



Denton Calvary Academy

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RECOMMENDATION FORM

Thank you for agreeing to complete this reference form on my behalf. Upon completion, please send it to Denton Calvary Academy at the above address.

Name of Applicant _____ **Date** ____ / ____ / ____

Home Address _____
Street City State Zip

Position applicant is applying for: _____

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? _____

3. Please comment on the following areas:
Spiritual depth: _____

Love of children: _____

Disciplinarian: _____

Scholarship: _____

Enthusiasm: _____

General appearance: _____

Personality: _____

Cooperation: _____

Adjustment to new circumstances: _____

4. Describe briefly the best abilities and qualities of the applicant: _____

5. Describe briefly the weakest abilities and qualities of applicant: _____

6. Do you feel these weak qualities are significant enough to warrant attention? _____

7. Please comment (favorably or unfavorably) on any other area not mentioned in regard to the candidate coming on our staff: _____

Printed Name

Position

Signature

Business/Church Name and Address