

PERSONAL 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 _____

YOUR RELATIONSHIP TO THE APPLICANT _____

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!