



Institute Reference Checking Form

Name of Applicant: _____ Date: _____

Name of Reference: _____

Signature: _____ Company: _____

Title: _____ Phone: _____

What is your relationship with the applicant?

How long have you known the applicant? _____ Did you directly supervise her/him? Yes No

How would you rate the applicant's leadership abilities?

How well does the applicant relate to others?

Please describe the applicant's strengths and weaknesses:

How would you evaluate the applicant's ability to communicate with others?

***PLEASE RETURN TO APPLICANT IN A SEALED ENVELOPE OR MAIL TO:
Thomas Dean, Keystone Leaders Institute Advisor
245 College Road, Smithfield, NC 27577**