



WISCONSIN BADGER CAMP

PO Box 723 – Platteville, WI 53818 • 608-348-9689 • Fax: 608-348-9737
www.BadgerCamp.org

Employment Reference Inquiry

Applicant's Name: _____

Position applying for: _____

Person giving reference: _____

I hereby authorize you to provide Wisconsin Badger Camp with any information requested and/or any other information you may have concerning me. All information will be kept confidential.

Applicant's Signature _____ **Date** _____

The above named person had applied for a summer staff position at Wisconsin Badger Camp. We are a summer camp serving adults and children with developmental disabilities in a residential setting. The special care required for campers necessitates that we employ individuals who are responsible, patient, kind and hard working. Your honest comments are greatly appreciated.

How long have you known the applicant? _____

Relationship to applicant? _____

If the applicant is/was an employee or volunteer:

Did they require constant supervision when working? Yes No

Comments: _____

Were they able to adapt to sudden schedule changes? Yes No

Comments: _____

Did the applicant function appropriately in stressful situations? Yes No

Comments: _____

Would you rehire him/her? Yes No Not Applicable If no, why not? _____

Please indicate if there are any concerns in the following areas:

Area	Yes	Comments
Absenteeism		
Emotional instability		
Substance abuse		
Personal hygiene		

Please rate the applicant on the following attributes by placing an 'X' in the appropriate column.

Attribute	Always	Usually	Sometimes	Rarely	Never	N/A
Displays positive attitude						
Is a leader						
Accepts constructive criticism						
Is mature/displays good judgment						
Relates well to peers						
Displays energy and enthusiasm						
Is honest						
Is responsible and dependable						
Has willingness to learn						
Is a team player						

Would you trust the applicant to care for a loved one? Yes No If no, why? _____

Can you think of any reason that this person should NOT be employed to work with people with disabilities? Yes No If yes, please explain. _____

How would you classify this applicant as a potential summer camp employee? (Check only one box)

<input type="checkbox"/>	Excellent, should receive top priority
<input type="checkbox"/>	Good, should be among those considered
<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Perhaps should mature another year before considering
<input type="checkbox"/>	I would not recommend this applicant for your program

Any other comments you would like to make about this person and/or their ability to be an effective part of the Badger Camp team? (Attach another sheet if necessary)

Your name: _____ Occupation: _____

Address: _____

Email: _____

Phone: _____ Preferred method of contact: Phone E-Mail

Signature: _____ **Date:** _____

Once this form is completed, please return it via mail, email or fax as soon as you are able. *References may be verified by phone or email.* Thank you for your time, insight and response. It truly helps us create a summer staff who will make a difference in the lives of the campers we serve.