

Tennessee Baptist Children's Homes, Inc.  
**REFERENCE QUESTIONNAIRE for EMPLOYMENT**

\_\_\_\_\_ has applied for employment with the Tennessee Baptist Children's Homes.

I. In what capacity have you known the applicant. \_\_\_\_\_  
 How long? \_\_\_\_\_

II. Please answer the statements below by placing a check mark in the column that best describes the qualities or characteristics of this person.

Above Average	Average	Below Average	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is effective in relating to children 6-12 years of age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is effective in relating to teenagers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Gives evidence of understanding the developmental needs of children and youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Exercises firmness in dealing with children and youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Exercises consistency in dealing with children and youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Exercises patience in dealing with children and youth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Demonstrates empathy toward people
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Demonstrates compassion toward people
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Handles stress appropriately
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Demonstrates a forgiving nature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Demonstrates a nurturing personality
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Is discreet in conversations (respects personal privacy and confidence)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Is respected by associates and community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Effective in limit setting and providing structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Uses fair, consistent discipline
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Demonstrates high moral values in daily life

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*continued*

III. Please answer "yes" or "no" to the following based on upon your personal knowledge.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does this person use tobacco products?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does this person use alcohol?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does this person use illegal drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does this person attend church regularly?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Would you feel comfortable with your own children spending a weekend or a holiday with this person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you feel this person would be a Christian role model for a child/young person?                   |

IV. Are there others who could supply information about this person/family?

_____	_____
Name	Address
_____	_____
Name	Address

V. Additional information/comments regarding applicant, their children, extended family members and non-family residents in the household:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that my responses to this inquiry will be kept confidential.**

_____	_____
Printed Name	
_____	_____
Signature	Date

Please return this completed questionnaire to the TBCH representative who supplied it to you.