



Personal Reference Form
 Tri-State Baptist College
 Attn. Admissions Department
 6001 Goodman Rd. - Walls, MS 38680
 662.781.7777



THIS AREA TO BE COMPLETED BY APPLICANT

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- | | | | | | |
|-------------------------|-----------------|------------|---------------|------------|---------------|
| 1. Christian Character: | Excellent _____ | Good _____ | Average _____ | Poor _____ | Unknown _____ |
| 2. Dependability: | Excellent _____ | Good _____ | Average _____ | Poor _____ | Unknown _____ |
| 3. Cooperation: | Excellent _____ | Good _____ | Average _____ | Poor _____ | Unknown _____ |
| 4. Intelligence: | Excellent _____ | Good _____ | Average _____ | Poor _____ | Unknown _____ |
| 5. Ability to get along | Excellent _____ | Good _____ | Average _____ | Poor _____ | Unknown _____ |

In considering this applicant, how would you recommend him/her?

With enthusiasm: _____ With caution: _____ (If with caution, please explain) _____

How long have you known the applicant? _____ Does he/she pay their bills on time? Yes _____ No _____

Would you hire this applicant to work for you? Yes _____ No _____

If no, please explain _____

Is this applicant the type of person with whom you would want your son/daughter to be close friends? Yes _____ No _____

If no, please explain _____

List any handicaps or disabilities. _____

Please list any significant factors in the applicant's background that we should know. _____

General Comments: _____

Name of reference (Please Print) _____ Relationship _____

Signature _____ Date _____

Address _____

Street

City

State

Zip

Please send this form directly to Tri-State Baptist College. Do not return to the applicant

Please Write "Attention Admissions Department" on the envelope.