



Employment/Character Reference Request Form ALC Supervision

Please complete the top portion of the Reference Request Form and send it to the reference indicated on the form. Once completed, the reference must mail or email the form to the address at the bottom of the form.

Applicant's Name _____ Date Received by SC ____ / ____ / ____

Position at Supervision site _____

I authorize BM Consulting LLC, to request and secure a full and candid reference from the reference named below to provide answers to the questions noted on this form concerning my employment history or character.

Type of Reference: Work Character

Reference name _____ **Phone** _____ **Email** _____

Company _____ **Reference Title** _____

Applicant Signature _____ **Date** ____ / ____ / ____

Date of Employment" From: _____ To: _____ Would you rehire?

Applicant's former/current position Held: _____

Reason for Leaving: _____

- Clinical Knowledge 1 2 3 4 5 N/A: _____
- Ethical Behavior 1 2 3 4 5 N/A: _____
- Relationship with Clients 1 2 3 4 5 N/A: _____
- Relationship with Colleagues 1 2 3 4 5 N/A: _____
- Openness to feedback/redirection 1 2 3 4 5 N/A: _____
- Compliance with supervisors 1 2 3 4 5 N/A: _____
- Acceptance of differences 1 2 3 4 5 N/A: _____
- Self-awareness 1 2 3 4 5 N/A: _____
- Professionalism 1 2 3 4 5 N/A: _____
- Stress Management 1 2 3 4 5 N/A: _____

Other general comments (Strengths and/or Areas of Concern may be attached on an additional sheet):

Reference Signature _____

**Mail completed forms to: BM Consulting LLC, 95 County Road 7727, Troy, Alabama 36081
bmconsulting749@gmail.com (334) 625-1340**