



Please type or print. Make copies as needed. Return this form to the applicant. Signature of reference required.

APPLICANT

Applicant Name	_____				
	<i>First</i>	<i>MI</i>	<i>Last/Family</i>	<i>Maiden Name (if applicable)</i>	<i>Other Legal Name (if applicable)</i>

The remainder of this form to be completed by the reference.

REFERENCE PERSON

Reference Name _____		
Your Position Title _____	Phone Number (A/C) (Number) _____	Certifications Currently Held <i>(Check any that apply.)</i> <input type="checkbox"/> CSP <input type="checkbox"/> CIH <input type="checkbox"/> OHST/CLCS <input type="checkbox"/> CHST
Company _____		
Address _____		
City _____	State/Province _____	Zip Code/Postal Code _____ Country _____
Signature of Reference _____		Date _____

BASIS FOR YOUR COMMENTS

Period You Have Known Applicant <i>(Give approximate dates.)</i>	FROM (Mo/Yr)	TO (Mo/Yr)	Are you a relative of this applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please explain.)</i>
Nature of Your Relationship with Applicant: <input type="checkbox"/> Supervisor <input type="checkbox"/> Past Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Professor <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		Briefly describe: _____	

VALIDATION OF APPLICANT'S EXPERIENCE

Applicant's Position Title	Is/was this position full-time? (30 hrs/wk or more) <input type="checkbox"/> Yes <input type="checkbox"/> No	Briefly describe the functions of this position: _____
INFORMATION ABOUT APPLICANT'S EXPERIENCE <i>(Please answer each applicable question.)</i>	1. To your knowledge, how many years of experience does the applicant have in the construction industry? <input type="checkbox"/> At least one <input type="checkbox"/> At least two <input type="checkbox"/> Three or more <input type="checkbox"/> I do not have the knowledge to evaluate 2. To your knowledge, does the applicant have 2 years of experience as a construction supervisor, foreman, job superintendent or as a manager of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have the knowledge to evaluate 3. To your knowledge, does the applicant have 2 years of experience as a safety and health practitioner in construction or some other industry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have the knowledge to evaluate 4. If the applicant has experience as a safety and health practitioner, what portion of his/her time was devoted to those job duties? <input type="checkbox"/> Full-time <input type="checkbox"/> Less than full-time, but more than 35% <input type="checkbox"/> Less than 35% <input type="checkbox"/> I do not have the knowledge to evaluate 5. <i>(For faculty references of students in safety and health degree programs.)</i> The applicant is a student in the last semester or last two quarters of a safety and health degree program and is expected to graduate. _____ / _____ Expected graduation date (Mo/Yr)	
Do you have any other comments about the applicant and his/her qualifications for the CHST certification? _____		