



**CHARACTER REFERENCES (Persons who know you well – do not include relatives or spouses)**

<b>DATES:</b>	From ___/___/___	To ___/___/___
<b>POSITION / TITLE:</b>		
<b>EMPLOYER:</b>		
<b>ADDRESS (Street, City, St, Zip):</b>		
<b>PHONE NUMBER:</b>	(     )     -	
<b>REASON FOR LEAVING:</b>		

<b>NAME:</b>		
<b>OCCUPATION:</b>		
<b>CITY:</b>	<b>PHONE NUMBER:</b>	(     )     -
<b>YEARS KNOWN:</b>		

<b>NAME:</b>		
<b>OCCUPATION:</b>		
<b>CITY:</b>	<b>PHONE NUMBER:</b>	(     )     -
<b>YEARS KNOWN:</b>		

<b>NAME:</b>		
<b>OCCUPATION:</b>		
<b>CITY:</b>	<b>PHONE NUMBER:</b>	(     )     -
<b>YEARS KNOWN:</b>		

I understand that an offer of employment may be contingent upon the passing of a physical examination by a physician. I also understand that any mis-statement or omission of material facts in my application may be cause for dismissal. You have permission to contact my previous employers.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE