

Reference Sheet

1 EMPLOYER/BOSS

Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

2 LANDLORD

Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

3 PARENT OR CLOSE RELATIVE

Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

4 PARENT OR CLOSE RELATIVE

Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

5 FAMILY MEMBER OR FRIEND				
Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION	<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:				

6 FAMILY MEMBER OR FRIEND				
Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION	<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:				

7 FAMILY MEMBER OR FRIEND				
Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION	<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:				

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Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION	<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:				

9 FAMILY MEMBER OR FRIEND					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

10 FAMILY MEMBER OR FRIEND					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Place of Employment:		Work Phone:	Home Phone:	Cell Phone:	
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

OFFICE USE ONLY

Current Employer:		Phone:	Time On Job:
Spoke to/Comments:			
Previous Employer:		Phone:	Time On Job:
Spoke to/Comments:			

READ BEFORE SIGNING: I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this application.

Applicant Signature <i>I have read and understand the statement printed above:</i>	Date
Applicant Signature <i>I have read and understand the statement printed above:</i>	Date