



REFERENCE FROM PROFESSIONAL

(LAST NAME OF APPLICANT) (FIRST) (MIDDLE)

1. How long have you known the applicant? _____ How well? _____

2. Would you feel comfortable hiring/rehiring this applicant? Why or why not?

3. How is this person regarded by peers? _____

4. How would you describe this applicant's ability to work with others?

5. How would you describe this applicant's performance and attitude toward work tasks?

6. How would you describe this applicant's attitude toward authority and instruction?

7. How would you describe this applicant's potential for success and dedication in a faith-based vocation? _____

8. Please describe the strengths and areas of challenge for this applicant:

ADDITIONAL DETAILS YOU WOULD LIKE TO SHARE ABOUT THIS APPLICANT:

** ALL INFORMATION IS CONFIDENTIAL **

(SIGNATURE)

(DATE)

(PRINTED NAME)

(NAME OF BUSINESS)

(ADDRESS OF BUSINESS)

***Please place your recommendation in a sealed envelope may mail it or email it to the address listed below. Thank you and God bless!**

Glad Tidings Gospel Ministry
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