

Confidential Employer Reference Form

**Denise Gwinnup
Placement and Permanency Planning
Summit County Children Services
264 South Arlington Street
Akron, OH 44306-1354
Phone: (330) 379-1802
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COMPANY NAME: _____

ADDRESS: _____

APPLICANT'S NAME: _____

Information needed from Employer before considering a family for foster care or adoption.

I. Length of time employed: _____

II. Type of employment: _____

III. Monthly earnings: _____

IV. Is the applicant covered by retirement or other insurance by your company? _____

V. Employer's evaluation of the applicant's work record, character, personality: _____

VI. Does the employer know the applicant well enough to give us information regarding his/her home life, his/her reputation in the community, his/her capacity to parent?

VII. Do you know of any reason why you could not recommend this applicant to be a foster or adoptive parent?

Signed: _____ Date: _____

Title: _____