

# Adjunct Personal Reference

Applicant's Name \_\_\_\_\_

First

Middle

Last

## TO BE COMPLETED BY APPLICANT

Applicant may waive his/her right to inspect and review letters or recommendation by signing a waiver. The following statement indicates the wish of the applicant requesting this particular recommendation.

I, the undersigned, DO / DO NOT waive any right to inspect the content in this letter of recommendation.

**(Circle One)**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TO BE COMPLETED BY SELECTED REFERENCE

The above named applicant has applied to teach at Ohio Christian University and has listed you as a reference.

Your assistance in supplying information which is significant in this case will be greatly appreciated.

1. How long have you know the applicant, and in what connection?

2. Do you believe the applicant knows Christ as Savior?

Yes  No  I don't know

3. Do you believe the applicant has experienced entire sanctification?

Yes  No  I don't know

4. Is the applicant living a consistent Christian life?

Yes  No  I don't know

What evidence have you observed?

5. Do you have any reason to question the applicant's moral life?

Yes  No  I don't know

If yes, why?

6. I have sat under the applicant's teaching.

Yes  NO

7. I believe the applicant's ability to teach at the college level is:

Exceptional

Good

Fair

Poor

I don't know

Please evaluate the applicant in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on any other of the above ratings you wish:

### Overall Recommendation

Based upon your knowledge of the applicant, please indicate your level of recommendation.

- Highly Recommend       Recommend       Recommend with Reservations  
 Do not recommend

I would like to discuss this recommendation by phone.

Print Name \_\_\_\_\_ Are you an OCU Alumnus?     Yes     No

Occupation \_\_\_\_\_

Academic Credentials \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Day Evening

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

Thank you for your time in completing this form. Please return as soon as possible to the AIM office at OCU.  
AIM Office, Ohio Christian University, 1476 Lancaster Pike, Circleville, Ohio 43113