, makes sound decisions					
Demonstrates self-motivation					
Displays patience					
Manages stress and emotion in a positive way					
Displays a positive attitude					
Adapts well to new situations					
Is reliable and punctual					
Maintains a healthy self-image					
Works without direct supervision					
Accepts supervision and constructive criticism					
Shows concern for others					
Demonstrates ability to work cooperatively and communicate effectively with colleagues					
Demonstrates interest and enthusiasm in working with children					
Displays ability to supervise a group of children					
Engages in appropriate interactions with children					

We may contact you if we have further questions.

Name: _____ Position: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Best time to reach you: _____

Signature: _____ Date: _____

Please return this form in the provided envelope /or to: Wisconsin Youth Company, Inc., Attention: Joanne Bonesho, 1201 McKenna Blvd., Madison, WI 53719. This form may also be faxed to 608-276-4050. If you have questions or additional comments please call us at 1-800-238-1174.