

EMPLOYER'S REFERENCE

(Please return in the enclosed envelope.)

_____ has made application for ministerial recognition with The Pentecostal Assemblies of Canada. We are referred to you as one acquainted with the applicant and competent to express a trustworthy opinion regarding the applicant's qualifications to serve as a minister in The Pentecostal Assemblies of Canada. We value your judgment and appreciate your cooperation. Thank you for taking the time to complete this form as fully as possible. Your reply will be regarded as confidential.

(NOTE: The authorization and release signatures of the applicant are on file at the district office. These guarantee that the applicant will not be aware of your response.)

1. How long did the applicant work for you? _____

2. Was the applicant dependable in work assignments?

- 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 Favourable
- Favorable
- Neutral
- Very Unfavourable
- Unfavorable
- Don't Know

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

- Extremely Well
- Very Well
- Well
- Poorly
- Very Poorly

6. Please check off the words below that you believe to best describe the applicant's disposition:

- | | | | |
|---|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Mild-mannered | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Congenial | <input type="checkbox"/> Disciplined | <input type="checkbox"/> Patient | <input type="checkbox"/> Hard-working |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Friendly | <input type="checkbox"/> Talkative | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Motivated | <input type="checkbox"/> Organized |

7. Would you, without hesitation, rehire the applicant if he/she applied for work?

- Yes
- No

8. Any further comments: _____

Signed: _____ Dated: _____ Position: _____

Please Print your Name: _____ Company Name: _____