

# EMPLOYER'S REFERENCE

*This form may be completed electronically and emailed or mailed to the district office.*

District Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

District Email address \_\_\_\_\_

Name of Applicant \_\_\_\_\_

The above-named person 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 a completed PDF via email or mailing a completed hardcopy version of the form to us. 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  Favorable  Neutral  
 Unfavorable  Very Unfavorable  Don't Know
5. How well did the applicant relate to those in authority?  
 Extremely Well  Very Well  Well  
 Poorly  Very Poorly  Don't Know
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 _____
Address _____	E-mail _____
City, State, Zip _____	
Signature _____	Date _____
Position _____	