

# PASTOR'S REFERENCE FORM

COMMONWEALTH BAPTIST COLLEGE

Attention: Admissions Department

3440 Versailles Road Lexington, KY 40510

1-877-682-8318

### THIS AREA TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_

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, how would you recommend him/her?  
Yes, with enthusiasm \_\_\_\_\_ Yes, with caution\* \_\_\_\_\_ No\* \_\_\_\_\_  
\*(Please state reason on the back of this sheet.)

How long have you known the applicant? \_\_\_\_\_

Does the applicant pay his bills on time? \_\_\_\_\_

Would you hire this applicant to work for you? Yes \_\_\_\_\_ No\* \_\_\_\_\_ (If 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 handicaps or disabilities. \_\_\_\_\_

List any significant factors in the applicant's background which we should know. \_\_\_\_\_

General Comments: \_\_\_\_\_

NAME OF REFERENCE (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NOTE: SEND THIS FORM DIRECTLY TO COMMONWEALTH BAPTIST COLLEGE AT THE ADDRESS LISTED ABOVE. DO NOT RETURN IT TO THE APPLICANT! THANK YOU FOR YOUR TIME!