



PROFESSIONAL EXPERIENCE REFERENCE

(Please Type or Print Clearly)

SECTION 1 - TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

Home Mailing Address: _____

SECTION 2 - TO BE COMPLETED BY RESPONDENT

1. I have known the applicant professionally since: (date) _____

2. My relationship with the applicant has been that of:
 Employer Supervisor Co-worker Other: _____

	Excellent	Good	Fair	Poor	Unknown
3. Quality of professional work:	<input type="checkbox"/>				
Application of technical knowledge:	<input type="checkbox"/>				
Professional attitude, initiative:	<input type="checkbox"/>				
Soundness of judgement:	<input type="checkbox"/>				
Professional reputation:	<input type="checkbox"/>				

4. I have personal knowledge of the applicant's work from _____ (date) to _____ (date). During this time the applicant was employed as a _____ using: initiative , skill , interpretative judgement from (date) _____ to (date) _____. The applicant's work was/is full-time part-time, hrs. per week: _____.

5. During the time covered by this reference, the applicant was employed by: _____

6. Describe the applicant's duties and responsibilities, types of rigs operated, types of wells constructed, depths of wells constructed, diameters of wells constructed, and types of pumps installed and serviced, if applicable.

7. Additional period of employment.

A. I also have personal knowledge of this applicant's work from _____ (date) to _____ (date). During this time the applicant was employed as a _____ with (company name) _____.

The applicant's work was full-time part-time.

B. Describe the applicant's duties and responsibilities, types of rigs operated, types of wells constructed, depths of wells constructed, diameters of wells constructed, and types of pumps installed and serviced, if applicable. (Attach additional sheet if needed)

8. Do you consider the applicant qualified to hold a well driller, well driver, or pump installer license? Yes No.

Additional remarks and comments:

9. Persons providing references must hold a valid well driller or pump installer license.

Name (print or type): _____ Lic. # _____ State: _____

Lic. # _____ State: _____

Lic. # _____ State: _____

Current position: _____ Employer: _____

Respondent's Signature _____ Date _____