

# 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.

## North Texas District Council

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_ has made application for ministerial recognition with the North Texas District Council 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? From \_\_\_\_\_ through \_\_\_\_\_

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                       Neutral                                       Unfavorable  
 Favorable                                 Don't Know                                 Very Unfavorable

5. How well did the applicant relate to those in authority?

Extremely Well                       Well     Poorly  
 Very Well                                       Very Poorly

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

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 \_\_\_\_\_