The member named in the attached cover letter is seeking a position on the regional management team. Please complete this form to the best of your knowledge. Information provided will remain confidential. Fill in your responses in the following boxes (which will expand if needed).

Please indicate how well and in what context you know the potential nominee.

|  |
| --- |
| Click or tap here to enter text. |

What strengths would she bring to the organization as a member of the regional management team?

|  |
| --- |
| Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| It is important that members of the regional management team possess the following attributes and characteristics. Please rates the potential nominee in each area by placing a checkmark in the correct column. | Unknown (0) | Poor (1) | Below  Average (2) | Average (3) | Above  Average (4) | Good (5) |
|  |  |  |  |  |  |  |
| Appearance |  |  |  |  |  |  |
| Communication-Verbal |  |  |  |  |  |  |
| Confidentiality |  |  |  |  |  |  |
| Copes under pressure |  |  |  |  |  |  |
| Flexibility |  |  |  |  |  |  |
| Intelligence |  |  |  |  |  |  |
| Objectivity |  |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |  |
| Sense of humor |  |  |  |  |  |  |
| Timeliness |  |  |  |  |  |  |
| Vitality |  |  |  |  |  |  |
| Attitude |  |  |  |  |  |  |
| Communication-Written |  |  |  |  |  |  |
| Cooperation |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Patience |  |  |  |  |  |  |
| Self-motivation |  |  |  |  |  |  |
| Social Skills |  |  |  |  |  |  |
| Vision |  |  |  |  |  |  |

Additional Questions:

What is the one most important thing that you would like known about this potential member of the regional management team?

|  |
| --- |
| Click or tap here to enter text. |

What is the one concern you have about this potential member of the regional management team?

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature (typed) | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |

Once this form is finished, please SAVE and email it to: Please return within 5 days to:

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Thank you for your help.