



Corum Human Services
Corum cares!

Corum Human Services

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New Employee Reference Request

Date: _____

Employee: _____

Reference Contact Information	Reference Type
Employer: _____ Position: _____ Reference Name: _____ Phone Number: _____ Email: _____ Dates of Employment: _____	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Personal <input type="checkbox"/> Other (Describe) _____
Employer: _____ Position: _____ Reference Name: _____ Phone Number: _____ Email: _____ Dates of Employment: _____	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Personal <input type="checkbox"/> Other (Describe) _____
Employer: _____ Position: _____ Reference Name: _____ Phone Number: _____ Email: _____ Dates of Employment: _____	<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Personal <input type="checkbox"/> Other (Describe) _____