

# Santa Cruz Training Programs, Inc.

91 E. La Castellana Dr  
P.O. Box 638  
Nogales, AZ 85628

Tel: (520) 287-2043  
Fax: (520) 287-4437

## PROFESSIONAL/WORK – RELATED REFERENCE

I \_\_\_\_\_ give permission and request you to complete the reference form and return to the above address.

The above mentioned person has applied for employment with the Santa Cruz Training Programs, Inc for the position of \_\_\_\_\_. It would be appreciated if you could take time to answer a few questions and give comments regarding this person's employment with your facility/company.

Employed/known from \_\_\_\_\_ to \_\_\_\_\_ Would you re-hire? \_\_\_\_\_

Dependability \_\_\_\_\_ Leadership ability \_\_\_\_\_

Responsible \_\_\_\_\_ Honesty \_\_\_\_\_

Attendance: \_\_\_\_\_

Ability to get along with others: \_\_\_\_\_

Comments: \_\_\_\_\_

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature

Date