

**Life Center, Inc.**  
**Employee Reference Form**

I, \_\_\_\_\_, hereby give my permission to the following individuals  
Please Print  
and/or agencies to release any information regarding my character, education, work skills, training  
qualifications, and any other performance related matter and to report this information to Life Center.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list the name and phone number of two (2) references. At least one must be professional.**

**Reference #1**

**Reference #2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Dates of Employment (if applicable):  
\_\_\_\_\_

\_\_\_\_\_

What are some qualities that make this person a good candidate to work with persons with disabilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

Per Reference Dated: \_\_\_\_\_

Per Reference Dated: \_\_\_\_\_

Requestor Initials: \_\_\_\_\_

Requestor Initials: \_\_\_\_\_