

# Recommendation Form

Women's Opportunity and Resource Development  
Western Montana Literacy Support Corps  
Family Resource Centers

## To The Applicant:

Fill in the waiver section below and either save this document and email it to your recommenders or print it out and send them a hard copy to complete. Submit the envelopes with your recommenders' signatures across the seal with your application.

## Waiver

By law you may review your records, including letters of recommendation, unless you waive the right. Please indicate your preference below.

- I waive the right to examine this recommendation or any statement submitted as a result of this request.  
 I **do not** waive the right to examine this recommendation or any statement submitted as a result of this request.

Your name:

Date:

## To The Recommender:

The person named above is applying for a position with the Western Montana Literacy Support Corps and has requested that your evaluation be included as part of the information on which hiring personnel will base their decision. Your recommendation may be read by the applicant unless s/he specifically waives the right to access this information. Please refer to the section above to see whether the applicant has waived the right. We would appreciate your prompt, candid evaluation.

**1. How long have you known the applicant?**

**2. How well do you know the applicant?**

Not very well

Fairly well

Very well

**3. In what capacity do you know the applicant?**

**4. Evaluation: Please address the following areas. If you prefer to write a separate letter, please attach it to this form.**

a. Please comment on the candidates' interpersonal and communication skills.

b. How would you describe the applicant's ability to get along with a wide range of individuals in a variety of settings?

c. Is there anything else you can tell us that might help us reach a good decision?

**5. Recommendation for Western Montana Literacy Support Corps:**

Strongly Recommend       Recommend       Recommend with reservations noted above       Not Recommended

Your Name and Title:

Organization:

Address:

Signature:

Date:

**Instructions for returning this recommendation form:**

Please return this form to the applicant in a sealed envelope with your signature across the seal as soon as possible. The applicant will submit the sealed envelope with his/her application.