



Employee Assistance Coordinator Reference

Name - Employee Assistance Coordinator Applicant

Your Name

Your Telephone Number

Relationship to Applicant

Length of Relationship

_____ Years _____ Months

The above-named person has applied to become an EAC,(Employee Assistance Coordinator) in the State Employee Assistance Program and has given your name as a reference. As an EAC, this person will talk with co-workers about personal and confidential information. We need to know if this applicant can be trusted, in such instances, to protect the privacy of co-workers. We would also like to know how you evaluate this person in the area identified below. Complete and return this form to the Statewide Director. Thank you for your help.

1. **Thoughtful Listener.** Takes time to hear what other people are saying without interrupting them or going on a tangent.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

2. **Approachable.** Makes it easy for others to talk to her/him.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

3. **Responsible.** Follows through on tasks.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

4. **Common Sense.** Exercises in making decisions.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

5. **Nonjudgmental.** Respects integrity of other people.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

6. **Confidential/Trustworthy.** Keeps sensitive information confidential.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

7. **Appropriate.** Should be considered for selection as an EAC.

1 - Strongly agree 2 - Agree 3 - Not enough information 4 - Disagree 5 - Strongly Disagree

Comments:

Signature

Date Signed