



# EMPLOYEE REFERENCE

Please mail or fax the form to:

1216 N 4200 RD

Hugo, Oklahoma 74743

(580) 326-7568 OFC \* (580) 326-5556 FAX

APPLICANT (Legal Name):

The above named person has given permission to contact you for a personal reference. Please answer the following questions to the best of your knowledge. All replies are confidential.

*Please type or print.*

How long have you known the applicant?

In what capacity (friend, employee, coworker, etc.)?

How would you describe the applicant's character and personality?

How would you describe the applicant's work performance and abilities?

To the best of your knowledge, is there any reason that the applicant would not be able to work in a capacity that would require close personal contact with children under the age of eighteen?

Are there any other remarks you would like to make about the applicant?

NAME OF REFERENCE ( Legal Name ):		Phone (Home):	Phone (Other):	
Address:		City:	State:	Zip:
Place of Employment / Title:				
SIGNATURE:				