



## Sector Initiatives Reference Form: Entry Level

Applicant Name: \_\_\_\_\_ Training Course: \_\_\_\_\_

Reference relationship, excluding relatives and friends: (check one)

Supervisor  Instructor  Community Leader  Counselor  Other: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Program client enrolled in: \_\_\_\_\_

Reference Phone #: \_\_\_\_\_ Reference Email: \_\_\_\_\_

1. Indicate how long and how well you know applicant: \_\_\_\_\_

2. Comment on your knowledge of the applicant's history / ability to arrange for:

a. Reliability/ time commitment for this training (attendance, meeting deadlines):

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

b. Ability to adhere to drug free policy and/or criminal background:

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

3. Please comment on interests / abilities which are strengths of the applicant:

a. Strong work history: \_\_\_\_\_

b. Highly motivated: \_\_\_\_\_

c. Quick learner: \_\_\_\_\_

d. Transferable skills into industry of interest: \_\_\_\_\_

4. Reading grade level: \_\_\_\_\_ Math grade level: \_\_\_\_\_ Assessment tool used: \_\_\_\_\_

5. How thoroughly does the applicant understand, speak, and write English?

\_\_\_\_\_

6. Other factors to be considered in selecting this applicant:

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

*Thank you for your input!*

*Please fax or email directly to: Tom Hiebert, F) 952-697-1409, tom.hiebert@hired.org*