

AMi

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REFERENCE FORM

INSTRUCTIONS

1. After section A has been completed and signed by you, please send it to the Funeral Director listed by you as one of your references.
2. Section B is to be completed and returned promptly by the reference directly to American Academy McAllister Institute. **No family members, please**

SECTION A – TO BE COMPLETED BY APPLICANT

Name of Applicant _____
last first middle

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Cell Phone _____

Signature of Applicant	Date
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SECTION B – TO BE COMPLETED BY REFERENT

The above named person has applied to this Institute and has given your name as a reference.

How long have you known this candidate?_____

In what capacity? _____

What is your estimate of the applicant's character?_____

Does the applicant appear emotionally mature?

Is the applicant reliable in fulfilling assigned responsibilities?_____

Please comment on the applicant's ability to interact with other people._____

Can you estimate the applicant's potential for Funeral Service?_____

If you have any additional comments, kindly use the space provided:

Signature (please print name) **Date**

Position **Affiliation**

Address **Phone Number**