

**Professional Reference Form**

A letter of reference that incorporates the information requested herein is acceptable in lieu of this form. Self-employed applicants use a professional reference in lieu of a supervisor.

**Applicant Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial or Name** \_\_\_\_\_

**Home Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Employing Organization:** \_\_\_\_\_

**Work Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Supervisor Email Address:** \_\_\_\_\_

**Supervisor Phone:** \_\_\_\_\_ **Supervisor Fax:** \_\_\_\_\_

I, \_\_\_\_\_ (supervisor), certify that I have supervised / employed the above listed applicant. I know of my own knowledge, that said person was employed as indicated and that regular responsibilities included floodplain management and other duties pertaining to the National Flood Insurance Program (NFIP).

**Briefly describe job responsibilities of the applicant. Please note if other than full time.**

\_\_\_\_\_  
\_\_\_\_\_

**Please check the type of establishment in which the work is / was performed:**

<input type="checkbox"/> City Government	<input type="checkbox"/> Private
<input type="checkbox"/> County Government	<input type="checkbox"/> Academia
<input type="checkbox"/> State Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Federal Agency	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor (signature)