



REFERENCE FORM

Applicant's Name _____
Last First Middle

1. Please evaluate the applicant by using the categories listed below. Check the most appropriate column.

	Outstanding	Excellent	Good	Fair
Attitude/Cooperation	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Motivation/Determination	_____	_____	_____	_____

2. Do you believe, based on your contact with the applicant, that he/she demonstrates the ability to complete an internship successfully? Yes____No____Why?

3. Do you believe this applicant would make a good employee? Yes_____No____ Why?

4. Identify your relationship to the applicant: _____

Name: (please print) _____ Phone: _____

Signature: _____ Date: _____

RETURN IN A SEALED ENVELOPE TO THE APPLICANT.