

THE BERKSHIRE INSTITUTE FOR CHRISTIAN STUDIES

P.O. Box 1888 • Lenox, MA 01240

Phone (413) 637-4673 • Fax (413) 637-4676

Confidential Recommendation Form #2

TO BE COMPLETED BY EMPLOYER OR BUSINESS ACQUAINTANCE

Name of Applicant \_\_\_\_\_

The following characterizations are descriptions of behavior. Please circle the description which most closely applies to the applicant. Further comments on the back of this page will help.

1. Motivation:	Purposeless	Vacillating	Usually purposeful	Effectively motivated	Highly motivated	Have not observed
2. Industry:	Seldom works	Needs constant pressure	Needs occasional prodding	Faithful	Seeks additional work	Have not observed
3. Initiative:	Merely conforms	Seldom initiates	Frequently self-reliant	Consistently creative	Actively	Have not observed
4. Influence and leadership:	Negative	Cooperative but retiring	Sometimes in minor affairs	Contributes in important	Outstanding	Have not observed
5. Concern for others:	Self-centered	Indifferent concerned	Somewhat concerned	Generally	Deeply and actively concerned	Have not observed
6. Responsibility:	Unreliable	Somewhat dependable	Usually dependable	Conscientious	Assumes much responsibility	Have not observed
7. Integrity:	Not dependable	Questionable at times	Generally honest	Reliable, dependable	Consistently trustworthy	Have not observed
8. Emotional stability:	Very unstable	Somewhat unstable	Usually well-balanced	Well-balanced	Exceptionally stable	Have not observed

Has the applicant consistently maintained positive moral character?  Yes  No

So far as you know, does the applicant use any of the following: Tobacco  Yes  No

Alcohol  Yes  No

Drugs  Yes  No

In so far as you know, is the applicant free from any police record?  Yes  No

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

How do you recommend the applicant for admission?

enthusiastically  strongly  mildly  with reservation  I do not recommend

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title: \_\_\_\_\_ Ph. (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_