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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**EMPLOYER REFERENCE QUESTIONNAIRE** |
| **FROM:** | Resource Licensing Worker      | Telephone Number      | Date      |
| Address      |
| City      | State      | Zip Code      |
| Agency Contact      | Office Hours      |
| **If you have questions or need assistance in completing this form, please call the Resource Licensing Worker listed above.** |
| **TO:** | Employer Name      |
| Address (Street and Number)      |
| City      | State      | Zip Code      |
| **RE:** | Applicant      |
| The above named family has applied to the Missouri Children’s Division to serve as foster/relative/adoptive parents. In order to complete our assessment of their application, it is necessary that we obtain information about the family.Please complete the information below in as much detail as possible and **attach a separate sheet if necessary.** Any information you can give us which will help us in evaluating this application will be appreciated. Please reply at your earliest convenience.Please use the enclosed envelope for your response. |
| Company Name      | Telephone Number      |
| Address      |
| I. Length of Time Employed      | II. Type of Employment      | III. Monthly Earnings      |
| IV. # of Hours per Week      | V. Shift Worked: [ ]  Day Shift (8 am to 5 pm) [ ]  Evening Shift (5 pm to 12 am) [ ]  Night (12 am to 8 am) |
| VI. Prospects for continued Employment Advancement      |
| VII. Employer's evaluation of the applicant's peer relationships, work record, character, personality: |
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| VIII. Does the Employer know the applicant well enough to give us information regarding his/her home life, reputation in the community, capacity for caring for a child? [ ]  Yes [ ]  No If yes, please explain: |
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|  |       |  |
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|  |       |  |
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| Form Completed by: (Employer's Signature) | Telephone Number      | Date      |
| Print/Type Employer’s Name:       |