

## VERIFICATION FORM FOR PESO OFFICERS

**Full name of applicant:**

**Date:**

### A. CHECKLIST

**FILL OUT BEFORE APPLICANT LEAVES**

Place your initials in each box.

The consent form is signed by the applicant, along with his or her initials.	
Applicant's email address and cell phone number are provided.	
Cell phone numbers of applicant's family members and friends are included.	
All questions are duly filled out.	
If there are any empty boxes, I confirmed with the applicant that he or she did not accidentally skip the question.	

### B QUESTIONNAIRE

**FILL OUT AFTER APPLICANT LEAVES**

Based on your interaction today with the applicant, please rate the applicant in the following areas. Your answers WILL NOT affect the selection of applicants for SPES.

Please evaluate the applicant in the following areas:

Communication skills	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Self-confidence	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Professionalism	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor
Ability to follow instructions	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Poor