Employer Reference

2100 Dr. MLK Jr. Street North, Suite A
St Petersburg, FL 33704
Phone: (727) 388-3472
Fax: (727) 388-9592
Email: admin@expertaupair.com

Application ID: **Application Type:**	
Representative Signature:	**Date Received:**

Instructions
Please give this form to your employer. All information is confidential, and will be used only to ascertain the appropriateness of placing an au pair in your home. No host family application will be reviewed without this reference.

Applicants' Names:

_____

Address: _____
City/State/Zip: _____

Referee's Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____

To the Referee
How long have you known the applicant?

_____
Why would this applicant provide a good environment for a visiting foreign national?

_____
Please describe any unusual conditions you have witnessed in this home.

_____
Have you ever been aware of any alcoholism, abuse, violence, etc. in the home?

_____
Do you feel this employee could treat a foreign national living in their home as an equal?

_____
Additional Information:

_____
_____
_____
_____

I, the referee, attest that what is written here is my own words and opinion with regard to the applicants.

_____
Signature Date

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