



THE LUKAS COUNSELING COMPANY

PROFESSIONAL REFERENCE FORM FOR 1099 WORK

Email to max@lukascounseling.org

or RETURN TO APPLICANT

Applicant's Name: _____

Reference is from : () Current Employer () Previous Employer

*****TO BE COMPLETED BY PROFESSIONAL REFERENCE*****

Reference Name _____ Credentials: _____ Date ____ / ____ / ____

Agency/Company _____

How did you know the applicant? (X) Professionally () Other _____

	Excellent	Good	Satisfactory	Fair	Poor	N/A
Clinical skills						
Professionalism						
Motivation & Work Ethic						
Replying to e-mails on time						
Working Independently						
Ethics						
Attendance/Punctuality						
Relationship with co-workers						
Use of E-mail & Technology						
Meeting Deadlines						

Reference Signature: **X** _____

E-mail (required for verification): _____

Comments (if any): _____