



# City Pro Group, Inc.

## Early Intervention Agency and CPSE

2625 East 14<sup>th</sup> Street, Suite 200  
Brooklyn, NY 11235

329 East 149<sup>th</sup> Street, 4<sup>th</sup> Floor  
Bronx, NY 10451

89-10 35<sup>th</sup> Avenue  
Jackson Heights, NY 11372

Phone: 718-769-2698 Fax: 718-943-7035

### REFERENCE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 APPLICANT'S NAME (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_  
 APPLICANT'S NAME (SIGNATURE): \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_

The above applicant has applied for assignments through our agency. As you have been submitted as a reference, we would appreciate your filling out the information below. Since it is our policy not to assign anyone to a case without a reference check, your prompt attention is vital. We will be happy to reciprocate at any time. If you have any further comments, please call us at the above number. Thank you.

|                                     | POOR | FAIR | GOOD | EXCELLENT |
|-------------------------------------|------|------|------|-----------|
| Competent to perform duties . . . . |      |      |      |           |
| Character and Honesty . . . . .     |      |      |      |           |
| Punctuality . . . . .               |      |      |      |           |
| Attendance . . . . .                |      |      |      |           |
| Cooperation . . . . .               |      |      |      |           |
| Personal Appearance . . . . .       |      |      |      |           |
| Quality of Work . . . . .           |      |      |      |           |

Employed from: \_\_\_\_\_ to \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Would you rehire? \_\_\_\_\_ If not, why not ? \_\_\_\_\_

Does applicant have any physical disabilities such as back injuries?  
 yes  no  
 If yes, has applicant received compensation for injuries?  
 yes  no

COMMENTS: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_