H2B PROGRAM

PROFESSIONAL REFERENCE FORM

Participant first name _____	**Participant No.**	
	Country:	
Participant last name _____	**Representative:**	
	Date received:	

REFERENCE INFORMATION (to be completed by former or current employer, supervisor, manager etc.)					
Reference first and last name					
How long have you known the Participant?		How long did the Participant work under your supervision?			
What position did the Participant at the company you represent?					
Please check in the box that best describes the Participant's abilities in the following areas:					
Responsibility	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Maturity	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Flexibility	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Communication skills	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Reliability	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Initiative	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Attitude	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Ability to handle stress and to solve problems	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Ability to work with others; teamwork	☐ excellent	☐ good	☐ fair	☐ poor	☐ I don't know
Please list three qualities or strengths of the Participant.					
Please list any weaknesses of the Participant you are aware of.					
Do you recommend the Participant to participate in a seasonal work program in the United States? ☐ yes ☐ no ☐ I don't know					

Reference Signature: _____ Date: _____

Thank you for assisting to evaluate the qualifications of this Participant. Please put any additional comments on the back side of this form.