

EMPLOYER'S REFERENCE

Fill in the form electronically (TAB from field to field), and print it. Or print a hardcopy to be completed. Sign and return to the district office.

_____ (District name)
Address: _____
City, State, Zip: _____
_____ has made application for ministerial credentials with the _____ of the Assemblies of God. We were referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to fill the sacred trust of a minister of the Gospel. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible and returning it in the enclosed envelope. Your reply will be regarded as confidential. (NOTE: The Authorization and Release forms signed by the applicant and spouse are on file in the district office. These guarantee that the applicant will not be aware of your responses.) Please return by: _____.

1. How long did the applicant work for you? _____
2. Was the applicant dependable?
 Always Most of the Time Usually Some of the Time Seldom
3. Was the applicant prompt and regular in work attendance?
 Always Most of the Time Usually Some of the Time Seldom
4. What was the general opinion of fellow workers regarding the applicant?
 Very Favorable Unfavorable
 Favorable Very Unfavorable
 Neutral Don't Know
5. How well did the applicant relate to those in authority?
 Extremely Well Poorly
 Very Well Very Poorly
 Well
6. Please check all the words below which you believe best describe the applicant's disposition:
 Quick Tempered Cooperative Mild Mannered Stubborn
 Congenial Disciplined Patient Hardworking
 Depressed Friendly Talkative Quiet
 Abrasive Trustworthy Motivated Organized

Please complete the last page.

7. Would you, without hesitation, rehire the applicant if he/she applied for work? Yes No

8. Any further comments: _____

Company _____	Phone _____	ext _____
Address _____	E-mail _____	
City, State, Zip _____		
Signature _____	Date _____	
Position _____		