

# WRITTEN REFERENCE CHECK FORM

Application for Character Reference

Ref. No. CWRC/

| APPLICANT'S DETAILS  |  | REFERENCE CHECKED ON BEHAF OF OUR CLIENT:      |  |                          |                                  |
|--|--|--|--|--------------------------|----------------------------------|
| Name:  |  | Company:                                       |  |                          |                                  |
| D.O.B.:  |  | Contact name:                                  |  |                          |                                  |
| Position applied for:  |  | Tel:   |  |                          |                                  |
| RECOMMENDER'S DETAILS  |  |  |  |                          |                                  |
| Name:  |  |  |  |                          |                                  |
| Address:   |  |  |  |                          |                                  |
| Occupation:  |  | Tel:   |  |                          |                                  |
| Position:  |  | E-mail:  |  |                          |                                  |
| Your relationship to applicant:  |  |  |  |                          |                                  |
| How long have you known the applicant? :   |  |  |  |                          |                                  |
|  | Well                                       | Moderately                                     | Not at all   |                          |                                  |
| How well do you know the applicant?  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       |                          |                                  |
| APPLICANT'S CHARACTER ASSESSMENT   |  |  |  |                          |                                  |
| Please give us a brief view of the applicant's character, by checking the most appropriate rating for each:                |  |  |  |                          |                                  |
|  | Outstanding                                | Above avg.                                     | Acceptable   | Unacceptable             | I am not able to give the answer |
| Self-discipline  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Motivation   | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Self-confidence  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Emotional maturity   | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Reliability  | <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"/>         |
| Flexibility  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Interpersonal relation skills  | <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"/>         |
| Potential of leadership  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Honesty  | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Ability to accept constructive criticism   | <input type="checkbox"/>                   | <input type="checkbox"/>                       | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/>         |
| Would you recommend the applicant for the position he /she is applying for?  |  |  |  |                          |                                  |
|  | I would recommend <input type="checkbox"/> | I would not recommend <input type="checkbox"/> | I prefer not to make a recommendation <input type="checkbox"/> |                          |                                  |
| If no, please state why _____  |  |  |  |                          |                                  |
| Any additional comments: _____   |  |  |  |                          |                                  |
| _____  |  |  |  |                          |                                  |
| RECOMMENDER'S STATEMENT  |  |  | STANLEY SOLUTIONS COMMENTS                                     |                          |                                  |
| I hereby confirm that the above reference was given to my best knowledge, freely and without any influence by third party. |  |  |  |                          |                                  |
| STANLEY SOLUTIONS DETAILS  |  |  |  |                          |                                  |
| Translated by: _____   |  |  |  |                          |                                  |
| Date: _____  |  |  |  |                          |                                  |
| Signature: _____   |  |  |  |                          |                                  |