APPLICANT REFERRAL QUESTIONNAIRE

Applicant: _____________________________________ Referral Employee: ________________________________

Department: ________________________________

1. Did any employee of the Atlanta Police Department recommend you for this position?

☐ Yes  If yes, please provide their name and department: ________________________________

☐ No  (Skip Questions 2-4)

2. Are you related to the employee?  ☐ Yes  ☐ No  If yes, what is the nature of the relationship?

(family member, friend, referred 3rd party, or other (please specify)

________________________________________________________________________________________

3. How long have you known the employee? ________________________________

4. If you would like to provide additional information or comments about the referral employee, please do so in the space provided.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

This form was completed by: _____________________________________________________________

(Print)

Signature: _____________________________________________________________  Date: ____________

Form 268 01/28/2016