Broome County Government Security Division
Barbara J. Fiala, Broome County Executive • James D. Dadamio, Director

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(607) 778-2107 • Fax (607) 778-2242 • Website: www.gobroomecounty.com

PERSONAL REFERENCE VERIFICATION FORM

Name of Applicant: _____ Date (mm/dd/yy):_____

Are your 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)