



THIS AREA TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

CHRISTIAN CHARACTER Excellent Good Average Poor Unknown

DEPENDABILITY Excellent Good Average Poor Unknown

COOPERATION Excellent Good Average Poor Unknown

GENERAL INTELLIGENCE Excellent Good Average Poor Unknown

ABILITY TO GET ALONG WITH OTHERS Excellent Good Average Poor Unknown

IN CONSIDERING THIS APPLICANT, WOULD YOU RECOMMEND HIM/HER?

YES, WITH ENTHUSIASM YES YES, WITH CAUTION NO

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

WOULD YOU HIRE THIS APPLICANT TO WORK FOR YOU? YES NO

PLEASE EXPLAIN: _____

IS THIS APPLICANT THE KIND OF PERSON WITH WHOM YOU WOULD WANT YOUR SON OR DAUGHTER TO BE CLOSE FRIENDS?

YES NO IF NO, PLEASE EXPLAIN _____

LIST ANY PHYSICAL HANDICAPS OR DEFECTS _____

PLEASE LIST ANY SIGNIFICANT FACTORS IN APPLICANT'S BACKGROUND THAT WE NEED TO KNOW.

NAME OF REFERENCE _____

RELATION TO APPLICANT _____

ADDRESS _____

EMAIL _____

PHONE NUMBER Cell Work Home _____

DATE _____

NOTE: Please mail this form directly to International Baptist College. Please do not return it to the applicant.