



CITY OF ATLANTA POLICE DEPARTMENT



APPLICANT REFERRAL QUESTIONNAIRE

Applicant: _____ Referral Employee: _____

Department: _____

1. Did any employee of the Atlanta Police Department recommend you for this position?

Yes If yes, please provide their name and department: _____

No (Skip Questions 2-4)

2. Are you related to the employee? Yes No If yes, what is the nature of the relationship?
(family member, friend, referred 3rd party, or other (please specify))

3. How long have you known the employee? _____

4. If you would like to provide additional information or comments about the referral employee, please do so in the space provided.

This form was completed by: _____
(Print)

Signature: _____

Date: _____