



**PeopleServe** LLC

N102 W15002 Hidden Pond Court  
 Germantown, WI 53022

Cell 262-573-4556  
 Fax 262-253-6907

Laurel Peckenpaugh, Director  
 lpeckenpaugh@wi.rr.com

**REFERENCE REQUEST FORM**

I \_\_\_\_\_ (applicant) give my permission to release the below requested information to PeopleServe. Person completing this form is relieved of all legal responsibilities.

\_\_\_\_\_ (if you are applying for employment you stop here)

Signature/Date

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\_\_\_\_\_ is applying to PeopleServe. We support people with disabilities who live in the community. The information you provide will be kept confidential. Thank you for your assistance.

Signature of PeopleServe Representative

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Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

Wage \_\_\_\_\_ Rehire: \_\_\_\_\_

If not why: \_\_\_\_\_

Please rate the applicant on the following scale = Great, Good, OK, Poor)

Attendance:	If you had a child with a disability?
Punctuality:	
Attitude:	Comments:
Verbal Skills:	
Written Skills:	
Dependability:	
Adaptability:	
Initiative:	
Common Sense:	
Reaction to Conflict:	
Reaction to Discipline:	
Quality of Work:	
Ability to Work with Others:	
Honesty:	
Integrity:	

May I call you again if I have more questions? \_\_\_\_\_ Number \_\_\_\_\_

Person Completing Form/Title/Date \_\_\_\_\_

*Serving people who need additional support in order to have meaningful, quality lives in the community.*