



# Broome County Government Security Division

Debra A. Preston, County Executive . James D. Dadamio, Director

## PERSONAL REFERENCE VERIFICATION FORM

Name of Applicant: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Are you related to the applicant?  YES  NO If so, what relationship? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? (i.e. friend, neighbor, etc.) \_\_\_\_\_

In your opinion, does the applicant exhibit qualities that would be suited for the position of taxi cab driver?

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why the applicant would be unsuited for the position of taxi cab driver?

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any additional information that you may think would be helpful to our consideration of this applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address (  Residential or  Business)