



Santa Cruz Training Programs, Inc.

Supporting people with disabilities
in their communities since 1968

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PROFESSIONAL/WORK – RELATED REFERENCE

I _____ give permission and request you to complete the
(Applicant's Name)
reference form and return to the above address.

The above mentioned person has applied for employment with 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: _____

Reference Name (print name): _____

Address: _____

Phone Number: _____

Signature

Date