



Friends and Associates Suitability Screening (Applicants)

In addition to the character references listed on the form **TBS / SCT 330-60 or 2281**, we require that you submit the names of five of your closest associates (friends with whom you socialize regularly, and are not people who you see only in the workplace). **None of your associates or references should be related to each other, nor to you**. Please list below, giving complete names, addresses (including the name of the city), and telephone numbers at home and at work.

Applicant's Surname		Applicant's Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Applicant ID
Friend / Associate 1					
Surname		Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (yyyy-mm-dd)
Address				Telephone No.	
Employer					
Employer's Address				Employer's Telephone No.	
Friend / Associate 2					
Surname		Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (yyyy-mm-dd)
Address				Telephone No.	
Employer					
Employer's Address				Employer's Telephone No.	
Friend / Associate 3					
Surname		Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (yyyy-mm-dd)
Address				Telephone No.	
Employer					
Employer's Address				Employer's Telephone No.	
Friend / Associate 4					
Surname		Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (yyyy-mm-dd)
Address				Telephone No.	
Employer					
Employer's Address				Employer's Telephone No.	
Friend / Associate 5					
Surname		Given Names		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth (yyyy-mm-dd)
Address				Telephone No.	
Employer					
Employer's Address				Employer's Telephone No.	

Applicant's Signature

Date (yyyy-mm-dd)