

REFERENCE NO. 1

Checked By		Date Checked (yr./mo./da.)		Reference Name	
Relationship to Applicant		Length of Time Known		Suitability	
Reliability		Reliability		Known Criminal Record	
Known Alcohol/Drug Problem		Known Alcohol/Drug Problem		Known Alcohol/Drug Problem	
Special Skills:					
Potential Problem Areas:					
Recommendations and Rationale:					

REFERENCE NO. 2

Checked By		Date Checked (yr./mo./da.)		Reference Name	
Relationship to Applicant		Length of Time Known		Suitability	
Reliability		Reliability		Known Criminal Record	
Known Alcohol/Drug Problem		Known Alcohol/Drug Problem		Known Alcohol/Drug Problem	
Special Skills:					
Potential Problem Areas:					
Recommendations and Rationale:					

REFERENCE NO. 3

Checked By		Date Checked (yr./mo./da.)		Reference Name	
Relationship to Applicant		Length of Time Known		Suitability	
Reliability		Reliability		Known Criminal Record	
Known Alcohol/Drug Problem		Known Alcohol/Drug Problem		Known Alcohol/Drug Problem	
Special Skills:					
Potential Problem Areas:					
Recommendations and Rationale:					

C.P.I.C. CHECK

Checked By Signature		Date (yr./mo./da.)		Comments	
Positive <input type="checkbox"/>		Negative <input type="checkbox"/>			

REVIEWER 1

Signature		Date (yr./mo./da.)	
Comments			

REVIEWER 2

Signature		Date (yr./mo./da.)	
Comments			

AUTHORIZATION

Authorized By - Position Title		Date (yr./mo./da.)		Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	
Authorized By - Signature					