

_____ (applicant) has applied to work as _____ on the staff of our Christian Family Conference. This leadership position will require living and working closely with others. Your confidential evaluation of the applicant is solicited to help us in determining his/her suitability for the position. Please add any additional information that you think would be relevant. The applicant has given his/her authorization (below) for you to furnish the information.

"I hereby authorize _____ to furnish to Northern Pines of Minnesota, Inc. the information requested on this form related to my Staff Application, and I hereby release you from all liability for any damage whatsoever resulting from your furnishing this information to Northern Pines."

Applicant's Signature: _____ Date: _____

PERSONAL QUALITIES

| | Superior | Above Average | Average | Weak Area | Not Observed | Comments: |
|---|----------|---------------|---------|-----------|--------------|-----------|
| Self Esteem | ● | ● | ● | ● | ● | |
| Self-Control | ● | ● | ● | ● | ● | |
| Personal appearance and cleanliness | ● | ● | ● | ● | ● | |
| Physical fitness | ● | ● | ● | ● | ● | |
| Honesty and Integrity | ● | ● | ● | ● | ● | |
| Initiative | ● | ● | ● | ● | ● | |
| Stick-to-it-ive-ness | ● | ● | ● | ● | ● | |
| Willingness to learn | ● | ● | ● | ● | ● | |
| Evidence of Christian commitment and growth | ● | ● | ● | ● | ● | |
| Quality of Christian example | ● | ● | ● | ● | ● | |
| Makes friends/relates to others | ● | ● | ● | ● | ● | |
| Concern for others | ● | ● | ● | ● | ● | |
| Works with others | ● | ● | ● | ● | ● | |
| Punctuality | ● | ● | ● | ● | ● | |
| Dependability | ● | ● | ● | ● | ● | |
| Adaptability | ● | ● | ● | ● | ● | |
| Emotional stability | ● | ● | ● | ● | ● | |
| Courtesy & tact | ● | ● | ● | ● | ● | |
| ATTITUDES TOWARD: | | | | | | |
| Church | ● | ● | ● | ● | ● | |
| Parents (if applicable) | ● | ● | ● | ● | ● | |
| Peers | ● | ● | ● | ● | ● | |
| Authority | ● | ● | ● | ● | ● | |
| Opposite sex | ● | ● | ● | ● | ● | |
| Hard work | ● | ● | ● | ● | ● | |

SIGNATURE: _____

DATE: _____

Name: _____

Phone: _____

Address: _____
Street City State Zip

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Please send completed form (and any additional comments) to jjaderston@npines.org or Julie Jaderston, 101 W 22nd Avenue, Hutchinson, KS 67502