



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
(609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

Applicant,

Thank you for your interest in joining the Lawrenceville Fire Company. Although at times membership can be demanding, volunteering with the Fire Company will be equally as exciting and rewarding. Please review the information below prior to submitting your application.

Please follow these steps to apply:

1. Speak with a LFC member and visit www.lawrencevillefire.org to learn more about the Fire Company and the expectations of a successful member.
2. Read the information below about the application process and the minimum requirements of Fire Company membership.
3. Complete the attached application in full (incomplete applications will not be accepted).
4. Distribute the enclosed reference forms to three references who you know well (non-family members). The forms must be returned directly to the Fire Company by the reference via USPS.
5. Provide a copy of your driver's license and applicable certificates.
6. Return the application to the Fire Company in person or via USPS along with an application fee of thirty (30) dollars.

The application procedure is as follows:

1. The application process begins when the application is submitted with the appropriate fee.
2. A follow-up phone call is placed to the applicant to confirm that the application is complete and a review has begun.
3. A background investigation and motor vehicle abstract using a vendor agreed upon by the Membership Board and/or the Township of Lawrence is initiated.
4. A check consisting of three (3) references required in writing shall be conducted with personal follow-up by the Membership Board with at one (1) reference.
5. A phone call is then placed to the applicant to discuss the results of the background and reference checks. Pending results of both checks, an interview will be scheduled during a non-fire company event/meeting night.
6. An interview with the applicant will be conducted with the Membership Board and ex-officio officers.
7. The Membership Board and ex-officio officers shall then meet to discuss the prospective applicant (can be post-interview).
8. The applicant's status is announced at the next scheduled company meeting during which the applicant is not present.
9. An additional follow-up phone call to the applicant will be conducted, in which the applicant's intentions are confirmed. A date for the first company meeting that the applicant will be introduced will be determined (and the applicant must be in attendance).
10. The application status is then presented to the company at the next business meeting in which the applicant is able to attend. The Probationary Member is then turned over to the New Firefighter Orientation Officer to begin the program.
11. Upon beginning your probationary period, you will be sent to Professional Healthcare Services in Lawrenceville for a physical and urine drug screening. Please bring the attached State physical form with you to the exam.
12. You will be required to complete a recognized Firefighter I curriculum (usually two evenings per week and one Saturday per month for approximately four months) within one year from your acceptance into the Company, if applicable.
13. You will serve a probationary period between six (6) and at least twelve (12) months. You will be evaluated and expected to reach a certain performance level, which will include your first promotion. If this level is not reached after twelve months, it will result in the re-evaluation of your membership.

14. Once you have met the requirements of full membership, you will be promoted to full Active Membership status.

When considering membership, it is important for the applicant to consider both the fireline and administrative aspects of our organization. While our emergency operations are at the heart of our mission, those operations could not exist without significant administrative support. There are ample opportunities for our members to take part in the business functions of our non-profit corporation, as well as to hold various leadership positions.

If you have any questions about the application process or about membership in general, please contact us. We would like to thank you once again for your interest in the Lawrenceville Fire Company and for taking the time to complete our application. We look forward to meeting you soon.

Yours in the Fire Service,
The Lawrenceville Fire Company



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
(609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

APPLICATION CHECKLIST

(FOR USE BY MEMBERSHIP COMMITTEE ONLY. PLEASE RETURN WITH APPLICATION)

APPLICANT NAME: _____
LAST FIRST MIDDLE

DOCUMENTS RECEIVED

- Application
- Reference #1 _____
- Reference #2 _____
- Reference #3 _____
- Copies of Certifications (if applicable)
- Copy of Driver's License

Application complete on ____/____/20__

INTERVIEW AND ACCEPTANCE

Date of Interview: _____ Interviewed by: _____

Membership Committee: **ACCEPT / REJECT** Action: _____

Physical and Drug Test Results: + / - _____

Probationary Membership Begins at Company Meeting on: ____/____/20__

PROGRESSION OF PROBATIONARY MEMBERSHIP

Anticipated Completion of General Orientation: ____/____/20__

Anticipated Completion of SOP/Constitution Review: ____/____/20__

Anticipated Completion of Truck/Equipment Orientation: ____/____/20__

Anticipated Enrollment in Firefighter I curriculum: ____/____/20__

Anticipated Active Member (6 mo./12 mo. Expiration): ____/____/20__

Active Status Granted: ____/____/20__

MEMBERSHIP APPLICATION STATUS

1. _____ Application is submitted with the appropriate fee.
2. _____ A follow-up telephone call is placed to the applicant to confirm that the application is complete and the review has begun.
3. _____ A criminal background investigation and motor vehicle abstract using a vendor agreed upon by the Membership Board and/or the Township of Lawrence is initiated.
4. _____ Confirmation of three (3) written references is conducted with a personal follow-up by the Membership Board with at one (1) reference.
5. _____ A telephone call is placed to the applicant to discuss the results of the background investigation, motor vehicle abstract, and/or reference checks.
6. _____ Interview scheduled during a non-fire company event/meeting night. Interview date: ____/____/____ Time: ____:____
7. _____ An interview with the applicant conducted by the Membership Board and ex-officio officers.
8. _____ The Membership Board and ex-officio officers meet to discuss the prospective applicant (can be post-interview).
9. _____ The applicant's status is announced at the next scheduled company meeting during which the applicant is not present. Meeting date: ____/____/____ Time: ____:____
10. _____ An additional follow-up telephone call to the applicant is placed, in which the applicant's intentions are confirmed.
11. _____ A date for the first company meeting that the applicant will be introduced is determined (and the applicant must be in attendance). Meeting date: ____/____/____
12. _____ The application status is presented to the company at the scheduled business meeting in which the applicant is present.
13. _____ The Probationary Member is turned over to the New Firefighter Orientation Officer to begin the program. Date: ____/____/____ Time: ____:____ Officer: _____



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
(609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

MEMBERSHIP APPLICATION

ADMINISTRATIVE CADET (14-15 Y/O) JUNIOR (16-17 Y/O) FIREFIGHTER

PERSONAL

NAME: _____ SEX: M / F DOB: ____/____/____
 FIRST LAST MIDDLE

ADDRESS: _____
 STREET APT # CITY STATE ZIP

PHONE: _____ EMAIL: _____@_____
 DAY EVENING MOBILE

OCCUPATION: _____ SSN: _____-_____-_____

EDUCATION

HIGH SCHOOL _____
 STREET CITY/STATE GRADE COMPLETED DIPLOMA EARNED DATE OF GRADUATION

SCHOOL-OTHER _____
 STREET CITY/STATE GRADE COMPLETED DIPLOMA EARNED DATE OF GRADUATION

COLLEGE/UNIVERSITIES ATTENDED:

| NAME | CITY/STATE | TYPE OF DEGREE | MAJOR | CREDITS | DATES ATTENDED FROM TO |
|------|------------|----------------|-------|---------|--|
| | | | | | |
| | | | | | |
| | | | | | |

TRAINING AND CERTIFICATIONS

FIREFIGHTER I: _____
 STATE NUMBER DATE OF ORIGINAL CERTIFICATION EXPIRES

OTHER: _____
 CERTIFYING AGENCY/LEVEL DATE OF ORIGINAL CERTIFICATION EXPIRES

OTHER: _____
 CERTIFYING AGENCY/LEVEL DATE OF ORIGINAL CERTIFICATION EXPIRES

DRIVING RECORD

LICENSE NUMBER: _____ STATE: ____ EXPIRATION: ____/____/20____

POINTS AGAINST: _____ RESTRICTIONS: _____

IS/HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED/REVOKED? **YES / NO**

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT HISTORY

| | | |
|--|--------------------------------|-------------|
| EMPLOYER #1 (MOST RECENT): | DATES: | SUPERVISOR: |
| ADDRESS: | PHONE: (FOR CONTACT IF NEEDED) | |
| POSITION: | REASON FOR LEAVING: | |
| EMPLOYER #2: | DATES: | SUPERVISOR: |
| ADDRESS: | PHONE: (FOR CONTACT IF NEEDED) | |
| POSITION: | REASON FOR LEAVING: | |
| EMPLOYER #3: | DATES: | SUPERVISOR: |
| ADDRESS: | PHONE: (FOR CONTACT IF NEEDED) | |
| POSITION: | REASON FOR LEAVING: | |
| NOTE: THE LAWRENCEVILLE FIRE COMPANY MAY CONTACT ANY OF THE ABOVE SUPERVISORS FOR REFERENCES. IF YOU DO NOT WISH FOR ANY OF THESE TO BE CONTACTED, PLEASE DO NOT LIST A PHONE NUMBER FOR THOSE SUPERVISORS. | | |

MILITARY SERVICE

| | | |
|-------------------------------|-----------------|-------|
| BRANCH: | DATES: | RANK: |
| TYPE OF DISCHARGE: | SERVICE NUMBER: | |
| JOB DESCRIPTION AND TRAINING: | | |

PERSONAL REFERENCES*

| NAME | ADDRESS | OCCUPATION/RELATION |
|------|---------|---------------------|
| | | |
| | | |
| | | |

*A REFERENCE FORM SHOULD BE GIVEN TO EACH INDIVIDUAL LISTED. THESE PEOPLE CANNOT BE RELATED TO YOU, BUT SHOULD BE ABLE TO COMMENT ON YOUR EDUCATION, WORK EXPERIENCE, COMMUNITY INVOLVEMENT, AND/OR CHARACTER.

GENERAL INFORMATION

| | | | |
|--|--------------|--------------|-------------------------|
| HAVE YOU EVER BEEN ARRESTED, PLACED ON PROBATION, OR IMPRISONED FOR ANY CRIMINAL OFFENSE? IF YES, EXPLAIN: | YES | NO | |
| HAVE YOU EVER BEEN ASKED TO RESIGN FROM ANY POSITION? IF YES, EXPLAIN: | YES | NO | |
| HAVE YOU EVER BEEN A MEMBER OF ANY EMERGENCY SERVICES AGENCY? IF YES, PLEASE LIST BELOW. | YES | NO | |
| NAME | PHONE | DATES | CHIEF/SUPERVISOR |
| | | | |
| | | | |

PERSONAL STATEMENTS

WHAT PROMPTED YOU TO CONSIDER JOINING THE LAWRENCEVILLE FIRE COMPANY? _____

WHAT DO **YOU** EXPECT TO GAIN IF YOU ARE GRANTED MEMBERSHIP? _____

HOW WILL THE **FIRE COMPANY** BENEFIT FROM HAVING YOU AS A MEMBER? _____

WHAT (IF ANY) CONCERNS YOU ABOUT BECOMING A MEMBER OF THE FIRE COMPANY? _____

ADDITIONAL INFORMATION

PLEASE FEEL FREE TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN DETERMINING THE ACCEPTABILITY OF YOUR APPLICATION

FURTHER ANSWERS

PLEASE USE THIS SPACE TO ANSWER ANY QUESTIONS IN PREVIOUS SECTIONS OF THE APPLICATIONS OR TO CONTINUE WITH PARTIAL RESPONSES: _____

SIGNATURE AND RELEASE

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge from the Lawrenceville Fire Company, Inc.

By signing below, I hereby authorize the Lawrenceville Fire Company, its Membership Board, the Township of Lawrence, and/or designee to conduct any criminal background investigation and motor vehicle driving abstract review as necessary to verify the above information. I understand that any offer of membership may be contingent upon successfully passing a urine drug screen administered by an approved medical testing agency, and by signing below I give my consent for such testing.

I further agree that, if granted membership, I will uphold the rules, regulations, constitution and by-laws of the Lawrenceville Fire Company, Inc.

SIGNATURE OF APPLICANT, DATE: _____

PRINT NAME: _____

I am the parent/legal guardian of the applicant. My signature below signifies my consent to the above on behalf of the applicant. I take full responsibility for the applicant's actions on the Fire Company until s/he reaches his/her eighteenth birthday. I bear full responsibility for any and all Fire Company uniforms and/or equipment that may be issued to the applicant upon granting membership.

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18), DATE: _____

PRINT NAME: _____



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648

(609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

APPLICANT REFERENCE

APPLICANT NAME: _____
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Lawrenceville Fire Company, Inc. and its Membership Committee. I acknowledge that the completed reference form is the property of the Lawrenceville Fire Company and I further waive any right to review this reference form.

APPLICANT SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____
DATE DATE

TO THE REFERENCE: The above named individual has applied for membership in the Lawrenceville Fire Company, Inc., and you have been given as a reference. References are required as part of the application, but your response is voluntary and completely confidential. If you choose to act as a reference, the information you provide may be relied upon by the Company in determining whether to grant membership to the applicant. Please answer the following questions honestly and candidly as they apply to the applicant. After all, you or your family may have to call on the Fire Company for service and the applicant may be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on a separate sheet of paper. If you choose that option, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE FIRE COMPANY AT THE ABOVE ADDRESS, ATTENTION MEMBERSHIP COMMITTEE.**

The Lawrenceville Fire Company is a volunteer organization that is supported an administrative staff and provides fire and rescue services to the Township of Lawrence, as well as other areas of the community when requested. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure during emergencies or during the course of normal business transactions.

REFERENCE NAME: _____ OCCUPATION: _____

ADDRESS: _____
STREET APT # CITY STATE ZIP

PHONE: _____ EMAIL: _____
DAY EVENING

How long and in what capacity have you known the applicant? _____

How frequently do you have contact with the applicant? _____

Is your relationship: (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL ?**

Do you know any other persons who are acquainted with the applicant? **YES / NO**

Would you have any reservations about entrusting the applicant with a sick/injured member of your immediate family? **YES / NO (explain if yes)** _____

| PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION | | | | |
|--|--|---------------------------------------|--|------------|
| Trustworthiness | Uncomfortable leaving valuables around him/her | low.....avg.....high 1 2 3 4 5 6 7 | Entrusted with keys to residence, use of vehicle | No opinion |
| Reliability | Always late; unable to finish tasks, keep appointments | low.....avg.....high 1 2 3 4 5 6 7 | Finishes tasks; keeps appointments without fail | No opinion |
| Interpersonal Skills | Uncomfortable around all but a few friends; very shy | low.....avg.....high 1 2 3 4 5 6 7 | At ease with most people, can communicate easily | No opinion |
| Ability to maintain confidential information | Constantly spreading rumors; always gossiping | low.....avg.....high 1 2 3 4 5 6 7 | Does not gossip; Can be trusted with personal information | No opinion |
| Ability to remain calm in stressful situations | Gets excited easily; is outwardly emotional | low.....avg.....high 1 2 3 4 5 6 7 | Thrives under stress; able to act calmly when others panic | No opinion |
| Ability to receive constructive feedback | Has never been wrong; Gets agitated and hostile | low.....avg.....high 1 2 3 4 5 6 7 | Continually seeks to improve; invites suggestions | No opinion |

List two of the applicant's strengths: _____

Provide an example of the applicant acting as a leader: _____

List any other comments that you feel are pertinent (special skills, talents, or concerns)

REFERENCE SIGNATURE: _____

DATE

**THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
 YOUR CANDOR IS VERY MUCH APPRECIATED.**



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
 (609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

APPLICANT REFERENCE

APPLICANT NAME: _____
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Lawrenceville Fire Company, Inc. and its Membership Committee. I acknowledge that the completed reference form is the property of the Lawrenceville Fire Company and I further waive any right to review this reference form.

APPLICANT SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____ DATE _____
DATE

TO THE REFERENCE: The above named individual has applied for membership in the Lawrenceville Fire Company, Inc., and you have been given as a reference. References are required as part of the application, but your response is voluntary and completely confidential. If you choose to act as a reference, the information you provide may be relied upon by the Company in determining whether to grant membership to the applicant. Please answer the following questions honestly and candidly as they apply to the applicant. After all, you or your family may have to call on the Fire Company for service and the applicant may be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on a separate sheet of paper. If you choose that option, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE FIRE COMPANY AT THE ABOVE ADDRESS, ATTENTION MEMBERSHIP COMMITTEE.**

The Lawrenceville Fire Company is a volunteer organization that is supported an administrative staff and provides fire and rescue services to the Township of Lawrence, as well as other areas of the community when requested. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure during emergencies or during the course of normal business transactions.

REFERENCE NAME: _____ OCCUPATION: _____

ADDRESS: _____
STREET APT # CITY STATE ZIP

PHONE: _____ EMAIL: _____
DAY EVENING

How long and in what capacity have you known the applicant? _____

How frequently do you have contact with the applicant? _____

Is your relationship: (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL ?**

Do you know any other persons who are acquainted with the applicant? **YES / NO**

Would you have any reservations about entrusting the applicant with a sick/injured member of your immediate family? **YES / NO (explain if yes)** _____

| PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION | | | |
|--|--|---------------------------------------|--|
| Trustworthiness | Uncomfortable leaving valuables around him/her | low.....avg.....high 1 2 3 4 5 6 7 | Entrusted with keys to residence, use of vehicle |
| Reliability | Always late; unable to finish tasks, keep appointments | low.....avg.....high 1 2 3 4 5 6 7 | Finishes tasks; keeps appointments without fail |
| Interpersonal Skills | Uncomfortable around all but a few friends; very shy | low.....avg.....high 1 2 3 4 5 6 7 | At ease with most people, can communicate easily |
| Ability to maintain confidential information | Constantly spreading rumors; always gossiping | low.....avg.....high 1 2 3 4 5 6 7 | Does not gossip; Can be trusted with personal information |
| Ability to remain calm in stressful situations | Gets excited easily; is outwardly emotional | low.....avg.....high 1 2 3 4 5 6 7 | Thrives under stress; able to act calmly when others panic |
| Ability to receive constructive feedback | Has never been wrong; Gets agitated and hostile | low.....avg.....high 1 2 3 4 5 6 7 | Continually seeks to improve; invites suggestions |

List two of the applicant's strengths: _____

Provide an example of the applicant acting as a leader: _____

List any other comments that you feel are pertinent (special skills, talents, or concerns)

REFERENCE SIGNATURE: _____

DATE

THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
 YOUR CANDOR IS VERY MUCH APPRECIATED.



Lawrenceville Fire Company

64 Phillips Avenue, Lawrenceville, NJ 08648
 (609) 896-0966 • Fax (609) 896-3433 • station23@comcast.net • www.lawrencevillefire.org

APPLICANT REFERENCE

APPLICANT NAME: _____
LAST FIRST MIDDLE

I hereby authorize the reference listed below to provide the requested background and personal information to the Lawrenceville Fire Company, Inc. and its Membership Committee. I acknowledge that the completed reference form is the property of the Lawrenceville Fire Company and I further waive any right to review this reference form.

APPLICANT SIGNATURE: _____

SIGNATURE OF PARENT/GUARDIAN (if under 18): _____ DATE _____
DATE

TO THE REFERENCE: The above named individual has applied for membership in the Lawrenceville Fire Company, Inc., and you have been given as a reference. References are required as part of the application, but your response is voluntary and completely confidential. If you choose to act as a reference, the information you provide may be relied upon by the Company in determining whether to grant membership to the applicant. Please answer the following questions honestly and candidly as they apply to the applicant. After all, you or your family may have to call on the Fire Company for service and the applicant may be the one to respond. Where possible, it would be helpful if you could provide an example or anecdote to illustrate your comments. If you require more space to provide an adequate answer, please feel free to attach additional pages. If you would like, you may respond in a different format on a separate sheet of paper. If you choose that option, please return this form as well. **PLEASE RETURN THIS FORM DIRECTLY TO THE FIRE COMPANY AT THE ABOVE ADDRESS, ATTENTION MEMBERSHIP COMMITTEE.**

The Lawrenceville Fire Company is a volunteer organization that is supported an administrative staff and provides fire and rescue services to the Township of Lawrence, as well as other areas of the community when requested. Members must be of good moral character, reliable, trustworthy, and able to perform as part of a team within a command structure during emergencies or during the course of normal business transactions.

REFERENCE NAME: _____ OCCUPATION: _____

ADDRESS: _____
STREET APT # CITY STATE ZIP

PHONE: _____ EMAIL: _____
DAY EVENING

How long and in what capacity have you known the applicant? _____

How frequently do you have contact with the applicant? _____

Is your relationship: (circle all that apply) **BUSINESS / PERSONAL / ACADEMIC / SOCIAL ?**

Do you know any other persons who are acquainted with the applicant? **YES / NO**

Would you have any reservations about entrusting the applicant with a sick/injured member of your immediate family? **YES / NO (explain if yes)** _____

| PLEASE RATE THE APPLICANT ON THE FOLLOWING SCALE (1 BEING LOWEST) OR INDICATE NO OPINION | | | | |
|--|--|---------------------------------------|--|------------|
| Trustworthiness | Uncomfortable leaving valuables around him/her | low.....avg.....high 1 2 3 4 5 6 7 | Entrusted with keys to residence, use of vehicle | No opinion |
| Reliability | Always late; unable to finish tasks, keep appointments | low.....avg.....high 1 2 3 4 5 6 7 | Finishes tasks; keeps appointments without fail | No opinion |
| Interpersonal Skills | Uncomfortable around all but a few friends; very shy | low.....avg.....high 1 2 3 4 5 6 7 | At ease with most people, can communicate easily | No opinion |
| Ability to maintain confidential information | Constantly spreading rumors; always gossiping | low.....avg.....high 1 2 3 4 5 6 7 | Does not gossip; Can be trusted with personal information | No opinion |
| Ability to remain calm in stressful situations | Gets excited easily; is outwardly emotional | low.....avg.....high 1 2 3 4 5 6 7 | Thrives under stress; able to act calmly when others panic | No opinion |
| Ability to receive constructive feedback | Has never been wrong; Gets agitated and hostile | low.....avg.....high 1 2 3 4 5 6 7 | Continually seeks to improve; invites suggestions | No opinion |

List two of the applicant's strengths: _____

Provide an example of the applicant acting as a leader: _____

List any other comments that you feel are pertinent (special skills, talents or concerns)

REFERENCE SIGNATURE: _____

DATE

*THANK YOU FOR TAKING THE TIME TO HELP US EVALUATE THIS APPLICANT.
 YOUR CANDOR IS VERY MUCH APPRECIATED.*