

The Salvation Army

Little Pine Island Camp & Retreat

6889 Pine Island Dr. N.E.
Comstock Park, MI 49321
(616) 784-1404
Fax: 784-3432

EMPLOYEE
RECOMMENDATION

(Must be completed by a person other than a family member)

TO BE COMPLETED BY APPLICANT - Please print in ink or type.

Applicant's Name: _____ Phone: (_____) _____ - _____

I hereby authorize the release of the information requested: _____
Applicant's Signature

* Please indicate the positions for which you are applying :

TO BE COMPLETED BY REFERENCE

The above-named individual has made application for employment with The Salvation Army's Little Pine Island Camp. As a reference, please complete the form below to the best of your ability. If you are unable or not qualified to answer any specific question, please make a NA response and continue. Please return the completed recommendation directly to the camp

All responses are confidential as required by law.

PLEASE CHECK THE RESPONSE WHICH BEST DESCRIBES THE APPLICANT

COOPERATION	<input type="checkbox"/> Self Centered	<input type="checkbox"/> Complains	<input type="checkbox"/> Usually Cooperative	<input type="checkbox"/> Keenly Interested	<input type="checkbox"/> Enthusiastic
DEPENDABILITY	<input type="checkbox"/> Undependable	<input type="checkbox"/> Makes Excuses	<input type="checkbox"/> Fulfills Obligations	<input type="checkbox"/> Dependable	<input type="checkbox"/> Scrupulous
EMOTIONAL STABILITY	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Excitable	<input type="checkbox"/> Usually Well Balanced	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Unshakable
INTELLIGENCE	<input type="checkbox"/> Unteachable	<input type="checkbox"/> Learns Slowly	<input type="checkbox"/> Learns by Application	<input type="checkbox"/> Learns Quickly	<input type="checkbox"/> Brilliant
LEADERSHIP	<input type="checkbox"/> Pessimistic	<input type="checkbox"/> Seldom Leads	<input type="checkbox"/> Willing to Lead	<input type="checkbox"/> Persuasive Leader	<input type="checkbox"/> Inspiring Leader
INITIATIVE	<input type="checkbox"/> No Vision	<input type="checkbox"/> Needs Prodding	<input type="checkbox"/> Self-Starter	<input type="checkbox"/> Seeks Additional Tasks	<input type="checkbox"/> A Visionary
SOCIAL MANNER	<input type="checkbox"/> Vulgar	<input type="checkbox"/> Ill at Ease	<input type="checkbox"/> Courteous/Polite	<input type="checkbox"/> Socially Comfortable	<input type="checkbox"/> Very Confident
ACTIVITY INVOLVEMENT	<input type="checkbox"/> Non-Participant	<input type="checkbox"/> Occasional	<input type="checkbox"/> Usually Participates	<input type="checkbox"/> Always Participates	<input type="checkbox"/> Initiates Act.
CHRISTIAN WITNESS	<input type="checkbox"/> Uncommitted	<input type="checkbox"/> Indeterminable	<input type="checkbox"/> Lives Consistently	<input type="checkbox"/> Strong Christian Witness	<input type="checkbox"/> Soon be Sainted
ATTITUDE TO CHILDREN	<input type="checkbox"/> Obvious Dislike	<input type="checkbox"/> Tolerates Them	<input type="checkbox"/> Patient/Accepting	<input type="checkbox"/> Invests Themselves	<input type="checkbox"/> Mother Theresa

How long have you known the applicant? _____ Years In what capacities? _____, _____, _____,

What are the applicant's strengths?

What are their weaknesses?

What is your overall evaluation of the applicant?

Unsuitable Recommend Hesitantly Recommend Recommend Confidently Enthusiastic Recommendation

Describe applicant's church participation and devotional life (if known)? (Information will only be considered for program positions.)

Would you trust your own children to the applicants care and supervision? No Probably Absolutely

Thank you for your honest evaluation of the applicant. If you wish to make additional comments regarding the applicant's family relationships, life goals, strengths, weaknesses, experience, ability to work with children, please feel free to use the back of this form.

Signed _____ Phone (_____) _____ Date _____

Name (Please Print) : _____