

Referee Form

Applicants must list the name, position, workplace, telephone number and email of two individuals. The individuals should have known the applicant for at least one year and/or have had direct work, practice and/or have had education-related interactions with the applicant.

Referees must agree to be contacted by the company representatives in the event that the applicant is interviewed. Referees should be able to comment on the following skills and attributes of the applicant.

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|--|---------------------|
| (1) oral and written communication proficiency | (2) initiative |
| (3) leadership | (4) problem solving |
| (5) project management | (6) team work |

Name	Position	Workplace	Telephone	Email
Please specify the amount of time that you have worked with this referee or any other relevant comments:				

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By providing the contact information of the referees listed above, the applicant acknowledges that the referees have agreed to be contacted and have willingly provided their contact information. The applicant also agrees to allow company representatives affiliated with the Industrial Pharmacy Residency Program to contact their referees at their discretion during the application period.

Applicant Full Name (Print)

Date