

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING**

**EMPLOYEE'S PROFESSIONAL REFERENCE DOCUMENTATION  
FOR CHILD CARE GROUP HOMES**

Rule R9-3-305(A)1.k.

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Start date: \_\_\_\_\_

Good faith effort checks of at least two previous employers.

Reference Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Title/Position \_\_\_\_\_  
Date of Contact \_\_\_\_\_  
Comments \_\_\_\_\_

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Telephone \_\_\_\_\_  
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Date of Contact \_\_\_\_\_  
Comments \_\_\_\_\_

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