


Personal Reference

NOTICE TO APPLICANT

(This section to be filled out by applicant)

Applicant's Name _____ Phone (____) _____ 

Email _____ Learning Site _____

Address _____
Number Street City State Zip Code Country

Special Note: Public law give you the right to review this reference form after you enroll in LAMP if you so desire. You may retrain this right under the law, or you may choose to waive this right in order that the answers given by the person referring you to LAMP may remain

Please complete the following to the best of your knowledge.

1. My relationship to the applicant is: employer ____ teacher ____ friend ____ other ____
2. I have known the applicant; less than 1 year ____ 1-2 years ____ 3-5 years ____ 5 or more years
3. I know the applicant: extremely well ____ rather well ____ casually ____
4. The applicant's marital status is: single ____ married ____ divorced ____ widowed ____ separated ____
5. The applicant's ability for work is: exceptional ____ good ____ fair ____ poor ____ no basis for opinion ____
6. Is the applicant mature enough to adjust to an educational/training environment? Yes ____ No ____
 Does the applicant have a habitual use of: tobacco ____ alcohol ____ habit-forming drugs ____
7. I have no reservations concerning the applicant's honesty or integrity:
 ____ strongly agree ____ disagree Comments: _____
8. I would rate the applicant's dedication to God and devotion to Christian principles as:
 ____ extremely high ____ higher than most ____ about average ____ low, but improving ____ inconsistent
9. I would rate the applicant's commitment to a career in vocational Christian service as:
 ____ very definite ____ highly probable ____ uncertain but willing ____ improbable

In order to give a better profile of the applicant, give your opinion of the applicant in the following areas by circling the number which best describes the applicant

HOME	1 Poor	2	3	4	5	6	7	8	9	10	UNKNOWN
PERSONALITY	1 Withdrawn	2	3	4	5	6	7	8	9	10	UNKNOWN
RELATIONSHIPS	1 Abrasive	2	3	4	5	6	7	8	9	10	UNKNOWN
EMOTIONAL STABILITY	1 Unstable	2	3	4	5	6	7	8	9	10	UNKNOWN
INITIATIVE	1 Never initiates	2	3	4	5	6	7	8	9	10	UNKNOWN
LEADERSHIP	1 Never Leads	2	3	4	5	6	7	8	9	10	UNKNOWN
DEPENDABILITY	1 Irresponsible	2	3	4	5	6	7	8	9	10	UNKNOWN
JUDGMENT	1 Poor	2	3	4	5	6	7	8	9	10	UNKNOWN

CONFLICT RESOLUTION

[Reset Form](#)

Describe a situation in which the applicant had a conflict with another person. How did he/she deal with the situation?

STRENGTHS/WEAKNESSES

Describe what you believe to be the applicant's greatest strengths:

Describe two areas of concern that you have for the applicant:

FINAL COMMENTS

Signature _____


Date _____

REFERENCE INFORMATION

(To be filled out by person completing form)

Name _____ Position _____

Address _____

 Telephone (Day) _____  (Evening) _____

Would you like to be added to our mailing list? Yes ___ No ___