

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

**EMPLOYEE'S REFERENCE DOCUMENTATION FOR CHILD CARE FACILITIES  
Rule R9-5-402(A)12**

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

First day of work: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Type of Reference: \_\_\_\_\_

Type of Reference: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*

\*\*\*\*

Reference Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Type of Reference: \_\_\_\_\_

Type of Reference: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*

\*\*\*\*

**ATTACH TWO WRITTEN REFERENCES**

**ONE PERSONAL AND ONE FROM A PREVIOUS EMPLOYER**