

EMPLOYER'S REFERENCE

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

(District completes shaded portions.)

District Name _____
District Address _____
District City, State, Zip Code _____
District Email address _____
Name of Applicant _____

Please return by: _____

The above-named person has made application for ministerial credentials with the Assemblies of God. Thank you for taking the time to complete this form and returning a completed PDF via e-mail or hardcopy via mail to the district listed above. (NOTE: The applicant and spouse (if applicable) have a signed Authorization and Release form on file in the district office to release you to confidentially share and waiving their right to see your reference).

1. Dates of Employment: _____ to _____
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 are/were your observations of the applicant's interaction with other workers?
 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:
 Quick tempered Cooperative Levelheaded Stubborn
 Congenial Disciplined Patient Hardworking
 Negative Friendly Honest 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 _____	
Print Name _____	
Signature _____	Date _____

*The term *district* is interchangeable with *network* throughout this form.