



MIDWESTERN ASSOCIATION OF FORENSIC SCIENTISTS, INC.

"A PROFESSIONAL, SCIENTIFIC AND EDUCATIONAL ORGANIZATION"

Employer Referral Form

To be completed by applicant's trainer, supervisor or administrator from
employing agency.

Applicant's Name:

Mailing Address:

Please State Applicant's Primary Work Duties:

Describe The Specific Training The Applicant Has Received To Qualify Him/Her For Forensic Work?

How Long Has The Applicant Been Employed by the Laboratory?

The Applicant is Currently Employed by your Agency? Yes No

What Discipline Does The Applicant Work?

Biology	Crime Scene	Latent Prints	Toxicology
Chemistry	Documents	Management	Trace

Can You Verify The Information On His/Her Application?

Yes No. Please Explain In The Comments

Do You Recommend, Without Qualification, That This Applicant Be Granted Membership?

Yes No. Please Explain In The Comments

Is The Applicant of Sound Moral Character?

Yes No. Please Explain In The Comments

Additional Comments:

Employer's Information

Employer's Name:

Mailing Address:

Employing Agency
Trainer
Supervisor
Administrator

Telephone: _____ **Email:** _____

Employers's Signature: _____ **Date:** _____