

_____ 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?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> Seldom | |

3. Was the applicant prompt and regular in work attendance?

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Most of the time | <input type="checkbox"/> Usually |
| <input type="checkbox"/> Some of the time | <input type="checkbox"/> Seldom | |

4. What was the general opinion of fellow workers regarding the applicant?

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Very Favourable | <input type="checkbox"/> Favorable | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Very Unfavourable | <input type="checkbox"/> Unfavorable | <input type="checkbox"/> Don't Know |

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

- | | | |
|---|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Extremely Well | <input type="checkbox"/> Very Well | <input type="checkbox"/> Well |
| <input type="checkbox"/> Poorly | <input type="checkbox"/> 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?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

8. Any further comments: _____

Signed: _____ Dated: _____ Position: _____

Please Print your Name: _____ Company Name: _____