



STAFF APPLICATION REFERENCE FORM

INSTRUCTIONS TO APPLICANT

Fill out your name and address and give one form to your minister and one to an adult who knows you well.

Student's Name: _____

Street: _____ Province: _____ Postal Code: _____

City: _____ Phone: (_____) _____

INSTRUCTIONS TO PERSON COMPLETING REFERENCE

The above named applicant has indicated your willingness to be his/her reference for his/her application for attending our staff team. We would be most grateful if you would answer the following questions.

The length of my relationship with the applicant is:

- less than one year
- 1 - 2 years
- 3 - 5 years
- more than 5 years

How well do you know him/her?

- by name/sight
- fairly well/numerous contacts
- casually/few personal contacts
- personal/very close relationship

How long has the applicant been a born-again Christian? _____

Please indicate the level of consistency in each of the following areas of the applicant's life:

	Consistent	Frequent	Occasional	Seldom
Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Service & Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging others spiritually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the applicant mature enough to leave home and adjust to a community lifestyle?

- strongly agree
- agree
- disagree

Please tick any of the following the applicant habitually uses.

- tobacco
- alcohol
- habit forming drugs
- none to my knowledge

I believe the applicant shows particular ability in _____

I have no reservations concerning the applicant's honesty and integrity.

strongly agree agree disagree

I recommend this applicant for joining the staff team at Capernwray Quebec.

unreservedly with reservations do not recommend

If you do not recommend, please comment further: _____

To your knowledge, has the applicant ever been involved in the occult? Yes No

In order to give us a better profile of the applicant as a person, please rate the applicant in each of the following areas. Circle the number, which in your opinion, best represents where the applicant fits on the scale given for each category.

SELF-CONTROL	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	very little								extremely self-controlled		
COMMITTED BELIEVER	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	uncommitted								highly committed		
DILIGENT WORKER	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	lazy								industrious		
TEACHABLE	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	rebellious								highly responsive		
HOME LIFE	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	disruptive								cohesive		
SOCIABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	withdrawn								involved		
RELATIONSHIPS	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	abrasive								congenial		
EMOTIONAL STABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	unstable								stable		
INITIATIVE	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	never initiates								takes initiative		
LEADERSHIP	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	never leads								leader		
TEAM PLAYER	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	divisive								works well with others		
DEPENDABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	irresponsible								extremely dependable		
JUDGMENT	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	poor								very discerning		

Please add any further comments you feel would be helpful to us _____

Your Name: _____ Position: _____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

Thank you for the time and effort you have given to fill out this form. Please return the completed form to:
Capernwray Quebec Bible School • 16710 Route 335 Chertsey, QC J0K 3K0 Canada • Fax: 450-882-1973