



ESSENTIAL THERAPEUTIC PERSPECTIVES, INC.

8100 Professional Place, Suite 200

Landover, MD 20785

Office: (301) 577-4440

Fax: (301) 577-4123

REFERENCE FORM

Applicant

position applied for

You have been asked to complete a reference letter on behalf the above named individual. Please complete the questions listed below and place in a sealed envelope. If you have any questions or concerns that you wish to discuss, please feel free to contact the office to speak with the Clinical Director or Director of Human Resource. Thank you for your assistance with this process.

How long have you known the applicant and in what capacity?

Please describe applicant's strengths as related to this position:

Please describe applicant's character:

Is there any reason the agency should not hire the applicant hired for this position?

Signature

Date

Agency

Address

Telephone Number