

# APPLICATION FOR RETURNING SUMMER MISSIONARY SERVICE



**BIBLE MISSION**

**CAMP, RETREAT AND CONFERENCE CENTER**

**333 CEDINE CAMP ROAD • SPRING CITY, TENNESSEE 37381-6132**

Phone (423)365-9565 \* Web Page: www.cedine.org \* EMail: cedine@cedine.org \* Fax: (423) 365-6111

Name \_\_\_\_\_ Home Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DA YR

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ EMail \_\_\_\_\_

Marital Status: Circle One Married Single Divorced Separated

School Year Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ EMail \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Church you are a member of? \_\_\_\_\_ Pastor \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Church you normally attend (if different from the above)? \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

What is your main reason for applying to Cedine Bible Camp? \_\_\_\_\_

What position do you desire? (Counselor, food service, activity instructor, office, nurse, etc.) \_\_\_\_\_

Dates Available: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt size: Circle One Small Medium Large XL XXL XXXL  
- MO DA YR MO DA YR

EDUCATION (Circle the year completed by June) High School - 1 2 3 4 ; College/Bible Inst - 1 2 3 4

Post Graduate - 1 2 3 4: School now attending (if any) \_\_\_\_\_ Field of study \_\_\_\_\_

Have you read and do you heartily agree with Cedine's doctrinal statement? (included in the Counselor's Manual) \_\_\_\_\_

Are you sure you are saved? \_\_\_\_\_ Could you lose your salvation? \_\_\_\_\_ If so, under what circumstances? \_\_\_\_\_

Do you have a daily Bible reading and prayer time? \_\_\_\_\_

Have you change in any of your beliefs or practices in the last year? \_\_\_\_\_ If yes in what areas \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime (Major or minor)? \_\_\_\_\_ If yes, explain. \_\_\_\_\_  
Attach separate sheet if necessary

List youth work in which you have been involved in the last year and the name and address of the church or other organization where the work was performed \_\_\_\_\_

**CAMPING INFORMATION**

In the following list, put 1 if you could organize and teach: 2 if you could assist in teaching: 3 if you are slightly familiar.  
\_\_\_ Archery \_\_\_ Softball \_\_\_ Canoeing \_\_\_ Hiking \_\_\_ Horseback riding \_\_\_ Riflery \_\_\_ Water Skiing \_\_\_  
Volleyball \_\_\_ Basketball \_\_\_ Crafts \_\_\_ Biking \_\_\_ Fishing \_\_\_ Choir \_\_\_ Music \_\_\_ Program \_\_\_  
Swimming classification (check one) \_\_\_Advanced \_\_\_Intermediate \_\_\_Beginner \_\_\_Non-Swimmer

Please list any certifications, talents or skills God has given you: \_\_\_\_\_

**FINANCIAL INFORMATION**

- 1. Are you willing and able to serve as a summer missionary with **no promised pay**? \_\_\_\_\_
- 2. Because this is a mission program the camp fees are set to cover only food, lodging and other benefits, but no salaries. Summer staff over 18 years old serving all summer who are in need of assistance may receive money from the summer staff fund as available. This fund is made up of gifts from churches and individuals interested in this ministry.
- 3. If applying for the entire summer how much financial help will you need? \_\_\_\_\_

**CHARATER REFERENCES ARE REQUIRED**

Please give/send the enclosed Reference questionnaires to those who will fill them out for you. Please ask them to mail it to Cedine Bible Camp Attention Camp Director. You must fill in your name, the position you are applying for and dates available on each reference questionnaire. Please list the names and address of those you are giving these forms to.

1. Pastor or full-time Christian worker: Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

1. 2. Christian Worker or Teacher: Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

3. Employer (past or present) or Professor or Teacher in the school in which you are presently enrolled:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

4. Personal friend - (not a family member): Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Cedine Bible Camp any information (including opinions) that they may have regarding my character and fitness for my responsibilities at CBC. In consideration of the receipt and evaluation of this application by CBC I hereby release any individual or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by in this application.

I have read the Staff Manual and heartily agree with Cedine's doctrinal statement. I understand the position, policies and guidelines and will follow them to the best of my ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you interested in the MAPS (Missionary Apprenticeship and Practical Studies) 15 month internship \_\_\_ Yes \_\_\_ No  
Revised 10/2011

**ACADEMIC RECOMMENDATION FOR SUMMER STAFF**  
**CEDINE BIBLE CAMP AND CONFERENCE CENTER**  
 333 CEDINE CAMP RD, SPRING CITY, TN 37381  
 Phone (423) 365-9565 FAX (423) 365-6111

This section to be completed by applicant:

Applicant's Name \_\_\_\_\_ Dates Available \_\_\_\_\_ Phone \_\_\_\_\_

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

Position Applying for 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

**For Staff Returning From The Previous Summer**

Please list any changes since the last time you filled out this form.

**Please Print Clearly**

1. The applicant's homework assignments are (check all that apply)

- neat       messy
- done well     often have careless errors
- on time       often late

2. The applicant's motivation would best be described as:

- Excellent-highly self motivated
- Good-effectively motivated
- Average-motivated if there is an external reward
- Poor-rarely motivated by any means

3. Please indicate which statement best describes the applicant in relation to each characteristic listed below.

	Most of the time	Some of the time	Not often	Hardly ever
Able to follow instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyal . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and friendly . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An able leader of others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Christian testimony . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined in personal habits. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adjust to different situations. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with other's problems. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily offended . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclined to criticize others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work without close supervision. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a team situation. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please grade the applicant on the following characteristics and traits. Use "1" to indicate superior, "2" for above average, 3" if average and "4" if weak in that area. Please evaluate the applicant in relationship to his/her own age group.

- |                       |                             |                                    |
|-----------------------|-----------------------------|------------------------------------|
| ___ Personal Grooming | ___ Sense of Humor          | ___ Willingness                    |
| ___ Tact              | ___ Initiative              | ___ Attitude toward authority      |
| ___ Dependability     | ___ Courtesy                | ___ Attitude toward hard work      |
| ___ Judgment          | ___ Initial Impression      | ___ Public speaking ability        |
| ___ Punctuality       | ___ Ability to make friends | ___ Honesty and personal integrity |

5. Please list one strength: \_\_\_\_\_

6. One weakness of the applicant: \_\_\_\_\_

7. Please check your choice of recommendation:

- |   |  |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend          | <input type="checkbox"/> I do not recommend                |

8. Please give your opinion on this applicant's over all suitability to work in a ministry setting such as Cedine Bible Camp.

Your Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position/Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for the early return of this form as it will expedite the candidate's application process.

Camp Director  
333 Cedine Camp Rd  
Spring City, TN 37381

**CHRISTIAN CHARACTER RECOMMENDATION FOR SUMMER STAFF**

CEDINE BIBLE CAMP AND CONFERENCE CENTER

333 CEDINE CAMP RD, SPRING CITY, TN 37381

Phone (423) 365-9565 FAX (423) 365-6111

The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below

This section to be completed by applicant:

Applicant's Name \_\_\_\_\_ Dates Available \_\_\_\_\_ Phone \_\_\_\_\_

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

Position Applying for 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

**For Staff Returning From The Previous Summer**

Please list any changes since the last time you filled out this form.

**Please Print Clearly**

1. How long have you know the applicant? \_\_\_\_\_
2. Is the applicant a Christian? \_\_\_\_\_ For approximately how long? \_\_\_\_\_
3. Have you seen the applicant in response to understanding the Scriptures, witnessing, and prayer life?

4. Does the applicant appear to be growing in his/her Christian experience? Please Explain

5. What spiritual gifts are evident in the applicant's life? \_\_\_\_\_

6. Do you feel that the applicant has a tender heart towards God and a teachable spirit? \_\_\_\_\_

7. What do you consider to be special about the applicant? \_\_\_\_\_

8. Please indicate which statement best describes the applicant in relation to each characteristic listed below.

	Most of the time	Some of the time	Not often	Hardly ever
Able to follow instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyal . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and friendly . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An able leader of others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Christian testimony . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined in personal habits. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adjust to different situations. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with other's problems. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily offended . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclined to criticize others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work without close supervision. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a team situation. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please grade the applicant on the following characteristics and traits. Use "1" to indicate superior, "2" for above average, "3" if average and "4" if weak in that area. Please evaluate the applicant in relationship to his/her own age group.

- |                       |                             |                                    |
|-----------------------|-----------------------------|------------------------------------|
| ___ Personal Grooming | ___ Sense of Humor          | ___ Willingness                    |
| ___ Tact              | ___ Initiative              | ___ Attitude toward authority      |
| ___ Dependability     | ___ Courtesy                | ___ Attitude toward hard work      |
| ___ Judgment          | ___ Initial Impression      | ___ Public speaking ability        |
| ___ Punctuality       | ___ Ability to make friends | ___ Honesty and personal integrity |

8. How do you think this applicant will do as a member of our staff?

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9. Please list one strength:

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10. one weakness of the applicant:

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11. Please check your choice of recommendation:

- |   |  |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend          | <input type="checkbox"/> I do not recommend                |

12. Please give your opinion on this applicant's over all suitability to work in a ministry setting such as Cedine Bible Camp.

Your Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position/Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for the early return of this form as it will expedite the candidate's application process.

**PASTORAL RECOMMENDATION FOR SUMMER STAFF**  
**CEDINE BIBLE CAMP AND CONFERENCE CENTER**  
 333 CEDINE CAMP RD, SPRING CITY, TN 37381  
 Phone (423) 365-9565 FAX (423) 365-6111

This section to be completed by applicant:

Applicant's Name \_\_\_\_\_ Dates Available \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Applying for 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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**For Staff Returning From The Previous Summer**

Please list any changes since the last time you filled out this form.

**Please Print Clearly**

1. How long have you know the applicant? \_\_\_\_\_
2. Is the applicant a Christian? \_\_\_\_\_ For approximately how long? \_\_\_\_\_
3. Have you seen the applicant in response to understanding the Scriptures, witnessing, and prayer life?

\_\_\_\_\_

\_\_\_\_\_

4. Does the applicant appear to be growing in his/her Christian experience? Please explain

\_\_\_\_\_

\_\_\_\_\_

5. What spiritual gifts are evident in the applicant's life? \_\_\_\_\_

6. Describe the applicant's pattern of church attendance. He/she attends:

All services regularly  1 or 2 per week  Less than once a month

7. Is the applicant a member of your church? \_\_\_\_\_

8. Please indicate which statement best describes the applicant in relation to each characteristic listed below.

	Most of the time	Some of the time	Not Often	Hardly ever
Able to follow instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyal . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing and friendly . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An able leader of others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistent in Christian testimony . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined in personal habits. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adjust to different situations. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to cope with other's problems. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily offended . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclined to criticize others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moody . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work without close supervision. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work in a team situation. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please grade the applicant on the following characteristics and traits. Use "1" to indicate superior, "2" for above average, "3" if average and "4" if weak in that area. Please evaluate the applicant in relationship to his/her own age group.

- |                       |                             |                                    |
|-----------------------|-----------------------------|------------------------------------|
| ___ Personal Grooming | ___ Sense of Humor          | ___ Willingness                    |
| ___ Tact              | ___ Initiative              | ___ Attitude toward authority      |
| ___ Dependability     | ___ Courtesy                | ___ Attitude toward hard work      |
| ___ Judgment          | ___ Initial Impression      | ___ Public speaking ability        |
| ___ Punctuality       | ___ Ability to make friends | ___ Honesty and personal integrity |

10. There is a possibility that the applicant would serve as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager?  yes  no

11. Please list one strength: \_\_\_\_\_  
\_\_\_\_\_

12. One weakness of the applicant: \_\_\_\_\_  
\_\_\_\_\_

13. Please check your choice of recommendation:

- |   |  |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend          | <input type="checkbox"/> I do not recommend                |

14. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Cedine Bible Camp.

Your Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position/Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for the early return of this form as it will expedite the candidate's application process.



**WORK RECOMMENDATION FOR SUMMER STAFF**  
**CEDINE BIBLE CAMP AND CONFERENCE CENTER**  
 333 CEDINE CAMP RD, SPRING CITY, TN 37381  
 Phone (423) 365-9565 FAX (423) 365-6111

This section to be completed by applicant:

Applicant's Name \_\_\_\_\_ Dates Available \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position Applying for 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The above named person is applying for summer ministry staff at Cedine Bible Camp. The personal information requested below supplements their application and personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics. Any information which you give us will be regarded as strictly confidential. Please send this form directly to Cedine Bible Camp.

**For Staff Returning From The Previous Summer**

Please list any changes since the last time you filled out this form.

**Please Print Clearly**

1. Please rate the applicant on the following:

	Superior	Above Average	Average	Poor	Not Observed
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives advance notice for time off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rarely misses work due to illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn new tasks quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility/Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polite and helpful to customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness in supervising others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the applicant respond well to authority?

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3. Does the applicant accept criticism well?

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4. How well does the applicant work under pressure?

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5. Does the applicant go beyond his/her required tasks?

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6. Does the applicant take the initiative to get tasks done that he/she sees need to be done or has not been assigned?

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7. Is the applicant willing to come in, if able, and work on days he/she has off?

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8. Please list one strength of the applicant: \_\_\_\_\_

---

9. Please list one weakness of the applicant: \_\_\_\_\_

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10. Additional Comments

Your Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Position/Organization \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Signature \_\_\_\_\_

Thank you for the early return of this form as it will expedite the candidate's application process.