



**PBBC**  
 P A C I F I C  
 BAPTIST BIBLE  
 C O L L E G E

Director of Admissions  
 3332 Magnolia Ave  
 Long Beach, CA 90806  
 (562) 424-7714 ext. 315  
 FAX (562) 424-3324  
 admissions@pacificbaptistbiblecollege.com

## Personal Reference

Please fill out as carefully and completely as possible. Please print.

### Applicant

This portion is to be completed by the applicant:

Name of Applicant: \_\_\_\_\_ Date of Enrollment or Graduation: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Friend: \_\_\_\_\_

I am authorizing the release of the following information to be considered in my application for admission to Pacific Baptist Bible College and understand that the information will be held in confidence by the college and will not be released to me or to anyone else. I understand that this questionnaire will be mailed to Pacific Baptist Bible College by the person completing the information below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Referent

This portion is to be completed by the referent. **Please do not return this form to the applicant.** Please complete and send this form **in a sealed envelope** to the Admissions Office at your earliest convenience. Thank you.

Your Name: \_\_\_\_\_  
 Relationship to the Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

When considering this applicant, would you recommend him/her?

with enthusiasm  Yes  With caution\*  No\*

\*Please state the reason on the back of this sheet.

How long have you known the applicant? \_\_\_\_\_ years \_\_\_\_\_ months

Does this applicant pay his bills on time?  Yes  As far as I know  No  Unknown

Would you hire this applicant to work for you?  Yes  No If no, please explain. \_\_\_\_\_

Is this applicant the kind of person with whom you would want your son or daughter to be close friends?

Yes  No If No, please explain. \_\_\_\_\_

Please list any significant factors in the applicant's background which we should know. \_\_\_\_\_

Please rate the applicant on the following items.

CHRISTIAN CHARACTER	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
DEPENDABILITY	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
COOPERATION	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
GENERAL INTELLIGENCE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
ABILITY TO GET ALONG WITH OTHERS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown

